

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

March 30, 2026

[REDACTED]  
JOHNSTOWN AL, LLC  
[REDACTED]  
[REDACTED]

RE: THE ADDISON OF MCCULLOUGH  
PLACE  
500 CHENEY OAK DRIVE  
JOHNSTOWN, PA, 15905  
LICENSE/COC#: 33933

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2026 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 ADDISON OF MCCULLOUGH PLACE License #: 33933 License Expiration: 05/06/2026  
 Address: 500 CHENEY OAK DRIVE, JOHNSTOWN, PA 15905  
 County: CAMBRIA Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: JOHNSTOWN AL, LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/26/1998 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 03/04/2026

**Inspection Dates and Department Representative**

03/04/2026 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 55 Residents Served: 39

**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: 39  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 1

**Inspections / Reviews**

03/04/2026 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2026

03/16/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/26/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/27/2026

Inspections / Reviews *(continued)*

03/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:10AM, a narcotic count red binder containing multiple residents' information was on the top of a medication cart outside the medication room.

A resident's assessment and support plan was also in this location attached to a clip board.

The medication cart was unattended, and information was accessible to anyone in the area.

Plan of Correction

Accept [redacted] - 03/16/2026)

On 03/04/2026 Confidential information was removed from the med cart and put in locked med room.

On 03/05/2027 Executive Director and Designee Health and Wellness Director were educated on the requirement within 2600.17 by Regional Director of Operations. See exhibit 1.

On 03/06/26 All staff were educated on the requirement within the regulation. See exhibit 2 and 2a.

By the week of 03/23/26 Executive Director will audit public areas weekly to ensure the requirements are met. Results of the audit will be discussed during monthly Quality Improvement meetings starting 04/10/2026.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 06/23/2026

Implemented [redacted] - 03/30/2026)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [redacted] has a wifi enabled camera installed in their room that records audio and video. On [redacted] Staff Member A received an email from Resident [redacted] reporting that Staff Member B was physically and verbally harsh towards Resident [redacted]. This incident occurred on [redacted] and was discovered by the [redacted] after watching the video recording.

The video showed Staff Member B assisting Resident [redacted] from the bed to the bathroom and returning the resident back into the bed. The video had a clear picture with audio. Staff Member B was rough with transfers in and out of bed. Resident [redacted] had on pajama bottoms when [redacted] was taken out of the bed and into the bathroom. When Resident [redacted]

**42c Treatment of Residents (continued)**

was returned to bed the pajama bottoms were not put back on the resident.

While Resident [REDACTED] was on the toilet, Staff member B continued to speak to another staff member in the room that was changing the pad on the bed. In front of Resident [REDACTED], Staff Member B spoke to the other staff member about Resident [REDACTED] behaviors.

Staff Member B spoke loudly to Resident [REDACTED] about [REDACTED] "diaper". [REDACTED] told Resident [REDACTED] that [REDACTED] should be in a different placement. Staff Member B told Resident [REDACTED] [REDACTED] was tired of dealing with [REDACTED]

During the home's internal investigation, Staff Member B stated that what was said to Resident [REDACTED] was wrong.

**Plan of Correction**

Accept [REDACTED] - 03/16/2026)

On 2/16/27 An internal investigation was started regarding the possible violation.

On 2/27/26 the investigation was completed and on 3/3/26 staff member B was terminated.

On 03/05/2027 Executive Director and Designee Health and Wellness Director were educated on the requirement within 2600.42c by Regional Director of Operations. See exhibit 1.

On 03/06/26 All staff were educated on the requirement within the regulation. See exhibit 3 and 3A.

On 03/09/26 Random interviews with two residents and two staff members were conducted to assure compliance with resident rights. See Exhibit 4.

By the week of 03/23/26 Executive Director or Designee will conduct biweekly interviews with two residents and two staff members to assure we are within regulation 2600.42c. Results of the audit will be discussed during monthly Quality Improvement meetings starting 04/10/2026.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 06/23/2026

Implemented [REDACTED] - 03/30/2026)

**42s - Privacy****3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

In December of 2025, Resident's [REDACTED] placed a camera in the resident's room that had both audio and video

42s - Privacy (continued)

recording capabilities. Resident [redacted] signed the home's camera monitoring consent form on [redacted] The consent form gives consent for audio and/or video form of electronic monitoring devices.

Plan of Correction

Accept [redacted] - 03/16/2026)

On 2/17/26 a phone call was placed to family member regarding the use of audio on [redacted] camera. See Exhibit 11.

On 2/17/26 Family member disable audio on [redacted] camera, See Exhibit 12.

On 03/04/2027 Executive Director and Designee Health and Wellness Director were educated on the requirement within 2600.42c by Licensing Representative [redacted].

On 03/06/26 All staff were educated on the requirement within the regulation of 2600.42. See exhibit 3 and 3A.

On 03/09/26 Random interviews with two residents and two staff members were conducted to assure compliance with resident rights/privacy see Exhibit 4.

By the week of 03/23/26 Executive Director or Designee will conduct biweekly interviews with two residents and two staff members to assure we are within regulation 2600.42c. Results of the audit will be discussed during monthly Quality Improvement meetings starting 04/10/2026.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 06/23/2026

Implemented [redacted] - 03/30/2026)

171c - Home's Vehicle Documents

4. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

Description of Violation

On [redacted] the inspection sticker on the home's van was observed to be expired as of [redacted] Staff Member C reported that [redacted] transported Resident [redacted] to a medical appointment on [redacted]

Plan of Correction

Accept [redacted] - 03/16/2026)

On 03/04/2026 Van was taken immediately for inspection. Inspection was completed and van returned to facility on 03/06/26. See exhibit 6 -6A.

**171c - Home's Vehicle Documents (continued)**

On 03/05/2027 Executive Director and Designee Health and Wellness Director were educated on the requirement within 2600.171 by Regional Director of Operations. See exhibit 1.

On 03/06/26 All staff were educated on the requirement within the regulation. See exhibit 5 and 5A

On 03/09/26 An audit was completed to assure we are within requirements of 2600.171. see exhibit 7.

By the week of 03/16/26 Director of Plant Operations will complete audit bi-weekly to ensure the requirements are met. Results of the audit will be discussed during monthly Quality Improvement meetings starting 04/10/2026.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented [REDACTED] - 03/30/2026)

**225c - Additional Assessment****5. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

Resident [REDACTED]'s DME, dated [REDACTED], lists a mechanical soft diet. The resident diet communication form in the kitchen for Resident [REDACTED] lists a mechanical soft diet.

Resident [REDACTED]'s assessment, dated [REDACTED], lists a regular liberalized diet.

**Plan of Correction**

Accept [REDACTED] - 03/16/2026)

On 03/04/2026 RASP was updated with appropriate diet by Health and Wellness Director See Exhibit 8.

On 03/05/2027 Executive Director and Designee Health and Wellness Director were educated on the requirement within 2600.17 by Regional Director of Operations. See exhibit 1.

On 03/06/26 All staff were educated on the requirement within the regulation. See exhibit 9 and 9A.

On 03/05/26 an audit was started to review DME and RASP comparison to assure the requirement is met. See exhibit 10.

By the week of 04/01/2026 Executive Director will review new and updated RASPs to ensure the requirement is met. Results of the audit will be discussed during monthly Quality Improvement meetings starting 04/10/2026.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of compliance.

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented [REDACTED] 03/30/2026)