

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

September 24, 2024

[REDACTED], DIRECTOR  
JOHNSTOWN OPS LLC  
[REDACTED]

RE: RICHLAND WOODS AL  
3324 ELTON ROAD  
JOHNSTOWN, PA, 15904  
LICENSE/COC#: 33834

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2024, 08/28/2024 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: *RICHLAND WOODS AL* License #: *33834* License Expiration: *10/31/2024*  
Address: *3324 ELTON ROAD, JOHNSTOWN, PA 15904*  
County: *CAMBRIA* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *JOHNSTOWN OPS LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: [REDACTED] Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]  
Reason: *Renewal, Incident* Exit Conference Date: *08/28/2024*

**Inspection Dates and Department Representative**

08/27/2024 - On-Site: [REDACTED]  
08/28/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>70</i>	Residents Served:	<i>61</i>
Special Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>12</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>61</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>20</i>	Have Physical Disability:	<i>1</i>

**Inspections / Reviews**

08/27/2024 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2024*

Inspections / Reviews *(continued)*

09/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/20/2024

09/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3d Post license/VR/Regs

1. Requirements

2800.

- 3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

On 8/27/24, the residence's most recent license inspection summary dated 8/10/23 was not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept (█) - 09/09/2024)

During annual licensing inspection on 8/28/24 current Annual license inspection was not posted. In place of the last Annual Inspection was a Complaint inspection summary from 4/2024. Upon surveyor identifying, ED (Executive Director) Designee placed the current Annual license inspection summary issued on 8/6/2023 on public bulletin board in the assisted living residence.

ED will educate all Managers on required regulatory public postings by 9/9/24.

ED or Designee will audit public bulletin board postings monthly to verify required public postings are maintained and current.

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented (█) - 09/20/2024)

18 Other laws, regs, ordins.

2. Requirements

2800.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The residence's elevator inspection certification expired on 5/31/24.

Plan of Correction

Accept (█) - 09/09/2024)

The current Elevator inspection was under former licensed entity address. On date of inspection, email was provided to the inspector to evidence the completed inspection certificate had been requested. The ED is working with the Industry Elevator Division of the Department of Labor to correct the Community address. Elevator Inspection was preformed but due to legal licensing entity address change certificate was not received at the community address. ED will reach out to Division weekly until the certificate is received.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented (█) - 09/24/2024)

22a1 Medical Eval - time frames

3. Requirements

2800.

- 22.a. Documentation. The following admission documents shall be completed for each resident:
  - 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies

22a1 Medical Eval - time frames (continued)

Description of Violation

Resident #5's initial medical evaluation was completed on [REDACTED], more than 60 days prior to their admission to the residence on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/09/2024)

Sales Director, ED, or designee will verify new move ins have a current ADME in compliance with the regulation. ED or Designee along with the SD (Sales Director), and HWD (Health and Wellness Director) will verify all medical evaluations for new residents moving into the Community are within 60 days of move in. ED will reeducate the SD and HWD on Medical Evaluation regulation 2800.22a.by 9/9/24 and complete education by 9/30/24. ED or designee will conduct an audit by 9/9/24 of new move ins within the past 60 Days to verify compliance with regulation with completion by 9/30/24. Audits will continue to be conducted until compliance is maintained for 3 consecutive months.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([REDACTED] - 09/24/2024)

25b Contract signatures and renewal

4. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #2 did not sign the facility contract.
Resident #3 did not sign the facility contract.
Resident #4 did not sign the facility contract.
Resident #6 did not sign the facility contract.

Plan of Correction

Accept ([REDACTED] - 09/09/2024)

If resident is not able to sign the contract, ED and or designee will make a notation on the document to provide reason why the resident is unable to sign the contract due to either physical or cognitive impairment. ED or designee will start the process of obtaining resident signatures if resident has the ability to sign or legal representative if applicable by 9/9/24 with a completion date of 9/30/24. Audits will continue monthly until compliance is maintained for 3 consecutive months.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([REDACTED] - 09/24/2024)

41e Signed statement

5. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41e Signed statement (continued)

Description of Violation

Resident #6's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept ( [redacted] - 09/09/2024)

Obtained a Resident Rights document and obtained Resident #6 signature on 9/3/24.

ED or designee will perform an audit on resident records on file to verify Resident Rights are present within the resident contract.

Starting 9/5/24 ED or designee will audit resident records to identify any residents without signed resident rights and will have resident or legal representative sign a copy of one if not signed. Audits of new resident move-ins will be completed by 10/31/24 and conducted monthly until compliance is maintained for 3 consecutive months.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented ( [redacted] - 09/24/2024)

63a First Aid/CPR 1:35

6. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 8/14/24, from 10:30 AM to 6:00 AM, 62 residents were present in the residence. During this time only 1 staff was present in the residence who was certified and trained in first aid and obstructed airway techniques and CPR.

On 8/18/24, from 10:30 AM to 6:00 AM, 62 residents were present in the residence. During this time only 1 staff was present in the residence who was certified and trained in first aid and obstructed airway techniques and CPR.

Plan of Correction

Accept ( [redacted] - 09/09/2024)

During annual licensing inspection, it was discovered there was one staff person trained in first aid and CPR present in the building on two shifts in the last two weeks. ED performed an audit of CPR cards on 9/4/24 to verify at least one staff member for every 35 residents is trained in first aid and CPR. Employee identified not having the correct certificate is no longer employed at the community. ED or designee has verified CPR cards are current for staff members and at least one person is trained per 35 residents in the residence. ED has CPR training scheduled for 9/17/24 for new staff members not yet certified in CPR. ED or designee will audit monthly to verify compliance with the regulation with audits continuing until compliance is maintained for 3 consecutive months .

