

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

March 12, 2025

[REDACTED], ADMINISTRATOR
THE VILLA CREST LLC
1451 FRANKSTOWN ROAD
JOHNSTOWN, PA, 15902

RE: HORIZONS PERSONAL CARE
1451 FRANKSTOWN ROAD
JOHNSTOWN, PA, 15902
LICENSE/COC#: 33768

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/19/2025, 02/20/2025 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: *HORIZONS PERSONAL CARE* License #: 33768 License Expiration: 02/04/2026
 Address: 1451 FRANKSTOWN ROAD, JOHNSTOWN, PA 15902
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: *THE VILLA CREST LLC*
 Address: 1451 FRANKSTOWN ROAD, JOHNSTOWN, PA, 15902
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: 03/04/2020 Issued By: *Cambria County*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 02/20/2025

Inspection Dates and Department Representative

02/19/2025 - On-Site: [REDACTED]
 02/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 56 Residents Served: 50

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: 10

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

02/19/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/06/2025

03/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/11/2025
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 03/14/2025

Inspections / Reviews *(continued)*

03/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home has no record of a quality management plan review being completed.

Plan of Correction

Accept () - 03/04/2025)

The Administrator held a Quality Management meeting on 02/25/2025 in person with all management facility staff. The facilities policy for Quality Management meetings was updated from quarterly to annually on 02/21/2025 by the Administrator.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented () - 03/12/2025)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 11/29/24 at 5:48am. There are no previous sleeping hour fire drills documented prior to that date.

Plan of Correction

Accept () - 03/04/2025)

The facility completed a fire drill on 02/26/2025 at 22:08pm and will be completed again in 6 months during hours of sleep. The Administrator will complete an audit monthly to ensure that fire drills are completed during hours of sleep 10pm-6am.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 03/12/2025)

144c1 - Smoking Area Guidelines

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area for staff is the parking lot, which lacks proper safeguards to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, extinguishing procedures, and fire extinguishers in the smoking area.

Plan of Correction

Accept () - 03/04/2025)

The Administrator reviewed the facilities policy and procedure for Smoking-Extinguishing. On 02/28/2025 the Administrator changed the facilities policy to a non-smoking facility. All residents, resident's families, visitors and

144c1 - Smoking Area Guidelines (continued)

facility staff were given a 30-day notice of policy change. The facility will be non-smoking effective 04/01/2025. An addendum was completed for home rules/contract and was signed by all residents on 02/28/2025.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 03/12/2025

224a - Preadmission Screen Form**6. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept () - 03/04/2025

The Administrator completed an audit on 02/25/2025 of all current residents in the facility to ensure all determination on Preadmission Screen Forms were documented.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 03/12/2025

227b - Support Plan Content**7. Requirements**

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

Resident #1's most recent support plan dated [REDACTED], does not include their hospice determination or hospice needs.

Plan of Correction

Accept () - 03/04/2025

The Administrator and LPN Supervisor will conduct a weekly audit of 10 care plans per week for 5 weeks to ensure each care plan is updated with outside agencies such as home health and hospice.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 03/12/2025