

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

April 13, 2023

[REDACTED]  
THE VILLAGE OF NANTY GLO PCH INC  
628 PIKE ROAD  
JOHNSTOWN, PA, 15909

RE: THE VILLAGE OF NANTY GLO P.C.H.  
628 PIKE ROAD  
JOHNSTOWN, PA, 15909  
LICENSE/COC#: 32569

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023, 03/23/2023 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.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE VILLAGE OF NANTY GLO P.C.H.* License #: 32569 License Expiration: 01/04/2024  
 Address: 628 PIKE ROAD, JOHNSTOWN, PA 15909  
 County: CAMBRIA Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *THE VILLAGE OF NANTY GLO PCH INC*  
 Address: 628 PIKE ROAD, JOHNSTOWN, PA, 15909  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/31/1998 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal, Complaint Exit Conference Date: 03/23/2023

**Inspection Dates and Department Representative**

03/22/2023 - On-Site: [REDACTED]  
 03/23/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 50  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 42  
 Diagnosed with Mental Illness: 42 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

03/22/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2023

04/03/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/13/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2023

Inspections / Reviews (*continued*)

04/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/10/2023

04/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 03/23/23 at 10:10 am, the hot water temperature in the women's bathroom measured 125.9 degrees Fahrenheit.

Plan of Correction

Accept (GR - 04/03/2023)

On 03/27/2023 the hot water flowing to the women's bathroom was adjusted by administration to meet state requirements not to exceed 120 Degrees. The adjustment is made behind the washer and dryer. A form to report on the water temperatures throughout THEVILLAGE will be maintained by administration and reported on monthly. Temperature 03/28/2023 116 degrees

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (GR - 04/13/2023)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 03/23/23, a resident's dresser located in Bedroom [REDACTED], was missing the 4th drawer and the 5th drawer appeared to be not secured.

Plan of Correction

Accept (GR - 04/04/2023)

On 03/27/20123 administration replaced the resident's dresser in Bedroom [REDACTED]. The old dresser put out for garbage. A checklist has been made by administration to include furniture in need of repairs. The checklist will be maintained by staff and reported to administration on a monthly basis. Monthly audit to begin on April 1, 2023.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented (GR - 04/13/2023)

101j6 - Mirror

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

There was no mirror in the bedroom of Resident 3.

Plan of Correction

Accept (GR - 04/04/2023)

On 03/27/2023 a mirror was placed in Room [REDACTED] by administration. A checklist has been made to check on mirrors and lamps in all rooms requiring both to be present. This checklist will be maintained by staff and reported to the administration monthly. Monthly audit to begin on April 1 2023

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented (GR - 04/13/2023)

**103f - Refrigerator/Freezer Temps****4. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 03/23/23 at 10:00 am, the temperature in the white freezer was 5 degrees Fahrenheit and at 12 pm, it was 3 degrees Fahrenheit.*

**Plan of Correction****Accept (GR - 04/04/2023)**

*Freezer was set at its lowest temperature which was the cause of the high temperatures in the white freezer. Administration set the freezer at its higher temperature and has been reading below zero ever since. Administration will put a checklist together for the freezer temperatures and will checked by the staff daily. Freezer was set by administration on 03/24/2023 .*

**Licensee's Proposed Overall Completion Date: 04/04/2023**

**Implemented (GR - 04/13/2023)****107c - Food/Water 3 Day Supply****5. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

*On 03/23/23, the home served 50 residents, requiring 3 meals per day for 3 days. The home does not have an adequate supply of nonperishable food to provide to residents in the event of an emergency.*

**Plan of Correction****Accept (GR - 04/03/2023)**

*On 03/30/2023 Administration will order a three day supply of non perishable food and maintain the supply throughout the year . Administration will check on the amount food weekly before ordering their weekly order of food. Administration will then add to their order to maintain an adequate three day supply of food.*

**Licensee's Proposed Overall Completion Date: 03/31/2023**

**Implemented (GR - 04/13/2023)****107d - Procedure Emergency Management Agency Submission****6. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not been reviewed or updated since 2018.*

**Plan of Correction****Accept (GR - 04/04/2023)**

*The written emergency procedures was reviewed on 03/27/2023. There were no updates and the plan was submitted to the Cambria County Emergency Services Department located in Ebensburg Pa. 15931 Both administrators reviewed the the procedures and signed them before sending to the county.*

**Licensee's Proposed Overall Completion Date: 04/04/2023**

107d - Procedure Emergency Management Agency Submission (continued)

Implemented (GR - 04/13/2023)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Accept (GR - 04/04/2023)

A medical evaluation has been completed for [REDACTED] on [REDACTED]. Administration will put together a checklist for medical evaluations and annual assessments to be checked monthly. Administration will check monthly that all residents have both completed and on file. The monthly audit will begin april 1, 2023

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented (GR - 04/13/2023)

161e - Dietary Alternatives

8. Requirements

2600.

161.e. Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Description of Violation

On 03/22/23, the home did not provide a dietary alternative to the chicken stuffed shells served at the lunch meal for Resident 1. The resident requires a mechanical soft diet due to health care needs.

On 03/23/23, the home did not provide a dietary alternative to the ravioli and green peas served at the lunch meal for Resident 1. The resident requires a mechanical soft diet due to health care needs.

Plan of Correction

Accept (GR - 04/05/2023)

Although Resident 1 has on file a requirement stating that a mechanical soft diet due to health needs [REDACTED] has never allowed the home to serv him such. Administration will get the current provider [REDACTED] to remove this requirement from [REDACTED] file. Administration has asked the resident again on 03/27/2023 if Resident 1 does not want this type of diet and he totally agreed. [REDACTED] has been out for ten days and will assess Resident on the [REDACTED] Paperwork enclosed.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented (GR - 04/13/2023)

171b5 - First Aid Kit

9. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

171b5 - First Aid Kit (continued)

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*The first aid kit in the home's bus, used to transport residents, does not contain scissors, goggles, tweezers, thermometer, antiseptic and tape..*

**Plan of Correction**

**Accept (GR - 04/05/2023)**

*Administration will secure all items necessary to maintain a complete first aid kit for the bus. A current list of all items needed will be added to the bus 's first aid kit. Administration will then maintain a complete first aid kit inside the bus.Copy enclosed. All items were placed in the first aid kit by administration on 03/31/2023*

**Licensee's Proposed Overall Completion Date: 04/04/2023**

**Implemented (GR - 04/13/2023)**

225c - Additional Assessment

**10. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

**Description of Violation**

*Resident 2's most recent assessment was completed on [REDACTED]*

**Plan of Correction**

**Accept (GR - 04/03/2023)**

*A current assessment for Resident 2 was completed on [REDACTED] by Administration. Again, Administration will complete a checklist for Resident Assessments and Medical Evaluations. Administration will routinely check residents charts for up to date information in residents charts.*

**Licensee's Proposed Overall Completion Date: 03/31/2023**

**Implemented (GR - 04/13/2023)**