

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

October 1, 2026

[REDACTED], ADMINISTRATOR
THE VILLA PERSONAL CARE LLC
429 NAPOLEON PLACE
JOHNSTOWN, PA, 15901

RE: THE VILLA PERSONAL CARE LLC
429 NAPOLEON PLACE
JOHNSTOWN, PA, 15901
LICENSE/COC#: 32836

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2026, 08/20/2026 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 VILLA PERSONAL CARE LLC

License #: 32836

License Expiration: 07/09/2027

Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA 15901

County: CAMBRIA

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: THE VILLA PERSONAL CARE LLC

Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA, 15901

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 09/23/2010

Issued By: City of Johnstown

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 39

Waking Staff: 29

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/20/2026

Inspection Dates and Department Representative

08/19/2026 - On-Site: [REDACTED]

08/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 32

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 0

Inspections / Reviews

08/19/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2026

09/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/21/2026

Inspections / Reviews (*continued*)

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2026

10/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2026

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 8/19/26, at 9:16 AM, the laptop located on top of the medication cart by the reception desk was unlocked, unattended, and accessible. Resident Medication Administration Records (MAR) were available, including for Resident #1.

Plan of Correction**Accept** () - 09/17/2026)

Signage was posted 8/19/26 alerting/reminding staff that carts and computers are to be locked when leaving them unattended.

Administrator/and or designee to complete staff training on regulation 2600.17 by 10/1/26, training to include steps to take to protect privacy of the residents including, but not limited to, securing computer access. Privacy training to be repeated annually by administrator or designee beginning 1/1/27, administrator to repeat training as needed throughout the year. Administrator or designee to monitor for compliance quarterly beginning 10/1/26 and randomly throughout the year.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 09/29/2026)**81b - Resident Personal Equipment****2. Requirements**

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 8/26/26, Resident #2 had an uncovered bedside mobility device on the left side of the bed. The opening of the bedside mobility device measured 14 inches wide by 6 inches high, posing an entrapment risk.

Plan of Correction**Accept** () - 09/17/2026)

Bedside mobility device covered on 8/20/26. Mobility device discontinued and removed on 9/10/26.

Administrator and/or designee to complete staff training on bedside mobility device safety, up to and including ensuring proper attachment and coverage if needed by 10/1/26.

Administrator and/or designee to complete routine checks of bedside mobility device safety every other month beginning 10/1/26, to ensure prompt corrections as they occur.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/01/2026)**86a - Ventilation**

3. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The exhaust fan in Resident #3's bathroom was covered in dust, preventing adequate airflow.

The exhaust fan in Resident #4's bathroom was covered in dust, preventing adequate airflow.

Plan of Correction

Accept () - 09/17/2026)

Housekeeping cleaned fans in resident #3 and #4 bathroom on 8/21/26.

Housekeeper and direct care staff to complete training by 10/1/26 on ventilation. Training to include steps to ensure proper ventilation, up to and including routine cleanings.

Administrator and/or designee to complete routine audit of bathroom fans quarterly beginning 10/1/26 to ensure housekeeping's compliance with ventilation maintenance.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/01/2026)

101o - Walls, Floors, Ceilings

4. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 8/26/26, there was a ceiling tile with several light brownish spots from water damage in resident room #211.

Plan of Correction

Accept () - 09/17/2026)

Maintenance replaced ceiling tiles in room 211 on 8/21/26.

Administrator and/or designee to complete training with direct care staff and housekeeping to include applicable regulation, necessity to report any issues or concerns, and reporting procedures by 10/1/26. Educational meeting to review and educate all staff on all items from plan of correction scheduled for 9/24/26 at 2pm.

Administrator and/or designee to complete routine quarterly audits of the building to ensure the walls, ceilings, and floors are finished, clean, and in good repair beginning 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/01/2026)

125b - Combustible Restrictions

5. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

125b Combustible Restrictions (continued)**Description of Violation**

On 8/19/26, at 1:10PM, there was a propane tank attached to the grill located on the patio to the left of the entrance to the home. There was also a 2nd propane tank located to the right of the grill. These propane tanks were unlocked, unattended, and accessible to residents.

Plan of Correction

Accept () - 09/17/2026

Propane tanks removed from the grill and patio on 8/21/26, tanks secured behind locked doors in maintenance room.

Administrator and/or designee to complete training with dietary staff by 10/1/26 on storage of tanks when not in use.

Administrator and/or designee to complete routine quarterly audits to ensure compliance with regulation beginning 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/01/2026

132e - Fire Drill Sleeping Hours**6. Requirements**

2600.

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

Description of Violation

There was a sleeping hours drill conducted on 12/23/25 at 6:00 AM. The previous sleeping hours fire drill was conducted on 6/5/25 at 10:30 PM.

Plan of Correction

Accept () - 09/17/2026

Administrator and/or designee to complete fire drills during sleeping hours within less than 6 month guideline.

Administrator to provide administrative assistant and direct care staff with education on fire drill frequency and timing by 10/1/26. Educational meeting to review/educate staff for plan of correction necessities planned for 9/24/26.

Administrator to audit fire drill record quarterly for compliance with 6 month frequency beginning 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 09/29/2026

185a - Implement Storage Procedures**8. 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 #5 is prescribed routine Lantus Solostart insulin 30 units at bedtime in addition to sliding scale units of Novolog Flexpen insulin based on glucose readings. However, Resident #5's Freestyle Libre glucose monitor does not

185a - Implement Storage Procedures (continued)

retain the routine readings in order to determine if the correct additional insulin units are being administered as ordered.

Resident #6 is prescribed blood glucose readings four times a day via Freestyle Libra at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM. On 8/20/26, at 11:12 AM, the resident's Accucheck Glucometer was not calibrated with the correct time and date.

Plan of Correction**Accept () - 09/17/2026)**

Account established with librereview.com to be able to review glucometer reading history.

Designee calibrated glucometer with correct date and time on 9/10/26.

Administrator and/or designee to audit glucometers and continuous glucose monitors every other month beginning 10/1/26 for accuracy of date and time, to correct as needed. To include review of stored readings and their accuracy in the audit. Administrator to provide certified medication aides with education on regulation and plan of correction on 9/24/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/01/2026)