

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

October 10, 2023

[REDACTED]  
JOHNSTOWN PC OPCO LLC  
807 GOUCHER STREET  
JOHNSTOWN, PA, 15905

RE: PALM GARDENS PERSONAL CARE  
807 GOUCHER STREET  
JOHNSTOWN, PA, 15905  
LICENSE/COC#: 33819

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/01/2023 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: PALM GARDENS PERSONAL CARE License #: 33819 License Expiration: 06/01/2024
Address: 807 GOUCHER STREET, JOHNSTOWN, PA 15905
County: CAMBRIA Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: JOHNSTOWN PC OPCO LLC
Address: 807 GOUCHER STREET, JOHNSTOWN, PA, 15905
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 01/15/2018 Issued By: county
Type: I-2 Date: 01/15/2018 Issued By: county

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/01/2023

Inspection Dates and Department Representative

08/01/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 18
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

08/01/2023 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/19/2023

Inspections / Reviews (*continued*)

## 08/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/08/2023

## 09/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/15/2023

## 10/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED]/23, did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept ([REDACTED] 09/12/2023)

65.a Orientation Fire Safety

Immediately Staff member completed Fire Safety orientation again on 8/2/2023 to ensure required education which included evacuation procedures, duties and responsibilities during fire drills and emergencies, safe smoking procedures and policy of PC, location of fire extinguishers, smoke detectors and fire alarms, as well as telephone use during an emergency. Personal Care Administrator, Business Office Manager, or designee will conduct an audit of staff files to ensure compliance by 9/15/2023 with 1st day Fire Safety orientation by all staff. Personal Care Administrator, Business Manager, or Designee will audit all new hires to ensure compliance with 65a for 3 months. Orientation Check List added to new hire orientation packet on 8/2/2023. A Quality Assurance Meeting will be held 9/21/2023 Training and orientation will be discussed. Completion date 11/30/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 10/10/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (continued)

- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff Person A was hired on [REDACTED]/23, however, this staff person did not complete training on resident rights and mandatory reporting of abuse and neglect until [REDACTED]/2023. Also, there is no documentation Staff Person A received training on emergency medical plan or reporting reportable incidents.

**Plan of Correction**

Accept [REDACTED] - 09/12/2023)

65b - Rights/Abuse within 40 Hours

Staff member was immediately re-educated on resident rights, emergency medical plan, mandatory reporting of abuse and reporting of reportable incidents to ensure compliance with 65b Rights and Abuse within 40 Hours on 8/2/2023. Personal Care Administrator, Business Manager, or Designee will conduct an audit of staff files to ensure compliance by 9/15/2023 with 65b 141.a Rights and Abuse by all staff. Orientation Check List added to new hire orientation packet on 8/2/2023. A Quality Assurance Meeting will be held 9/21/2023 Training and orientation will be discussed. A Personal Care Administrator, Business Manager, or Designee will audit all new hires to ensure compliance with 65b 141.a Rights and Abuse for 3 months. Completion date 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 10/10/2023)

132a - Monthly Fire Drill

**3. Requirements**

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

An unannounced fire drill was not held during the month of July 2023.

**Plan of Correction**

Accept [REDACTED] - 08/31/2023)

132.a

Upon discovery of the missed fire drill an unannounced drill was held 8/1/2023 by Personal Care Manager and Maintenance Director. The regular monthly fire drill will be held in August. Maintenance Director and Personal Care Manager will monitor fire drills to validate completion and conduct audits for 3 months. Compliance date 9/15/23. Audits completed by 11/30/2023

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 10/10/2023)

141a 1-10 Medical Evaluation Information

**4. Requirements**

- 2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #1 was admitted on [REDACTED]/23. Resident #1's initial medical evaluation from [REDACTED]/23 did not include resident's height, weight, temperature and immunizations. Resident #1's significant change medical evaluation from [REDACTED]/23 did not include resident's height and immunizations.

Resident #2 was admitted on [REDACTED]/23. Resident #2's initial medical evaluation from [REDACTED]/23 did not include resident's temperature or allergies. Resident #2's significant change medical evaluation from [REDACTED]/23 did not include resident's allergies. This evaluation also had the incorrect date of birth and did not include the physician's medical professional license number.

Resident #3 was admitted on [REDACTED]/22. Resident #2's annual medical evaluation from [REDACTED]/23 did not include resident's height and resident's body positioning.

**Plan of Correction**

Accept ([REDACTED] - 09/12/2023)

141.a 1-10 Medical Evaluation Information

Personal Care Administrator, Business Office Manager, or Designee will audit all DME within 30 days to ensure they are completed, audit was completed 9/4/2023 all are completed appropriately. Staff who complete DMEs will be educated on proper completion of the form. Education provided 9/1/2023 by personal care administrator using printed DME and instructions and administrator explained that all questions must be answered. New or updated DMEs will be audited by the Personal Care Administrator, or Designee for 3 months to validate completion. Completion date 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 10/10/2023)

181c - Self-administration Assessment

**5. Requirements**

2600.

**181c - Self-administration Assessment (continued)**

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 #2 self-administers mupirocin 2% topical ointment; however, Resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.*

**Plan of Correction**

**Accept** [REDACTED] - 09/12/2023)

*181.c Self-administration*

*8/3/2023 Residents DME was updated to reflect that [REDACTED] could self-administer the medication to coincide with the Drs order. Rasp was updated 8/3/2023 to reflect that the resident could self-administer the medication. By 9/15/2023 an audit will be conducted to ensure that self-administer orders match the DME. Personal Care Administrator, LPN, or Designee will review all self-administration orders for a period of 3 months to ensure that the DMEs properly reflect self-administration orders. Staff provided education on self-administration of medication and to ensure there is an appropriate order and to notify administrator of all new self-administration orders so that RASP can be updated this was completed 9/4/2023 by Personal Care Administrator. Completion date 11/30/2023*

**Licensee's Proposed Overall Completion Date: 11/30/2023**

**Implemented** [REDACTED] 10/10/2023)

**190b - Insulin Injections****6. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*Staff Person A's diabetic training expired on [REDACTED]/2023. However, on the evening of [REDACTED]/2023, Staff Person A obtained a blood glucose reading using a glucometer on Resident #3.*

**Plan of Correction**

**Accept** [REDACTED] - 09/12/2023)

*190b - Insulin Injections*

*Staff member was immediately removed from diabetic management and blood glucose readings. Staff member was scheduled on 8/24/2023 for Diabetic Certification and completed education 8/24/2023. A full staff audit was conducted to ensure all staff members have proper Diabetic Certification. Audit was completed of staff files for Diabetic Certification and staff members who were due for education completed the certification 8/24/23. Administrator made a check list to track Diabetic certification. A Quality Assurance Meeting will be held 9/21/2023 Education and training will be will be discussed . A monthly audit of staff member files will be completed for a period of 3 months to ensure compliance. 11/30/2023*

**Licensee's Proposed Overall Completion Date: 11/30/2023**

**Implemented** [REDACTED] - 10/10/2023)