

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANTHONY J. PERONI LEGAL ENTITY

To operate PERONI PERSONAL CARE HOME NAME OF FACILITY OR AGENCY

Located at 111 EASY STREET, UNIONTOWN, PA 15401 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 21 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes (MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 27, 2010 until March 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426270

Robert E. Robinson

ISSUING OFFICER

Kevin J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 24 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Anthony J. Peroni, RN/Owner
Peroni Personal Care Home
111 Easy Street
Uniontown, Pennsylvania 15401

Dear Mr. Peroni:

As a result of the Department of Public Welfare's licensing inspection on December 28, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".


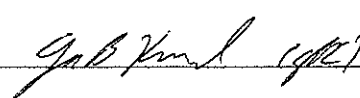
Kevin T. Casey
Deputy Secretary


Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Western Region

FEB 16 2010


NAME AND ADDRESS OF PERSONAL CARE HOME Peroni Personal Care Home 111 Easy Street, Uniontown, PA 15401		CURRENT LICENSE NUMBER Adult Residential Licensing 422270	
INSPECTION DATE(S) (Include all dates of the inspection) December 28, 2009		REGIONAL REPRESENTATIVE C. Goedert, K. Kruppa	
SIGNATURE OF LEGAL ENTITY 	DATE 2/8/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-9-10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	The home did not file an unusual incident form with the regional office when resident #1 fell in the home and was sent to the emergency room on 12/25/09.	12/29/09	Resident sent to ER after fall and returned back to PCH within 4 hrs. Resident Dx with contusions with no other injuries. Administrator was unaware that incident report had to be filed if resident not admitted to hospital due to injury or fall. *Advised + instructed Administrator that incident report be submitted with any resident sent to ER related to trauma even if they are discharged from ER with NO injuries.	3-2-10 

12-29-9 The Administrator will monitor all incident reports to ensure all reportable incidents are reported to the Department within 24 hours 3-2-10 


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

FEB 16 2010

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INSPECTION DATE(S) (Include all dates of the inspection) December 28, 2009		REGIONAL REPRESENTATIVE C. Goedert, K. Kruppa	
SIGNATURE OF LEGAL ENTITY 	DATE 2/9/2010 12/28/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	Resident #2's contract dated 12/13/09 was not signed by the resident. Resident #3's contract dated 12/11/09 was not signed by the resident.	12/29/09 12-29-9 12-29-9 12-29-9	I failed to have resident sign contract upon adm. to PCH. Family & POA did sign where they needed to *I will have residents sign upon admission If a resident is unable to sign the contract, a notary and the signature of the witness will be documented on the contract. 3-2-10 Resident #1's and #2's contracts were corrected. 3-2-10 The Administrator or designated STAFF person will review all contracts for the required signatures. 3-2-10 All new resident contracts will be reviewed by the Administrator for completeness including signatures 3-2-10	3-2-10 

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 FEB 16 2010

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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older	The following staff persons did not have a criminal history check requested and completed within the timeframe specified by OAPSA: <ul style="list-style-type: none"> Staff person A, start of work 05/08/09, criminal history check requested 06/29/09. Staff person B, start of work 10/17/09, no criminal history check requested or completed. Staff person C, start of work 10/17/09, criminal history check requested 08/18/08. 	12/30/09	Administrator assistant will do criminal background check new employee hired. New Policy implemented on all new employees with check list of items that need to be completed prior to starting to work. Criminal history is one of them.	steps have been taken to correct violation; full compliance is not verifiable 3-2-10 Date Initials (DPW)

3-2-10 The Administrator and all staff involved with new hires will complete the on-line OAPSA training. Documentation will be kept 3-2-10
 3-2-10 A criminal history check was completed for staff person C 2-2-09

3-2-10 Staff persons A and B no longer work in the home. 3-2-10
 3-2-10 No staff persons will be permitted to work in the home unsupervised until a criminal history check is completed which does not have a prohibitive of course 3-2-09


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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 FEB 16 2010

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adults) and other applicable regulations.				

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

FEB 16 2010

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65a 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.	The following staff persons did not have an orientation on any of the required topics: <ul style="list-style-type: none"> • Staff person A, start of work 05/08/09. • Staff person B, start of work 10/17/09. • Staff person C, start of work 10/17/09. 	12/30/09	<p>Administrative Assistant will do + review</p> <ul style="list-style-type: none"> - Evacuation procedure - Fire drill policy - Smoking safety - Fire extinguisher location - Smoke detectors location - Telephone use + notification of emergency services with all new employees prior to starting work. <p>* New Policy implemented so all new employees with check list of items that need to be completed prior to starting work.</p>	3-9-10

12-30-09 STAFF persons A, B, & C were educated on all required topics. The Administrator will monitor all new STAFF training to ensure the STAFF have completed the required training prior to or on the first day of work 3-2-10 SC

All of the above are included in new policy.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

