

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

April 15, 2025

[REDACTED]
THE VILLA CREST LLC
[REDACTED]

RE: HORIZONS PERSONAL CARE
1451 FRANKSTOWN ROAD
JOHNSTOWN, PA, 15902
LICENSE/COC#: 33768

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/08/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HORIZONS PERSONAL CARE* License #: *33768* License Expiration: *02/04/2026*
 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: [REDACTED]
 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: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/08/2025*

Inspection Dates and Department Representative

04/08/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *56* Residents Served: *48*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *9*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

04/08/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2025*

04/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND