

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

August 1, 2025

[REDACTED], ADMINISTRATOR  
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 05/01/2025 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: *THE VILLAGE OF NANTY GLO P.C.H.* License #: 32569 License Expiration: 01/04/2026  
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: DEPARTMENT OF LABOR & 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: 05/01/2025

**Inspection Dates and Department Representative**

05/01/2025 - 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: 40	Are 60 Years of Age or Older: 45		
Diagnosed with Mental Illness: 44	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 2	Have Physical Disability: 0		

**Inspections / Reviews**

**05/01/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2025

**05/19/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 05/14/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/29/2025

Inspections / Reviews (*continued*)

08/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

08/01/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff member B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ( ) - 05/28/2025

Staff member B started through a temp agency then quit the agency. The agency was to furnish the high school diploma. Staff member B then quit the agency to worked directly with THEVILLAGE. THEVILLAGE staff has always thought they had high diploma on file but did not. THEVILLAGE has now obtained a copy of diploma on 05/09/25 and is kept on file. Administration will now inspect all new employee records to be sure all documents are in place for new employees. All new employees records will be screened by both administrators before new employee is hired ensuring all documentation is on hand.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented ( ) - 08/01/2025

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff member the home's administrator, completed only 23.5 hours of Department-approved training in training year 2024.

Plan of Correction

Accept ( ) - 05/28/2025

Staff was under the impression that had 25 hrs of annual training. After staff miscounted, had 23.5 hours. Administrator will take another one-hour class in 2025 to make up for the missing .5hour from 2024. Administrators will now check all employees on Dec 1 of each year to ensure all training requirement are met. All three administrators will check monthly during the monthly training session to ensure all employees keep up with their training schedule

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented ( ) - 08/01/2025

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

Staff member B did not receive training in medication self-administration training and care for residents with mental illness or an intellectual disability, during training year 2024.

Plan of Correction

Accept (█ - 05/19/2025)

Staff member B was █ Administration was under the impression █ was trained in Medication self-administration, Care for residents with mental illness and/or intellectual disability. Staff member B was trained on the missed training hours in May 2025 for █ missing hours in 2024. Administrators will make check on Dec 1 of each year to ensure all training requirements are met.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█ - 08/01/2025)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

Description of Violation

Staff member B did not receive the following trainings during training year 2024:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

Plan of Correction

Accept (█ - 05/19/2025)

Staff member B quit and then return to THEVILLAGE . In that time, █ missed some training courses that were not made up. Staff member will be trained on all missed courses to get caught up on last years missed training. Fire Training will be completed by May 23, 2025. by trained profession. Copies will be enclosed. Administration will conduct a survey on Dec. 1, on each year to ensure all training is up to date on all employees.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█ - 08/01/2025)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

**Description of Violation**

Mold was observed on the floor joists, and sub floor in the basement, the mold was concentrated around a pipe that was actively leaking. A bucket was placed under the leaking pipe to collect water that was dripping from the pipe.

**Plan of Correction**

Accept (█ - 05/28/2025)

Mold was observed on the floor joists and sub floor in the basement. This condition was caused by a leaking urinal in the men's room above. Both urinals in the men's room were detached and reassembled on May 5th 2025. The leak was repaired and the mold removed and treated on May 5th 2025. Administration will now schedule a monthly inspection of the home that will include the basement areas.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█ - 08/01/2025)

88a - Surfaces

**6. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

The door to Room #102 door was not opening correctly and was off the hinges.

A pipe was observed actively leaking in the basement. A bucket was placed under the leaking pipe to collect water that was dripping from the pipe.

**Plan of Correction**

Accept (█ - 05/28/2025)

Room #102 door was in bad repair and not working properly. Staff was aware of this problem and has been trying to repair it. Administration has replaced the door with a brand-new door on May 5th, 2025. Administration will conduct monthly inspections of the home to look for broken or items in disrepair. Administration will also remind staff to alert administration of any items in need of repair.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█ - 08/01/2025)

141a 1-10 Medical Evaluation Information

**7. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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**

*Resident #1's annual medical evaluation, dated [REDACTED], did not include details under section #1 which requires a general physical examination by a physician, physician’s assistant or nurse practitioner.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/28/2025)**

*Doctor missed the details in Section 1 of the resident's medical evaluation. Administration looks for these problems and has sent them back to the physician to correct on 05/12/25. Resident #1 medical evaluation was returned to physician for corrections. Administration will continue to peruse all evaluations on a monthly basis to look for these kinds of omissions*

**Licensee's Proposed Overall Completion Date: 05/27/2025**

**Implemented ( [REDACTED] - 08/01/2025)**