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

August 27, 2026

[redacted] NHA
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 07/15/2026 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: *HORIZONS PERSONAL CARE* **License #**: *33768* **License Expiration**: *02/04/2027*

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**: *63* **Waking Staff**: *47*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *07/17/2026*

Inspection Dates and Department Representative

07/15/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* **Residents Served**: *51*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *51*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

07/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/09/2026*

08/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/24/2026*

Inspections / Reviews *(continued)*

08/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/27/2026*

08/27/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home 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 personal care home.

Description of Violation

On 7/15/26, the home's license inspection summary, dated 4/8/26, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On 7/30/2026 the administrator posted the current license inspection summary from 7/15/2026 and the facility will continue to post any additional inspection summary reports throughout the inspection year.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/27/2026)

17 - Record Confidentiality

2. 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 7/15/26, at 9:10 AM, medication and resident records were unlocked in the nurse's area. The following information/ items were unlocked, unattended, and accessible:

- *Resident #1's silver sulfa cream with the medication label that contained [redacted] prescriber, medication name, and order to apply to affected area [redacted] everyday cover with opti foam for skin infections.*
- *Resident records to include medical evaluations, RASPs, designee paperwork for residents in rooms [redacted]*
- *MiconazorbAF antifungal powder, not labeled with resident name.*
- *The medical label for Resident #2's ibandronate tab 150mg, take 1 tablet by mouth every mouth for osteoporosis, to also include [redacted] prescriber, and room number.*
- *Resident #3's record to include [redacted] current list of medications, how many tablets are remaining, that the resident was discharged on [redacted] and date of admission to the home.*
- *Resident #4's triad wound paste*

On 7/15/26, at 9:31 AM, the second nurse's station had the following information/items unlocked, unattended, and accessible:

- *Resident #4's triad wound paste dressing, with orders to apply topically to [redacted] every day for [redacted] and apply as needed for [redacted], also includes room number and prescriber.*

17 Record Confidentiality (continued)

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

The administrator and LPN supervisor will do weekly audits of 6 resident records x8 weeks to ensure that all residents' charts, records, medication/treatments are secured in locked areas and not left unattended. All resident charts will be kept behind a locked door at nurse's station.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/27/2026)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were not reviewed, updated or submitted to the local emergency management agency.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The Administrator reviewed and updated the Emergency Preparedness Plan on 7/31/2026 and a copy was emailed to the local emergency management agency at [redacted], The Administrator will review and update the plan and will email the plan annually to the local emergency management agency.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/27/2026)

121b - Locking Device Approval

4. Requirements

2600.
121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

All doors used as egress routes from the building are equipped with magnetic locking devices. Keypads are installed next to each door which will unlock the door(s) if the correct code is entered. The code was observed next to each keypad.

The residents in the home have not been educated by staff on how to use the keypads to unlock the doors, therefore, no residents were able to demonstrate how to operate the door and exit the home without assistance from staff during the inspection on 7/15/26.

121b Locking Device Approval (continued)

The home uses the Wander Guard System for residents with a dementia diagnosis. When a resident who is wearing this device gets in close proximity to the exit door, the device triggers an override of the keypad which temporarily disables it and will not allow the door to be opened even when the correct code is entered.

Plan of Correction ***Accept (- 08/20/2026)***

The LPN supervisor educated all residents and staff on 8 4 2026 on how to properly use the keypad system for the Wander guards and both staff and residents were able to correctly utilize the system.
All new staff will be educated on, and new admissions will be assessed and educated on how to properly use keypad device for wander guard system.
New residents will be assessed upon admission, and all residents will be assessed biannually for mental status change to ensure resident can utilize keypad device and safely exit building without requiring assistance from staff.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented (- 08/27/2026)

132d - Evacuation

5. Requirements

2600.
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 home.

Description of Violation

During the fire drill held on 5/27/26, at 4:21AM, it took the home 12 minutes and 46 seconds to safely evacuate all residents, which exceeded the home's maximum evacuation time of 12 minutes as determined by a fire safety expert.

