



Emailing Date: March 6, 2023



The Villa Crest, LLC
1451 Frankstown Road
Johnstown, Pennsylvania 15902

RE: Horizons Personal Care
Certificate #: 337680

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained. Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 30 to 56. The expiration date of the license remains unchanged.

Sincerely,

A handwritten signature in cursive script that reads "Jamie L. Buchenauer".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *HORIZONS PERSONAL CARE* License #: *33768* License Expiration: *02/04/2023*
Address: *1451 FRANKSTOWN ROAD, JOHNSTOWN, PA 15902*
County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE VILLA CREST LLC*
Address: *1451 FRANKSTOWN ROAD, JOHNSTOWN, PA, 15902*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/04/2020* Issued By: *Cambria County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Working Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Change in Capacity* Exit Conference Date: *02/15/2023*

Inspection Dates and Department Representative

02/15/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *26*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

02/15/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/04/2023*

02/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/02/2023

02/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/28/2023

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 3-9-22, for Resident #1, was not signed by the resident.

The resident-home contract, dated 10-22-22, for Resident #2, was not signed by the resident.

Plan of Correction

Accept [redacted] - 02/23/2023)

On 02/23/2023 an audit was completed by LPN Supervisor and all resident home contracts were signed the resident. Starting on 02/23/2023 all new residents home contracts will be signed by the resident the day of admission.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented [redacted] - 03/02/2023)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed [redacted] as needed. On 2/15/23, the medication was not available in the home.

Resident #3's Prodigy Autocode Glucometer was not calibrated. On 2/15/23 at 2:52 pm, the glucometer read 8/9 at 7:56 pm.

Resident #3's Medication Administration Record (MAR) did not match the glucometer readings as follows:

-The MAR on 2/10/23 at 7:30 am has a blood sugar reading recorded as 138, however the corresponding date and time on the glucometer read 106.

-The MAR on 2/11/23 at 8:00pm has a blood sugar reading recorded as 99, however the corresponding date and time on the glucometer read 221.

Plan of Correction

Accept [redacted] - 02/24/2023)

PCP was notified on 02/15/2023 and order was obtained to discontinue medication due to non-use.

An audit will be completed by the LPN Supervisor on 5 residents every week starting on 02/27/2023 x4 weeks to ensure all PRN medications are available from pharmacy.

An In-Service on calibrating glucometer machines was completed on 02/16/2023 with staff. LPN Supervisor to do weekly checks to ensure glucometers are calibrated correctly.

Residents PCP reviewed residents' necessity for glucometer checks. Resident #3 received order from PCP on 02/16/2023 to check FBS weekly on Fridays only.

185a - Implement Storage Procedures (continued)

An audit will be conducted by the LPN Supervisor weekly starting on 02/24/2023 x4 weeks then monthly x 6 months to ensure glucometer numbers match with MAR.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented (████) - 03/02/2023)

186a - Authorized Prescriber**3. Requirements**

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

On 2/15/23 at approximately 3:15 pm, a small bottle of betameth dip lot 0.05%, to be applied topically to █████ area twice a day for █████, was observed in the medication cart for Resident #2. There was no current order for this on the MAR. The medication was discontinued on 1/12/23.

Plan of Correction

Accept (████) - 02/24/2023)

LPN supervisor will complete an audit of 5 residents weekly starting on 02/27/2023 x 4 weeks to ensure all medications in the medication cart have current order.

See attached important notice - resident home contract medication home rules addendum d was placed in each resident's room on 02/17/2023 as a reminder for resident and families/visitors that all medications need a physician's order.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented (████) - 03/02/2023)

191 - Resident Right to Refuse**4. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents have not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error:

Resident #1- admitted on █████

Resident #2 - admitted on █████

Resident #3 - admitted on █████

Plan of Correction

Accept (████) - 02/24/2023)

All current residents will be educated on 02/24/2023 on the right to question or refuse medications if the resident believes there may be a medication error, this will be added to each resident contracts with their new resident rights. See resident rights attachment.

191 - Resident Right to Refuse (continued)

New resident rights will be added to all new admissions effective 02/23/2023.

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented [redacted] - 03/02/2023)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's Documentation of Medical Evaluation (DME), dated [redacted], indicates that the resident is unable to safely use or avoid poisonous materials. According to Resident #2's Resident Assessment-Support Plan (RASP), dated 10-22-22, the resident has the ability to use and avoid poisonous materials.

Plan of Correction

Accept [redacted] - 02/23/2023)

LPN Supervisor will conduct an audit starting on 02/23/2023 to ensure that all residents DME and RASP math correctly stating resident can or cannot safely use or avoid poisonous materials. This will be completed within 30 days.

Residents will be reassessed for avoiding poisonous materials or not if DME and RASP do not correlate correctly.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented [redacted] - 03/02/2023)