FEB 16 2010

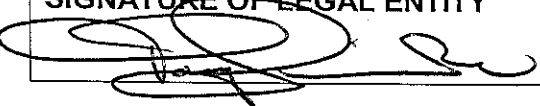
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NAME AND ADDRESS OF PERSONAL CARE HOME Peroni Personal Care Home 111 Easy Street, Uniontown, PA 15401		<i>Adult Residential Licensing</i>	CURRENT LICENSE NUMBER 426270
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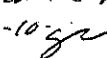
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(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


FEB 16 2010


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65b 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. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	The following staff persons did not have an orientation on any of the required topics: <ul style="list-style-type: none"> • Staff person A, start of work 05/08/09. • Staff person B, start of work 10/17/09. • Staff person C, start of work 10/17/09. 	2/30/09	Administrative Assistant will do a review <ul style="list-style-type: none"> - Resident rights - Emergency medical plan - mandatory reporting of abuse and neglect - reportable incidents with in 40 working hours of new employees. * New Policy implemented on all new employees with check list of items that need to be completed prior to starting work or after there first 2 or 3 shifts (40 hrs)	3-9-10 

(2-30-10) STAFF persons A, B and C were educated on the required topics. The Administrator will monitor all new STAFF training to ensure all new STAFF have completed the required training within 40 scheduled working hours 3-2-10 

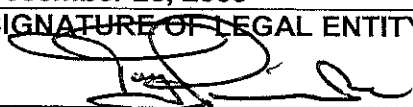
VIOLATION REPORT
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature measured 122.5°F. in the bathroom sink adjacent to resident room #4. The hot water temperature measured 124.1°F. in the bathroom sink adjacent to resident room #8.	12/31/2009	Purchased Thermometer @ Home Depot and will check water temp on monthly basis and document in log book located in policy book.	3-9-10 

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

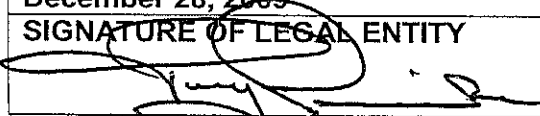
FEB 16 2010

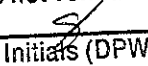
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SIGNATURE OF LEGAL ENTITY 	DATE 2/8/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	None of the required numbers were posted on or by the dining room telephone.	12/29/2009 12-29-09	Telephone list of numbers posted by residents telephone is the dining area. The Administrator or designated person will conduct a weekly check to ensure all required telephone numbers are posted. 3-2-10 g.	3-9-10 g

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


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NAME AND ADDRESS OF PERSONAL CARE HOME Peroni Personal Care Home 111 Easy Street, Uniontown, PA 15401		CURRENT LICENSE NUMBER Adult Residential Licensing 426270
INSPECTION DATE(S) (Include all dates of the inspection) December 28, 2009	REGIONAL REPRESENTATIVE C. Goedert, K. Kruppa	
SIGNATURE OF LEGAL ENTITY 	DATE 2/20/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 3-1-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103g Food shall be stored in closed or sealed containers.	Corn meal, rice, mashed potatoes, cereal, and dried beans were open in the kitchen cupboards and not stored in closed or sealed containers.	12/29/2009	All food in cabinets placed in zip loc bags or sealed with chip clips to secure and seal. All staff will be educated with regards to the safe storage of food. 7-2-10 g. The administrator or designated staff person will monitor all food storage areas weekly to ensure all food is stored in a safe manner 7-2-10 g.	Steps have been taken to correct violation; full compliance is not verifiable 3-1-10 Date Initials (DPW) 


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The home's evacuation diagram did not include the location of the fire extinguishers.	12/31/2009	I wrote a diagram symbol on our evacuation diagram where all fire extinguishers are located.	3-2-10 

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 FEB 16 2010


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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The most recent fire safety inspection and drill conducted by a fire safety expert was on 03/26/08.	12/30 Still waiting documentation from Uniontown Fire Dept.	Fire Drill done with Fire safety officer of [redacted] of Uniontown Fire Dept on Oct 5, 2009. [redacted] stated that he would send report to PCH which we never received. I forgot about it until you brought to my attention on 12/28/2009. I contacted Uniontown Fire Dept + requested it. [redacted] along with [redacted] paid fireman laid off 12/3/2009. Still have not received it.	3-9-10 gsm

3-3-10 A Fire inspection and fire drill were conducted by a Fire Safety Expert. The administrator will schedule an annual Fire Drill and Fire inspection which are conducted by a Fire Safety Expert 3-9-10

Contacted [redacted] [redacted] came out to PCH for inspection of new addition. Scheduled Drill with him in MARCH. Will continue to try to obtain Fire drill from Uniontown Fire Dept 


