

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

April 23, 2026

[REDACTED]  
THE VILLAGE OF NANTY GLO PCH INC  
[REDACTED]

RE: THE VILLAGE OF NANTY GLO P.C.H.  
628 PIKE ROAD  
JOHNSTOWN, PA, 15909  
LICENSE/COC#: 32569

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2026 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 VILLAGE OF NANTY GLO P.C.H.	License #: 32569	License Expiration: 01/04/2027
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: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 12/10/1998	Issued By: L&I

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

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 03/26/2026	

Inspection Dates and Department Representative		
03/26/2026 - On-Site: [REDACTED]		

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 50		Residents Served: 47	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 34		Are 60 Years of Age or Older: 38	
Diagnosed with Mental Illness: 45		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 2		Have Physical Disability: 0	

Inspections / Reviews		
03/26/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/20/2026
04/13/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/23/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/17/2026

Inspections / Reviews *(continued)*

04/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/04/2026

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 2:40 PM, an incident of resident-to-resident abuse occurred in the home. Resident [redacted] was going into Resident [redacted]'s bedroom and threatening to kill Resident [redacted]. Resident [redacted] hit Resident [redacted], causing Resident [redacted] to [redacted] and a [redacted] to Resident # [redacted]'s [redacted]. Staff Member A was immediately notified of the incident. However, the Act 13 Mandatory Abuse form was not completed and submitted to AAA.

Plan of Correction

Directed [redacted] - 04/13/2026)

Administrator ([redacted]) will educate all employees that all allegations of suspected abuse are required to be reported to AAA and an Act 13 Mandatory Abuse form is to be submitted. Investigations can be later determined if the suspected abuse was substantiated or not. Administration will educate all staff members on reporting any and all types of abuse to include all types included in guide 55 Pa. Code Ch 2600. A copy is included with this correction. Administration ([redacted]) will monitor all suspected abuse/ neglect in a timely manner and report all future with an Act 13 form submitted to AAA. This action will be immediately put into place.

(Directed)

In addition to the above plan of correction:

- Education to all staff will be completed by 4/24/26.
- An Act 13 will be completed for the incident identified in the violation and submitted to AAA by 4/24/26.
- Beginning no later than 4/33/36, the administrator or designee will discuss incidents that have occurred or were reported to have occurred the day prior with staff on shift for a minimum of 30 days. The administrator or designee will then ensure an Act 13 form was completed and submitted to AAA timely.
- Documentation of completed education and daily audits will be kept by the home and available for review by the Department.

Directed Completion Date: 04/24/2026

Implemented [redacted] 04/23/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 2:40 PM, Resident [redacted] pushed and kicked Resident # [redacted] in response Resident [redacted] going into Resident # [redacted] bedroom and threatening to kill Resident [redacted]. Resident [redacted] required emergency services and an admission to the hospital with a cut on the head and a displaced [redacted].

42b Abuse (continued)

Plan of Correction

Accept [redacted] - 04/13/2026)

Residents [redacted] no longer a resident of the facility. Resident one assessment and support plans have been reassessed in all areas of behaviors and supervision and did determine resident [redacted] needs could be met. This was done on 04/08/26 by [redacted]. All residents will be educated on resident's rights, [redacted] (administrator) will talk to the resident Friday 04/17/26. The following steps are currently in place. THEVILLage will do a much better screening for potential residents. Staff will advise residents to talk to staff members when having any kind of problems with staff or residents. These complaints will be brought to the administrator's attention immediately. A Supervision plan will immediately put into places as where a staff member will check on all residents every fifteen minutes. [redacted] will be in charge of the staff checking to see if the rounds were made. Staff will be trained to do further investigation when incidents like this occur and also look for witnesses to the event. Staff is to immediately notify administration when ever they feel a resident has been mistreated and/or abused. A training session will be set up to reaffirm these rules on 04/18/2026

Licensee's Proposed Overall Completion Date: 04/18/2026

Implemented ([redacted] 04/23/2026)

225c - Additional Assessment

3. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated no supervision needs and no needs in the areas of [redacted], [redacted] or [redacted]. However, multiple staff interviews indicated Resident [redacted] required "24/7 supervision", would enter other people's rooms uninvited, threatening to physically harm other residents, taking food from other residents' plates, urinating in [redacted] bedroom garbage can, walking down hallways with [redacted] pants down and private areas out. These behaviors were observed within 1 week of Resident [redacted] admission to the home on [redacted] however, the resident's assessment was never updated to include the resident's change in needs.

Plan of Correction

Directed [redacted] - 04/13/2026)

Currently all plans of correction will be thoroughly reviewed by 04/17/26. Administrator ([redacted]) will monitor any and all changes made to the assessment. This will be done on the 3rd of every month and advise other administrators of [redacted] findings. Training will be April 18th 9.00 am

(Directed)

In addition to the above plan of correction:

- Resident [redacted] was discharged from the home by 4/13/26.
- Staff will be retrained on keeping assessment current with any changes due to a resident's condition by 4/18/26.
- An initial audit of all other resident assessments will be completed by 5/1/26 to ensure resident assessments accurately reflect resident needs.
- Beginning no later than 5/1/26, a minimum of 25% of the resident census will have their assessments audited to ensure their needs have been updated, as necessary in the resident's assessment. The audit process will

225c *Additional Assessment (continued)*

*continue for a minimum of 4 months.*

- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

**Directed Completion Date:** 05/01/2026

**Implemented (**  **- 04/23/2026)**