

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

November 9, 2023

[REDACTED]  
NANETTE JOHNSON  
222 SALISBURY STREET  
MEYERSDALE, PA, 15552

RE: JOHNSON'S PERSONAL CARE  
HOME  
222 SALISBURY STREET  
MEYERSDALE, PA, 15552  
LICENSE/COC#: 32137

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/18/2023 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: *JOHNSON'S PERSONAL CARE HOME* License #: *32137* License Expiration: *06/16/2024*  
 Address: *222 SALISBURY STREET, MEYERSDALE, PA 15552*  
 County: *SOMERSET* Region: *CENTRAL*

## Administrator

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

## Legal Entity

Name: *NANETTE JOHNSON*  
 Address: *222 SALISBURY STREET, MEYERSDALE, PA, 15552*  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *I-2* Date: *03/30/2011* Issued By: *Somerset County*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *10/18/2023*

## Inspection Dates and Department Representative

10/18/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *15* Residents Served: *15*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *0*

## Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *12*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 10/18/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/03/2023*

## 11/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/09/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/13/2023*

Inspections / Reviews *(continued)*

11/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 187c - Refusal of Medication

## 1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

## Description of Violation

On 10/4/23 at 11:30 AM and 4:30 PM, 10/5/23 at 11:30 AM, 10/6/23 at 11:30 AM and 4:30 PM and 10/9/23 at 11:30 AM resident #1 refused to take the prescribed dose of insulin. The home did not report the medication refusals to the prescriber.

## Plan of Correction

Accept (█ - 11/06/2023)

1. On 10/19/23, the Administrator called the doctor's office concerning resident #1 refusing █ insulin, and refusing to take █ insulin when █ is █. The Administrator talked to the nurse, and the nurse stated that the doctor is aware of resident #1 refusing █ insulin on occasions.
2. On 10/23/23 the administrator had a meeting with the direct care staff concerning the protocol for regulation 2600.187C, and were made aware that every refusal must be reported to the administrator so that █ can call doctors office and also fax a written page to the doctor's office concerning the refusal, and we will keep a copy of the fax in the resident's records.
3. On 10/23/23 the administrator also had a meeting with all residents concerning refusals of meds. We let them know that we must report all refusals to the doctor and how important it is to take all meds that are prescribed to the resident.
4. Started this process on 10/19/2023

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/09/2023)

## 187d - Follow Prescriber's Orders

## 2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

On 10/13/23 at 4:30 PM resident #2 was administered 5 units of insulin with a blood sugar measurement of 336. As per prescribers' orders for sliding scale, resident #2 is required 10 units of insulin with a blood sugar reading of 336.

## Plan of Correction

Accept (█ - 11/06/2023)

1. On 10/19/23 the administrator / med trainer reviewed regulation 2600.187d with all direct care staff workers the importance of double checking the dosage in the MARS and also on the prescription on the box of the insulin. We discussed the importance of giving and documenting the correct dosage of insulin.
2. The administrator every day checks the sugar reading from the glucometer and also checks to make sure the proper dosage was given and documented correctly.
3. The administrator will do this on a daily basis, started on 10/19/23

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/09/2023)