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 FEB 16 2010 Page 13 of 17

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home does not have a letter written by a fire safety expert within the past year that indicates a safe evacuation time based on the building construction. The fire drill log indicated the following: <table border="1" data-bbox="483 974 913 1380"> <tr><td>07/13/09</td><td>7:00pm</td><td>3min 36sec</td></tr> <tr><td>08/10/09</td><td>8:30am</td><td>3min 40sec</td></tr> <tr><td>09/02/09</td><td>10:00pm</td><td>5min 56sec</td></tr> <tr><td>10/05/09</td><td>9:00am</td><td>3min 30sec</td></tr> <tr><td>11/08/09</td><td>1:00pm</td><td>3min 50sec</td></tr> <tr><td>12/15/09</td><td>2:00pm</td><td>3min 58sec</td></tr> </table>	07/13/09	7:00pm	3min 36sec	08/10/09	8:30am	3min 40sec	09/02/09	10:00pm	5min 56sec	10/05/09	9:00am	3min 30sec	11/08/09	1:00pm	3min 50sec	12/15/09	2:00pm	3min 58sec	3-3-10 3-3-10 3-7-10	The home will obtain a fire safe evacuation time specified in writing by a fire-safety expert. The administrator or designated staff person will schedule a fire-safety expert to provide a fire safe evacuation specified in writing at least annually. If a fire safe evacuation time specified in writing by a fire safety expert can not be obtained, the administrator will take steps to complete the safe evacuation of the home in under two and a half minutes, including staff education, resident education, or adding additional staffing 2-9-10. All residents will be evacuated to the public thoroughfare within 6 min as specified by the fire safety expert during each fire drill 3-9-10	3-9-10 
07/13/09	7:00pm	3min 36sec																				
08/10/09	8:30am	3min 40sec																				
09/02/09	10:00pm	5min 56sec																				
10/05/09	9:00am	3min 30sec																				
11/08/09	1:00pm	3min 50sec																				
12/15/09	2:00pm	3min 58sec																				

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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132e A fire drill shall be held during sleeping hours once every 6 months.	The was no sleeping hours fire drill conducted between 12/05/08 and 09/02/09. REPEAT VIOLATION 12/03/08	12/29/2009 2-22-10 2-22-10	As instructed by the inspectors, Administrator will change night shift fire drill schedule to be done between 10pm and 5AM once every six months. A sleeping hours fire drill was conducted 3-2-10 The Administrator will monitor	Steps have been taken to correct violation; full compliance is not verifiable 3-9-10 Date Initials (DPW)

The fire drill log on a monthly basis to ensure a fire drill is conducted at least every six months 3-2-10

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

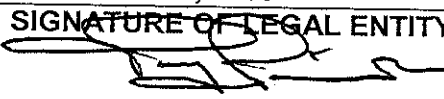
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NAME AND ADDRESS OF PERSONAL CARE HOME Peroni Personal Care Home 111 Easy Street, Uniontown, PA 15401		Adult Residential Licensing CURRENT LICENSE NUMBER 426270	
INSPECTION DATE(S) (Include all dates of the inspection) December 28, 2009		REGIONAL REPRESENTATIVE C. Goedert, K. Kruppa	
SIGNATURE OF LEGAL ENTITY 	DATE 2/8/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	The fire drill log indicated that exit route 1A was blocked and exit route 2B was used for the drills on 08/10/09, 09/02/09, 10/05/09, 11/08/09, and 12/15/09. REPEAT VIOLATION 12/03/08	12/30/2009	Both administrator + myself sat down + developed plan to ensure that exits will be attended attended . When other staff is on duty there was no document sheet to show what exit was used with prior fire drill log hanging in office for workers to know what exit was used last.	Steps have been taken to correct violation; full compliance is not verifiable 3-9-10 Date Initials (DPW)


12-30-09 The Administrator will monitor the fire drill log monthly to ensure that the exits are used for each drill 3-9-10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 FEB 16 2010

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INSPECTION DATE(S) (Include all dates of the inspection) December 28, 2009		REGIONAL REPRESENTATIVE C. Goedert, K. Kruppa	
SIGNATURE OF LEGAL ENTITY 	DATE 2/10/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-4-10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	The following medications on December's MAR did not indicate the diagnosis or purpose: • Resident #1's Cephalexin 500mg. • Resident #4's Cipro, Tylenol, Beano, Pepto Bismol. • Resident #5's Azithromycin 500mg. • Resident #6's Prilosec 20mg. Staff persons did not complete the documentation for the administration of resident #7's Enalapril 20mg from 12/02/09 through 12/09/09. Staff persons did not complete	12/31/2009	* Diagnosis were written on MAR for the four medication listed on left. Advised administrator that all medications need Dr on MAR. I will also myself be more diligent with checking Dr 2 meds on MAR. * Note posted to staff that MAR sheets need to be filled out after meds given and that full signatures need to be on MAR with their initials in accordance to their Med training class.	Steps have been taken to correct violation; full compliance is not verifiable 3-4-10 Date <u> </u> Initials (DPW) <u> </u>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 FEB 16 2010

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1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
	the documentation for resident #8's blood sugar testing and Humulin R Insulin units for the following dates and times: <ul style="list-style-type: none"> • 12/18/09 07:00 am. • 12/18/09 04:30 pm. • 12/23/09 11:30 am. • 12/24/09 04:30 pm. The 12/09 medication administration record for all of the residents does not include the names of the staff person that corresponds with their initials.	12-31-09 12/31/08 12-31-09	Counseled + instructed employees on importance of documenting blood sugars and insulin given to residents. Also posted Reminder sign in employee area. The Administrator or designated staff person will monitor all resident MAR's weekly for completion and accuracy. 3-4-10	