

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

July 26, 2024

[REDACTED], ADMIN/OWNER
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 05/07/2024, 05/08/2024 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: 01/04/2025
 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: 12/10/1998 Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 05/08/2024

Inspection Dates and Department Representative

05/07/2024 - On-Site: [Redacted]
 05/08/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 48
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 42 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 42 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

05/07/2024 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 05/27/2024

05/30/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/24/2024
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 06/06/2024

Inspections / Reviews (*continued*)

06/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/08/2024

07/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not reviewed/updated their quality management plan since 04/01/2023.

Plan of Correction

Directed (█) - 06/10/2024)

Administrator has completed a new quality management review and plan on 05/15/24. Administrator and or assistant Administrator will complete all necessary paperwork by the last day In January of each year. to come so not to miss anything that is past due. Assistant administrator will also check in the first month of the year all documentation and reports are completed. All quality management plans will be completed in January of every year. Administrator and Assistant administrator were educated on missing quality plan on 5/8/24 no other employees were notified. Administrator will make a list showing that a new quality management review will be completed on a timely basis every January of the new year.

Proposed Overall Completion Date: 05/30/2024

[Directed]

- Starting 6/17/24, the administrator or designee will schedule an annual quality management review every year by January 5th.
- Starting 6/17/24, the administrator and or assistant administrator will complete and file quality management review documentation within 72 hours of quality management review occurring.

Directed Completion Date: 06/17/2024

Implemented (█) - 06/13/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

The home had no certified medication technicians available during overnight shifts from 11:00PM to 6:00AM on 04/22, 04/23, 04/26 through 04/30 and 05/03 through 05/05/2024. As a result, the home was unable to provide medication administration services during this time. The following residents have medications scheduled pro re nata (PRN): Resident 1 is prescribed acetaminophen PRN for pain. Resident 2 is prescribed acetaminophen PRN for pain.

Plan of Correction

Directed (█) - 06/10/2024)

The home will have certified med techs working all shifts including night shift. The trainer has been called to set up a time to have nighttime personal trained in medications. Training of night shift personnel to be completed on June 12th, 2024. Administrator and staff were educated on 5/15/24 as all shifts were changed. All new schedules we be

60a - Staff/Support Plan (continued)

examined by administration to ensure coverage for prn medications. All med administration certificate's will be reviewed and kept up to date by assistant administrator. Resident 2 left the facility on 06/06/24. Resident 1 no longer has a prn as doctor discontinued the acetaminophen.

Proposed Overall Completion Date: 06/12/2024

[Directed]

- Starting 6/17/24, the home will have certified med techs working all shifts including night shift.
- Starting 6/17/24, all new schedules will be reviewed by administration within a week prior of posting the schedule, to ensure coverage for prn medications.
- Starting 6/17/24, the administrator or assistant administrator will complete quarterly reviews of all medication administration certifications and schedule trainings as needed when a medication administration certification is expiring.

Directed Completion Date: 06/17/2024

Implemented (█) - 06/13/2024)

89b - Hot Water Temperature

3. Requirements

2600.

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

Description of Violation

On 05/07/2024 at approximately 2:30PM, the hot water temperature in the men's hallway restroom sink measured 130.5 degrees Fahrenheit.

On 05/07/2024 at approximately 2:35PM, the hot water temperature in the women's hallway restroom sink measured 130.1 degrees Fahrenheit.

Repeated Violation- 03/22/2023, et al.

Plan of Correction

Directed (█) - 06/10/2024)

The administrator checked the temperature in the lady's bathroom 5/9/24 and 5/10/24 and it was 125 degrees Fahrenheit. The administrator has made adjustments to the temperature on 05/10/24 and has been reading them daily. The current temperature is 118 degrees Fahrenheit. Administration has notified the employees to notify the administrator if they feel the water is too hot. Starting May 20th 2024 Administration will check weekly for temperature change and act accordingly.

Proposed Overall Completion Date: 06/12/2024

[Directed]

- Administrator or designee will educate staff on this regulation and what to do if a water temperature feels too hot by 7/1/24. Documentation of education will be kept and available for review by the Department.

Directed Completion Date: 06/17/2024

Implemented (█) - 07/26/2024)

89b - Hot Water Temperature (continued)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 05/07/2024 at approximately 2:00PM, there was a covered tray of leftover food from the day prior that appeared to be Jello located in fridge unit one. These leftovers were unlabeled and undated.

On 05/07/2024 at approximately 2:00PM, there was a plastic container of unknown leftover food covered in serein wrap located in fridge unit two. These leftovers were unlabeled and undated.

Plan of Correction

Directed ([REDACTED]) - 06/10/2024

All leftovers in the refrigerators not dated correctly were discarded immediately after administration. Staff has been notified to always date leftovers and administrator will discard any food items not labeled and dated correctly. Assistant administrator will place a posting on both refrigerators May 10th, 2024. The administrator will check daily for leftovers to see if they are labeled and dated. All food not labeled correctly was discarded immediately after inspection.

