

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

April 10, 2024

[REDACTED]
THE VILLAGE OF NANTY GLO PCH INC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 12/10/1998 Issued By: *L&I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: 01/03/2024

Inspection Dates and Department Representative

01/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 46
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 35 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 39 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

01/03/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/28/2024

03/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/04/2024
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 04/02/2024

Inspections / Reviews *(continued)*

04/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/08/2024

04/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The following blood sugar measurements were recorded on the reverse side of resident [REDACTED] MAR. These readings were obtained using a glucometer belonging to another unknown resident in the home.

- On [REDACTED] at [REDACTED] recording a [REDACTED] of [REDACTED]
- On [REDACTED] at [REDACTED] recording a [REDACTED] of [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/26/2024)

Administration will advise staff not to use [REDACTED] belonging to another resident even in the case of what they deemed an emergency with bad readings. Administration will provide new glucometers to use in this situation. Administration has informed all med-techs and has type instructions on the enclosed problem. This correction has been done on [REDACTED]. New glucometers were moved from administrator's office to the med-room where staff has access to them 24 hrs. a day.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 04/05/2024)

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

On [REDACTED] at [REDACTED] the [REDACTED] assigned to resident [REDACTED] was found incorrectly calibrated and showing a time of [REDACTED].

Plan of Correction

Accept [REDACTED] 03/26/2024)

All glucometers were calibrated on [REDACTED], (daylight savings time) and will continue to be monitored by staff daily. Staff has been informed of this violation and has been given a check list on [REDACTED] to calibrate all [REDACTED] when needed. Administration will check glucometers and staff on a daily basis to see all glucometers are calibrated and being used correctly. These changes were put into effect on [REDACTED]

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 04/05/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident [redacted] was prescribed [redacted] per sliding scale 3 times daily at [redacted] and [redacted]. However, the medication was incorrectly administered at [redacted] on the following dates.

Blood Sugar **Units to be administered.**

[redacted]	[redacted]
[redacted]	[redacted]

On [redacted] at [redacted], [redacted] were administered.

On [redacted] at [redacted], [redacted] was administered.

On [redacted] at [redacted], [redacted] were administered.

On [redacted] at [redacted], [redacted] was administered.

On [redacted] at [redacted], [redacted] were administered.

Resident [redacted] is prescribed [redacted] as per sliding scale:

Blood Sugar **Units to be administered**

[redacted]	[redacted]
[redacted]	[redacted]

On [redacted] at [redacted] resident [redacted] had a [redacted] reading of [redacted] and was prescribed [redacted] units but received [redacted] units.

Resident [redacted] is prescribed a [redacted] as per sliding scale:

Blood Sugar **Units to be administered**

[redacted]	[redacted]
[redacted]	[redacted]

On [redacted] at [redacted] resident [redacted] had a [redacted] of [redacted] and was prescribed [redacted] units but received [redacted] units.

On [redacted] at [redacted] resident [redacted] had a [redacted] reading of [redacted] and was prescribed [redacted] units but received [redacted] units.

Plan of Correction

Accept [redacted] - 03/27/2024)

Administration will advise all med-techs to follow all directions of the provider. Administration will hold a staff meeting with med techs on [redacted] to make sure staff is following directions made b the provider. Assistant administrator will check all MARS Daily starting [redacted] to ensure that these directions are followed. Administration will also train staff on always to mark the MARs every time they give units to a resident. This training was completed on [redacted] and [redacted]

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [redacted] - 04/05/2024)

187d - Follow Prescriber's Orders (*continued*)