

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

April 26, 2024

[REDACTED], ADMINISTRATOR
THE VILLA PERSONAL CARE LLC
429 NAPOLEON PLACE
JOHNSTOWN, PA, 15901

RE: THE VILLA PERSONAL CARE LLC
429 NAPOLEON PLACE
JOHNSTOWN, PA, 15901
LICENSE/COC#: 32836

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2024, 04/10/2024 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 VILLA PERSONAL CARE LLC License #: 32836 License Expiration: 07/09/2024
 Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA 15901
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: THE VILLA PERSONAL CARE LLC
 Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA, 15901
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 09/23/2010 Issued By: City of Johnstown

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/10/2024

Inspection Dates and Department Representative

04/09/2024 - On-Site: [REDACTED]
 04/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 36
 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: 36
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

04/09/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/22/2024

04/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/23/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/26/2024

Inspections / Reviews *(continued)*

04/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The following bed enabler bars pose an entrapment risk.

Room #208 has an enabler bar attached to the bed with an uncovered opening measuring 7"x 11".

Room #210 has an enabler bar attached to the bed with an uncovered opening measuring 11" x 6".

Plan of Correction

Accept ([redacted] - 04/19/2024)

Cover placed temporarily over the enabler bar in 208 and 210 on 4/10/24. An audit of safety devices was completed by designee, [redacted] CMA and [redacted] RN, on 4/17/24, enabler bar removed from 208's bed.

Temporary covers placed on all devices with openings greater than 4 3/4 inches. Families/residents to be contacted by 4/19/24 by administrator, [redacted] RN, or designee, to inform them that the current rails in use pose a safety risk and to request purchase of a cover or alternate device such as a bed Halo or m-rail. Families to be informed that all devices must be covered or replaced by 5/19/24. [redacted] RN, administrator, or designee, to complete an audit of existing bed mobility/safety devices after 5/20/24 to ensure compliance with cover or replacement of devices. [redacted] RN, administrator, or designee to complete weekly audits of rooms with mobility devices to ensure temporary covers are in place until permanent covers are obtained and installed. [redacted] RN, administrator, and/or designee, to complete monthly audits as part of our quality control efforts that include ensuring bed mobility devices are covered, without gaps, and secured to the bed.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented ([redacted] - 04/26/2024)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Two residents currently wear wandergard devices which cause the front door of the facility to lock when they are in close proximity to the door. The door does not unlock until the resident either moves away from the door or the keypad code is entered by a staff member.

Plan of Correction

Accept ([redacted] - 04/19/2024)

Terceks Electric de-activated the locking mechanism to the wanderguard system on 4/10/24 when the inspectors were on site. Families that are affected by the change in the wanderguard system notified of changes on 4/12/24, changes to care plans and placement to be altered as needed going forward.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented ([redacted] - 04/26/2024)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

There were 37 residents present for the fire drill that was conducted on 6/5/23 however, only 36 residents were evacuated during this drill.

Plan of Correction

Accept () - 04/19/2024

RN, administrator, and/or designee, to review fire drills monthly for accuracy and completion of any notes that may have affected the drill (ie residents actively dying, COVID cases, refusals to evacuate etc.) Upon review of notes for 6/5/23, a resident was out of the building at the time of evacuation. RN, administrator, to educate shift leaders conducting drills to document residents actively in the building during the drill as the count, not the total census by 5/1/24.

Licensee's Proposed Overall Completion Date: 05/17/2024

Implemented () - 04/26/2024

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Two fire drills conducted during sleeping hours were held during the shift change times when additional staff were present. The home routinely has 3 staff persons working during the overnight shift. During the drill conducted on 8/15/23 at 11:00 PM, 5 staff persons were present to assist during the drill. During the drill conducted on 1/25/24 at 6:00 AM, there were 6 staff persons were present to assist during the drill.

Plan of Correction

Accept () - 04/19/2024

RN, administrator, and/or designee, to review fire drills monthly for accuracy, times conducted and completion of any notes that may have affected the drill (ie residents actively dying, COVID cases, refusals to evacuate etc.) RN, administrator, to educate shift leaders conducting drills to not complete them at shift change by 5/1/24.

Licensee's Proposed Overall Completion Date: 05/01/2024

132g - Fire Drills Days/Times (continued)

Implemented () - 04/26/2024)

141a - Medical Evaluation

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home on [redacted]. Resident #3's initial medical evaluation was completed on [redacted], more than 60 days prior to their admission.

Plan of Correction

Accept () - 04/19/2024)

Beginning 4/19/24, [redacted], administrator, and/or designee, to complete audits of new admission records within 30 days of admission to ensure required forms are completed within required time frame.

Proposed Overall Completion Date: 04/24/2024

Licensee's Proposed Overall Completion Date: 04/24/2024

Implemented () - 04/26/2024)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Sections 4 and 8 of Resident #1's medical evaluation dated [redacted] were left blank.

Plan of Correction

Accept () - 04/19/2024)

Beginning 4/19/24, [redacted] RN, administrator, and/or designee, to complete audit of all existing DMEs to ensure completion of all required fields. DMEs to be corrected or submitted for correction as applicable to the resident's primary care physician by 4/22/24. DMEs to be audited within 30 days of completion by [redacted] RN, administrator, and/or designee, to ensure accuracy.

Proposed Overall Completion Date: 04/22/2024

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented () - 04/26/2024)

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 (). The resident's previous medical evaluation was completed on ().

Resident #3's most recent medical evaluation was completed on (). The resident's previous medical evaluation was completed on ().

Plan of Correction

Accept () - 04/19/2024)

Beginning 4/19/24, () RN, administrator, and/or designee, to complete audit of all existing DMEs to ensure accuracy of dates. Any DMEs that are not in compliance will be submitted to PCP for completion of new DME by 4/25/24. () RN, administrator, and/or designee, to audit DMEs upon receipt to ensure accuracy and completion within required time frame. () RN, administrator, and/or designee, to audit new admission and yearly DMEs within 30 days of completion to ensure accuracy.

Proposed Overall Completion Date: 04/25/2024

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented () - 04/26/2024)

185a - Implement Storage Procedures

8. 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 #4 has an order to have their blood glucose level checked 4 times per day, () with () insulin to be administered per a sliding scale. The glucometer for this resident has a reading of () for () at (). This reading and the number of units administered was not recorded on the Medication Administration Record (MAR).

Plan of Correction

Accept () - 04/19/2024)

Beginning 4/15/24, () RN, administrator, and/or designee, to audit glucometer readings weekly x 4 to ensure completion of all recordings on MAR. () RN, administrator, and/or designee, to educate staff by 4/22/24 to monitor for and respond to alerts on QuickMAR for missing information or missed medications. Beginning 5/13/24, () RN, administrator, and/or designee, to continue to complete a minimum of monthly reviews of QuickMar alerts, to educate/address individuals that are not signing off medications including potential risks associated with "holes" in the MARs.

Proposed Overall Completion Date: 05/10/2024

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented [REDACTED] - 04/26/2024)