Plan of Correction ***Accept (- 08/17/2026)***

The Facility completed a yearly fire evacuation drill on 7/15/2026 at 14:28 pm with [redacted] Fire Safety Expert.
Horizons Personal Care maximum safe evacuation time for the home is 12 minutes 0 seconds.
A fire drill was completed on 7/31/2026 at 10:15 AM, evacuation time was 4 minutes and 26 seconds. The Administrator will complete a monthly audit to ensure that fire drills are completed, and evacuation time is under 12 minutes.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 08/27/2026)

181c - Self-administration Assessment

6. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #5 self administers medication, Ipratropium Albuterol Inhaler without assistance from staff. On the

181c - Self-administration Assessment (continued)

resident's medical evaluation, dated [redacted] the physician assessed the resident's ability to self-administer medications as:

Can self-administer – assistance to store medication in a secure place
Can self-administer - assistance in remembering schedule
Can self-administer – assistance in offering medication at prescribed times

The home was not providing this assistance as documented in the resident's medical evaluation.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On 7/31/2026 a new DME form was completed by PA-C for resident #5.
The Administrator and LPN Supervisor will do weekly audits x4 on all DME forms to ensure all residents can self-administer medications.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/27/2026)

185a - Implement Storage Procedures

7. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is prescribed Acetaminophen 8-hour oral tablet extended-release 650mg as needed for pain. On 7/15/26 this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

The Administrator and LPN supervisor will do weekly medication cart audits on all residents x 4 weeks to ensure all PRN medications are available per order. In addition,
11-7 shift will do nightly cart checks to ensure all medications are available and reorder from pharmacy if needed.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/27/2026)

190a - Completion Medication Course

8. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medication administration course, administered medication on the following dates and times:

190a - Completion Medication Course (continued)

- *On 7/2/26, 7/10/26, 7/12/26 at 9:00PM to Resident #5.*
- *On 7/8/26 at 8:00PM to Resident #6.*

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

Staff member A completed the department approved medication administration course on 7/31/2026.
All current med techs were re-enrolled into the medication administration course during the week of 7/27/2026 thru 7/31/2026 and have all completed the course.
Any new staff hired, who have their medication administration certificate will be re-enrolled in the medication administration course to ensure staff member is in compliance.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/27/2026)

202 - Prohibitions

9. Requirements

2600.
202. The following procedures are prohibited:

Description of Violation

All doors used as egress routes from the building are equipped with magnetic locking devices. Keypads are installed next to each door which will unlock the door(s) if the correct code is entered. The code was observed next to each keypad.

The residents in the home have not been educated by staff on how to use the keypads to unlock the doors, therefore, no residents were able to demonstrate how to operate the door and exit the home without assistance from staff during the inspection on 7/15/26.

The home uses the Wander Guard System for residents with a dementia diagnosis. When a resident who is wearing this device gets in close proximity to the exit door, the device triggers an override of the keypad which temporarily disables it and will not allow the door to be opened even when the correct code is entered.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The LPN Supervisor spoke with the [redacted], Fire safety Inspector with Johnstown Fire Safety Services on 8/17/2026, see attached letter from Fire Inspector.
[redacted] as per our conversation:
The doors are able to be unlocked with keypad device.
All residents and staff are able to use keypad device to unlock doors, there is a handprint with key code on it next to the keypad.
If a resident has a wander guard on and is near the door, the door will lock but can be unlocked, with using the

202 - Prohibitions (continued)

override on the keypad.
If a staff member opens the door and a resident goes thru the door with a wander guard, the door alarms but does not lock because door is open.
There are 2 doors that are emergency exit only. All doors will automatically unlock in an emergency/fire alarm activated.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented (- 08/27/2026)

225c - Additional Assessment

10. 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 #7's assessment dated indicated a dietary need for a mechanical soft diet, ground meats, bread must be toasted, no chocolate. However, on the physician ordered a puree diet. The resident's assessment was not updated to reflect these changes.

Plan of Correction ***Accept (- 08/20/2026)***

The LPN Supervisor updated resident #7s care plan on 7/15/2026 with the current diet. 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 all residents' current dietary requirements.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 08/27/2026)