

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

September 22, 2023

[REDACTED]  
JOHNSTOWN OPS LLC  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/02/2023, 08/03/2023 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: *RICHLAND WOODS AL* License #: *33834* License Expiration: *10/31/2023*  
 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: [Redacted] Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]  
 Reason: *Renewal* Exit Conference Date: *08/03/2023*

**Inspection Dates and Department Representative**

08/02/2023 - On-Site: [Redacted]  
 08/03/2023 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *70* Residents Served: *61*

**Special Care Unit**  
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

**08/02/2023 - Full**  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2023*

**08/23/2023 - POC Submission**  
 Submitted By: [Redacted] Date Submitted: *09/19/2023*  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/30/2023*

Inspections / Reviews *(continued)*

09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/18/2023

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 Criminal background checks

1. Requirements

2800.

51.a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51.b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Staff Member A hired on [REDACTED]/23, did not have a Pennsylvania State Police background check completed until [REDACTED]/23.

Plan of Correction

Accept [REDACTED] 08/23/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community’s policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.51.(a) Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Staff Member A’s Pennsylvania State Police background check was completed on [REDACTED]/23. It was identified during a routine audit conducted by the Community prior to inspection. Staff Member A was a rehire and the Community was unable to locate the background check conducted when they were first hired. The licensing surveyor reported that the background check that was rerun upon identification that the original background check could not be found was outside the acceptable timeframe to be completed. There is no immediate resolution as it was already completed by the time of inspection.

An audit of background checks for current team members will be completed by the Executive Director or designee no later than 08/31/23, with timely follow-up to conduct background checks as warranted.

As is the current practice, the Executive Director or designee will submit background checks for new hires within eight days of the date of hire.

The Executive Director or designee will conduct a weekly audit of new hires to verify background checks are submitted to PA State Police and completed within 30 days of the date of hire. Weekly audits will be conducted for 2 months with an additional month added if any checks are not submitted within eight days of the date of hire.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 09/22/2023)

183d Current medications

2. Requirements

183d Current medications (continued)

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

**Description of Violation**

On [REDACTED]/23, Lorazepam prescribed for Resident #1 was observed in the first-floor medication cart with an expiration date of [REDACTED]/22. Also, on [REDACTED] 23, Tramadol HCL for Resident #2 was observed in the first-floor medication cart with an expiration date of [REDACTED]/23.

**Plan of Correction**

Accept [REDACTED] - 08/23/2023)

*This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.*

*55 Pa. Code § 2800.183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.*

*The licensing representative identified two narcotic medications that were expired when conducting a medication cart audit. The narcotics were immediately pulled during the inspection from the medication cart by the Health and Wellness Director. Neither of these as needed medications were given after their expiration date. The resident's primary care physician was notified of this incident. Medications were discontinued.*

*The Health and Wellness Director conducted an audit of narcotics secured for Community administration on August 3, 2023, finding no other expired medications.*

*As of September 2023, the Health and Wellness Director or designee will audit medication carts to identify expired medications at least monthly for 2 months extending the audit an additional month if any expired medication is identified.*

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] - 09/22/2023)

183e Storing Medications

**3. Requirements**

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e Storing Medications (continued)

Description of Violation

On [REDACTED]/23, 1 oblong pill was observed loose in medication cart located on the first floor.

On [REDACTED]/23, A vial of Lantus injection 1000/ML for Resident #3 lacked a date the medication was opened, as per the manufacturer's instructions. Also, on [REDACTED]/23 a Lantus Solostar injection flexpen and Novolog injection flexpen for Resident #4 lacked dates showing when the medications were opened, per manufactures instruction.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

The licensing representative identified insulin that had labels that were not dated and a loose pill in the cart when conducting a medication cart audit. The Health and Wellness Director removed the loose pill and the vials of insulin that were not dated from the medication cart on 8/3/2023.

A mandatory meeting for med passers and clinicians was held on August 3, 2023 for documented reeducation by the Health and Wellness Director on the importance of documenting medications with a date open on insulin vials and visual scan of carts for any loose medication. Any med passers or clinicians not in attendance will be trained by the Health and Wellness Director or licensed clinician designee no later than 8/31/2023.

The Health and Wellness Director placed "Date Open" stickers and pens on each of the medication carts for use to label insulin vials and other medications requiring documented open dates on the medication container.

Beginning the week of 09/10/2023, the Health and Wellness Director or designee will conduct an audit of insulin pens/vials and of carts for loose medication weekly for four weeks to monitor compliance with ensuring medications have the dates opened per regulation. Additional weekly checks will continue until consistent compliance with this regulation is demonstrated.

Licensee's Proposed Overall Completion Date: 09/10/2023

Implemented [REDACTED] - 09/22/2023)

185a Storage procedures

**4. Requirements**

2800.

185.a. The residence 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**

On [REDACTED]/23 the glucometer for Resident #4 lacked calibration to the correct date and time. On [REDACTED]/23, the [REDACTED] AM recording on the MAR recorded [REDACTED] AM on the glucometer, [REDACTED] AM recording on the Medication Administration Record (MAR) recorded [REDACTED] AM on the glucometer and the [REDACTED] PM recording on the MAR recorded [REDACTED] AM on glucometer. On [REDACTED]/23, the [REDACTED] AM recording on the MAR recorded [REDACTED] AM on the glucometer, [REDACTED] AM recording on the MAR recorded [REDACTED] AM on the glucometer and the [REDACTED] PM recording on the MAR recorded [REDACTED] AM on glucometer. On [REDACTED]/23 the [REDACTED] AM recording on the MAR recorded [REDACTED] AM on the glucometer.

**Plan of Correction**

Accept [REDACTED] - 08/23/2023)

*This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.*

*55 Pa. Code § 2800.185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.*

*The licensing representative identified a glucometer with incorrect time when conducting a medication cart audit. The Health and Wellness Director changed the battery and recalibrated the glucometer machine on 8/3/2023.*

*The Health and Wellness Director completed an audit of glucometers on 8/3/2023 finding no other glucometers needing to be calibrated.*

*A mandatory meeting for med passers and clinicians was held on August 3, 2023, for documented reeducation by the Health and Wellness Director on the importance of verifying the date and time on the glucometer. The education included contacting the Health and Wellness Director or designee if the machine is not properly calibrated. Any med passers or clinicians not in attendance will be trained by the Health and Wellness Director or licensed clinician designee no later than 8/31/2023.*

*Beginning the week of 8/21/2023, the Health and Wellness Director or licensed clinician designee will conduct an audit of the glucometers weekly for four weeks to monitor compliance with regulation. Additional weekly checks will continue until consistent compliance with this regulation is demonstrated.*

**Licensee's Proposed Overall Completion Date: 08/31/2023**

**Implemented ([REDACTED] - 09/22/2023)**