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( [redacted] - 09/24/2024)

65a Fire Safety-1st day

7. Requirements

65a Fire Safety-1st day (continued)

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

**Description of Violation**

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the residence's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**Plan of Correction**

Accept ([REDACTED] - 09/09/2024)

The ED or designee will retrain Care Team Manager (CTM) and designee on September 3, 2024, regarding the process for initial orientation guidelines. An audit will be conducted and those identified as not having completed the training will receive their training by September 30, 2024. Staff member A was educated on 9/5/24 on mandatory day one orientation topics. Reviewed mandatory day one orientation topics and obtained staff member signatures. ED or designee will audit training reports of new hires prior to the staff being scheduled to work to verify compliance with the regulation with audits continuing until compliance is maintained for 3 consecutive months .

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([REDACTED] - 09/24/2024)

65e Rights/Abuse 40 Hours

**8. Requirements**

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

**Description of Violation**

Staff person A did not complete training on the following topics within [REDACTED] first 40 hours worked:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.
- (5) Safe management techniques.
- (6) Core competency training that includes the following:
  - i. Person-centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

**Plan of Correction**

Accept ([REDACTED] - 09/09/2024)

The ED provided retraining to CTM on September 3, 2024, on the regulations governing staff orientation. An audit of staff orientation will be conducted and those identified as not having completed the training will receive required

65e Rights/Abuse 40 Hours (continued)

training by September 30, 2024. ED or designee will audit training reports of new hires prior to the staff being scheduled to work to verify compliance with the regulation with audits continuing until compliance is maintained for 3 consecutive months

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 09/24/2024)

65g Initial direct care training

9. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs

Description of Violation

Direct care staff person A provided unsupervised assisted living services on 8/18/24, 8/20/24, and 8/23/24. Direct care staff person A did not complete 18 hours of training as required by 2800.65g (1-3).

Plan of Correction

Accept ( ) - 09/09/2024)

An audit of training completion will be conducted starting September 3, 2024, and completed by October 3, 2024. If a team member does not have the required training, training will be completed no later than 10 /31/2024. Team members who do not have required training will require supervision when providing care until training is complete. Team member training documentation will be maintained. Prior to team members being scheduled to work the Executive Director or designee will provide the Department-approved direct care training course to new team members. ED or designee will audit training reports of new hires prior to the staff being scheduled to work to verify compliance with the regulation with audits continuing until compliance is maintained for 3 consecutive months.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented ( ) - 09/24/2024)

123b Emerg. procedures posted

10. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation

The residence's emergency procedures are not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept ( ) - 09/09/2024)

During routine annual licensing inspection a copy of the emergency procedures was not posted in a conspicuous public place. Copy of the emergency procedures placed in a conspicuous and public place located at the front of in the residence on 9/5/24. ED reeducated all staff members on location of the information on 9/3/24 regarding regulation 2800.123b.

123b Emerg. procedures posted *(continued)*

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented (█) - 09/24/2024)

132d Evacuation

11. Requirements

2800.

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 residence.

Description of Violation

*During the fire drill on 5/21/24 , at 2:30 PM, only 53 out of 57 residents evacuated the building.*

Plan of Correction

Accept (█) - 09/09/2024)

*On 9/4/24, ED provided education to Environmental Service Manager (ESM) on fire drill regulatory requirements, 2800.132.d. Audits of drills will be conducted monthly starting September 30, 2024, and will continue monthly until compliance is maintained for 3 consecutive months.*

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 09/24/2024)

187a Medication record

12. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

*Resident # 3 is prescribed calcium, losartan, multivitamin, valtrex, and omeprazole. However, resident's medication administration record does not include a diagnosis or purpose for any of these medications.*

Plan of Correction

Accept (█) - 09/09/2024)

*On August 28, 2024, during an onsite Annual Inspection it was identified that there were multiple Medications on the Mar without a Diagnosis or purpose for administration. The Health and Wellness Director (HWD) reviewed Mars, reached out to PCP for Diagnosis. Mars were updated to include a Diagnosis for each Medication without a Diagnosis/purpose. The HWD conducted a meeting on September 5, 2024, with all Med Passers (MP)/Licensed Practical Nurse (LPNs) to educate on all Medications must have a Diagnosis or purpose for administration on the Mar. MP/LPNs will notify the HWD or licensed nurse designee if a Medication does not have a diagnosis or purpose. The HWD or licensed nurse designee will notify the PCP and obtain a diagnosis upon identification of the missing information.*

*Starting September 5, 2024, the Health and Wellness Director or licensed nurse designee will conduct an audit of residents MARs to verify all Medications have a diagnosis/purpose with completion by 9/30/24. The HWD or licensed nurse designee will audit MARs monthly to verify compliance with the regulation with audits continuing until compliance is maintained for 3 consecutive months .*

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 09/24/2024)

191 Resident right to refuse

13. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 , admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2 , admitted [REDACTED] , has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3 , admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #4 , admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #5 , admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #6 , admitted [REDACTED] , has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept ([REDACTED] - 09/09/2024)

ED or designee will perform an audit on records of current residents to verify compliance with the regulation. Starting 9/5/24, ED or designee will audit current resident records to very compliance with the regulation with resident training provided and documented in the resident's record where identified as not completed with completion by 10/31/24.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented ([REDACTED] - 09/24/2024)