Proposed Overall Completion Date: 06/12/2024

[Directed]

- Administrator or designee will educate staff on this regulation by 7/1/24. Documentation of education will be kept and available for review by the Department.
- Starting 6/17/24, the administrator or designee will complete daily audits to ensure leftover food is properly labeled and dated. All food not labeled correctly was discarded immediately after inspection. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 06/17/2024

Implemented ([REDACTED]) - 07/25/2024

107d - Procedure Emergency Management Agency Submission

5. 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, updated and submitted to the local Emergency Management Agency since 03/27/2023.

Repeated Violation - 03/22/2023, et al

107d - Procedure Emergency Management Agency Submission (continued)

Plan of Correction

Directed (█ - 06/10/2024)

The homes written emergency plans were reviewed by the administrator and assistant administrator reviewed and updated the plan on 5/22/24 Administrator sent the plans to Cambria County Emergency Services via USPS with the receipt enclosed. The Administrator will put this action on █ list to do in the first month of the year so not to miss any and/or deadlines to stay in compliance. administrator and assistant administrator will be responsible for putting on their list to do in January of each year.

Proposed Overall Completion Date: 06/06/2024

[Directed]

- Administrator was educated on this violation by inspectors during the on-site inspection from 5/7-5/8/24.
- Starting 6/17/24, the administrator or designee will schedule a review of the home's written emergency plan every year by January 5th.
- Starting 6/17/24, the administrator or designee will submit a copy of the home's updated/reviewed written emergency plan within a week of review to the local Emergency Management Agency. Documentation the plan was reviewed and submitted will be kept and available for review by the Department.

Directed Completion Date: 06/17/2024

Implemented (█ - 06/13/2024)

132b - Safety Inspection/Fire Drill

6. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 12/12/2023. However, the prior fire safety inspection and fire drill observed by a fire safety expert was conducted on 09/06/2022.

Plan of Correction

Directed (█ - 06/10/2024)

Fire drill and safety inspection will be done this year scheduled for Administration will create a checklist on inspections due every year. Administration will then do all of the inspections due for the year in the first month of the year, so the administrator does not forget what day each inspection comes due. Inspection has been scheduled for Dec 3 2024

Proposed Overall Completion Date: 06/12/2024

[Directed]

- Administrator was educated on this violation by inspectors during the on-site inspection from 5/7-5/8/24.
- Starting 6/17/24, the administrator or designee will schedule the home's yearly fire safety inspection conducted fire drill by the safety expert by January 5th. Documentation of the yearly fire safety inspection and conducted fire drill by the safety expert will be kept and available for review by the Department.

Directed Completion Date: 06/17/2024

Implemented (█ - 06/13/2024)

132b - Safety Inspection/Fire Drill (*continued*)

185a - Implement Storage Procedures

7. 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 1 is prescribed Humalog KwickPen with orders to inject 4 times daily per the following scale:

151-200= 2 units

201-250= 4 units

251-300= 6 units

301-350= 8 units

351-400= 10 units

401-450= 12 units

451-500= 14 units

On the following dates, no blood sugar readings were document in the medication administration record (MAR). MAR states "Hi" as the blood sugar reading and 14 units were administered on the following dates:

04/09/2024 at 12:00PM

04/09/2024 at 8:00PM

04/16/2024 at 8:00PM

04/21/2024 at 12:00PM

04/22/2024 at 12:00PM

04/27/2024 at 12:00PM

04/28/2024 at 5:00PM

05/01/2024 at 12:00PM

05/04/2024 at 12:00PM

05/06/2024 at 12:00PM

However, the FreeStyle Libre 2 glucometer device stops reading BS levels at 22.2mmol/L (400mg/dL) and will show a reading of "Hi" across the screen for any reading over 400. So, it is unknown if the resident should have been administered 12 units or 14 units on those following dates.

Plan of Correction

Directed () - 06/10/2024)

The administrator will contact Dr. () by 06/12/24 Administration will contact the prescribing provider to update the procedures for when a resident reads high on () diabetic test. Monitoring is currently done daily. Assistant administrator is responsible for daily monitoring and documented. Administration will have a second meter that can read up to 600. Staff will then take another reading with the second meter when and only when the first reading comes in as High. both readings will be documented in THE Mars. and the units of Humalog will be administered as directed. on 06/06/24 physician advised THEVILLAGE that anytime a resident test over 500 mg/sl staff is to call the physician's office night or day. All Mars have now been updated with the doctors' request today 06/06/2024,

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 06/12/2024

[Directed]

- The administrator or designee will update insulin orders for Resident 1 by 6/12/24, including when the physician wants notified of resident's high blood sugar levels, after speaking with the resident's physician.*
- The administrator will obtain a second glucometer for Resident 1 by 7/1/24 that can read up to 600.*
- The administrator or designee will education med techs on the situation and new orders for resident by 7/1/24. Documentation of education is to be kept and available for review by the Department.*
- Starting 7/1/24, med techs take another reading with the second meter when and only when the first reading comes in as High. both readings will be documented in the resident's medication administrator record (MAR), and the units of Humalog will be administered as directed.*
- Starting 7/1/24, the administrator or designee will complete weekly audits of resident's MAR to ensure orders are being followed and blood sugar readings on the glucometer match the readings on the MAR as well as ensuring staff are no longer utilizing "HI" but documenting accurate blood sugar readings. Documentation of audits will be kept and available for review by the department.*

Directed Completion Date: 07/01/2024

Implemented ([REDACTED] - 07/26/2024)