

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

September 29, 2025

[REDACTED],  
JOHNSTOWN OPS LLC  
[REDACTED]

RE: RICHLAND WOODS AL  
3324 ELTON ROAD  
JOHNSTOWN, PA, 15904  
LICENSE/COC#: 33834

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2025 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: RICHLAND WOODS AL License #: 33834 License Expiration: 10/31/2025  
 Address: 3324 ELTON ROAD, JOHNSTOWN, PA 15904  
 County: CAMBRIA Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: JOHNSTOWN OPS LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 80 Waking Staff: 60

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 07/31/2025

**Inspection Dates and Department Representative**

07/31/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 70 Residents Served: 63

**Special 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: 63  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 17 Have Physical Disability: 2

**Inspections / Reviews**

07/31/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/30/2025

09/03/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/10/2025

Inspections / Reviews *(continued)*

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 224a4 Assessment form

**1. Requirements**

2800.

224.a.4. A residence may use its own assessment form if it includes the same information as the Department's assessment form.

**Description of Violation**

Resident [REDACTED] initial assessment was not completed on the Department's assessment form and does not include the following required information:

- Formal supports
- Informal supports
- An area to describe if this was a significant change
- Date of the last assessment
- The reason for the assessment
- The degree of the need
- The frequency of the care need
- The responsible party of the care need
- Identify a level for supervision
- Identify a level of mobility
- An area to identify medical diagnosis and plan to meet that need
- An area to identify dental need and plan to meet that need
- An area to identify dietary need and plan to meet that need
- An area to identify sensory need and plan to meet that need
- An area to identify mental health needs and plan to meet that need
- An area to identify social and recreation needs and plan to meet that need
- An area to provide a summary and determination of a resident's overall wellness
- A statement of determination
- Assessors printed name
- Assessors signature
- Assessors title
- Assess if a prosthetic device is utilized
- Assess the need for medication administration
- Assess irritability
- Assess judgment
- Assess agitation
- Assess aggression
- Assess hallucinations
- Assess short-term memory
- Assess long term memory
- Assess social and recreation needs

**Plan of Correction**

Directed [REDACTED] - 09/03/2025)

On 8/20/2025, Area Director of Clinical Services In-Serviced Health and Wellness Director on 2800 224a.4 and the assessment content requirements.? Assessment/Service Plan for Resident #1 and made personalization's to include

**224a4 Assessment form (continued)**

*all required assessment content.?*

*Health and Wellness Director to ensure that when completing resident's initial, annual or change in condition Service Plan, that all assessment content is included per 2800 224a.4.?*

*Executive Director to review all Service Plan's after completion from Health and Wellness Director to ensure that all assessment content is included per 2800 224a.4.??*

*Starting on 8/25/25 Executive Director to audit any new admission's Service Plans for 4 weeks, or until compliance is achieved, to ensure compliance with new service plan process in accordance with 224a4.*

*Health and Wellness Director to complete quarterly Service Plan reviews, as noted in New Perspective's policy and procedures in Point Click Care and will verify all content is included per 2800 224.a4.?Crosswalk tool to be utilized.*

*Audits will be reviewed at monthly QAIP meetings, with the next meeting scheduled no later than the 8th day of each month.??All documentation will be maintained and completed compliance by 11/3/25.*

*Proposed Overall Completion Date: 11/03/2025*

**Directed Completion Date: 09/08/2025**

**Implemented [REDACTED] - 09/29/2025)**