

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 32
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 April 16, 2012 until April 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426270

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 13 2012

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 April 5, 2012 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 black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa

PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2. DESCRIPTION OF VIOLATION

The current violation report posted on the bulletin board includes the privacy coding document that has residents' names printed on it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Current report posted resident names page removed.

POC
Current + future violation reports will not include resident names.

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MAY 26 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
(Required on EVERY Page)




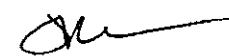
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Tony Peroni RW	5/24/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/31/12
(Date)

Verification of Legal Entity Representative Signature 5/31/12
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

- 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
- (1) The reportable incident and condition reporting procedures.
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.

2. DESCRIPTION OF VIOLATION

The home's quality management plan was not reviewed in 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

By 6/30/12:

POC Will review quality management plan on a quarterly basis and as needed.

Documentation of review will be kept.

JAW
5/31/12

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Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tony Peroni, R	Date 5/24/2012
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

Verification of Legal Entity Representative Signature 5/31/12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented JAW
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42627 - 04/05/2012 - Fliner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.51 - 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 (relating to protective services for older adults).

2. DESCRIPTION OF VIOLATION

Staff person A, hired 5/1/10, and staff person B, hired 7/13/11, do not have a criminal background check completed.

Staff person C, hired 1/6/12, did not have a criminal background check completed until 2/16/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Background checks done on staff A + Staff B.
 Staff B had previous check from previous employer. -
 but it was too long ago.

Background checks are now being performed before
 first day of work.

Copies attached.

By 6/15/12 - The administrator will review all
 current employee files to ensure that all
 required information, including criminal
 background checks, are completed.

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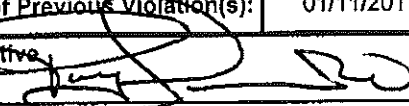
Western Field Office
 Adult Residential Licensing

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/11/2011

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Tony Peroni, RD

Date 5/24/2012

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5/31/12
 (Date)

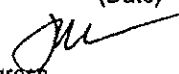
Verification of Legal Entity Representative Signature

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 (Initials)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION

Direct care staff persons C and D do not have high school diplomas, GED diplomas, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person C - see attached copy of her Bachelor of Science degree from Penn State.

Staff person D - having a problem locating HS diploma. she has been instructed to contact the high school from which she graduated from to obtain copy and/or letter saying she did in fact graduate. She has been given a 2 wk deadline. If she can not produce diploma and/or copy her position will be terminated for not following guidelines. Copies will be faxed to your office

POC - High school diplomas, GED etc. will be presented + copies made prior to first day of work.

By 6/15/12 - The administrator will review all current employee files to ensure documentation of education is completed and in the file. *je 5/31/12*

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Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

[Signature]
 Tony Peroni RD

Date 5/24/2012

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5/31/12
 (Date)

Verification of Legal Entity Representative Signature

5/31/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

- 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.

2. DESCRIPTION OF VIOLATION

Staff person B, whose first work day was 7/13/11, staff person C, whose first work day was 1/6/12 and staff person D, whose first work day was 12/22/10, did not receive orientation in evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms, or telephone use and notification of emergency services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

POC: All new ^{on 5/31/12} staff persons ^{will} are now receive orientation in above listed areas before first day of work. They will sign + date orientation paper. The administrator will ensure this orientation is completed and documented. ^{on 5/31/12}

See signed copies attached/enclosed.

5/25/12 Staff persons B and C received orientation in all topics under 65a. (new 5/31/12)

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 MAY 16 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/11/2011

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TOBY PERONI RD** Date **5/24/2012**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/31/12 (Date)

Verification of Legal Entity Representative Signature 5/31/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
 (4) Reporting of reportable incidents and conditions.

2. DESCRIPTION OF VIOLATION

Staff person B, whose first work day was 7/13/11, staff person C, whose first work day was 1/6/12 and staff person D, whose first work day was 12/22/10, did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or reporting of reportable incidents and conditions within their first 40 scheduled work hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

POC All new ^(staff) staff will receive orientation in above listed areas before 40 work hours and will sign + date orientation papers appropriately

See signed copies attached / enclosed

^{5/25/12} Staff persons B and D received all training under 65b. ^(new staff)

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By 6/30/12 - The administrator will review new employee records within one week of hire date to ensure all required training is completed.

5/23/12

Western Field Office
 Adult Residential Licensing

Repeat Violation: Yes

Date(s) of Previous Violation(s)

01/11/2011

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Tony Peroni RD

Date *5/24/2012*

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5/31/12
 (Date)

Verification of Legal Entity Representative Signature

5/31/12
 (Date)

The above plan of correction was approved by

[Initials]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 - (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following: (i) through (xvi)
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

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Western Field Office
 Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The following direct care staff persons have been providing unsupervised ADL services and have not completed the Department-approved direct care training course or successfully completed the competency test: staff person B, whose first work day was 7/13/11, staff person C, whose first work day was 1/6/12, and staff person D, whose first work day was 12/22/10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person B completed direct care course - see attached
 Staff person C completed direct care course - see attached
 Staff person D completed direct care course - see attached

POC BY 6/15/12:

New staff persons will complete direct care course prior to first day of work. The administrator will review employee training to ensure all has been received and documented prior to provision of unsupervised care.

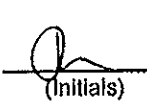
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 5/24/2012
 Tony Peroni RW

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/31/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/31/12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>fw</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

see state

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2. DESCRIPTION OF VIOLATION

Direct care staff person D received no annual training in training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person D did have 7 hours of annual training in 2011.

* See attached/enclosed *

POC -

Staff persons reminded they need 12 hrs. and informed what we will be offering here as far as classes & how to get and take training classes online & here at Peroni Pch.

by 6/30/12:

The administrator or designee will review staff training plans at least quarterly to ensure all direct care staff persons receive 12 hours of training related to their job duties annually.

Jan
5/21/12

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Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Toway Peroni RD

Date

5/24/2012

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5/31/12
 (Date)

Verification of Legal Entity Representative Signature

5/31/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress *[Signature]*

Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2. DESCRIPTION OF VIOLATION

The vinyl on the left armrest of resident #1's wheelchair is cracked, exposing the fabric underneath and the vinyl on the right armrest is completely cracked which can lead to skin breakdown and skin tears.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

* Will inspect all wheelchairs and walkers on monthly basis and have them replaced or repaired if found in disrepair or in need of maintenance.

* Resident 1 armrest replaced by family. see attached picture. 1

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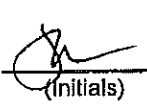
Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Toby Peroni RD/owner	Date 5/24/2012
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented ✓ <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION

The the lids on the dumpster outside of the home were open and the dumpster was filled to the top with trash bags.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Before to inspection, I contacted Veolia in regards to dumpster lid. multiple time. Upon receiving violations, I took violation to Veolia and had new dumpster delivered following day.

POC Will inspect dumpster monthly to make sure it is in proper working order with functioning lids and no rusted open areas.

* See attached Picture 2

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MAY 6 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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TOY PERONI RD

Date 5/24/2012

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5/31/12
 (Date)

Verification of Legal Entity Representative Signature

5/31/12
 (Date)

- Fully Implemented *ju*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

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 (Initials)

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. DESCRIPTION OF VIOLATION

There is no handrail on the exterior stairs leading from the deck outside of the door by the fish tank room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

POC New handrail constructed & installed on back porch deck.

*SEE attached picture 3

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MAY 6 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2. DESCRIPTION OF VIOLATION

The sink in the rest room on the left, across from the fish tank, was not in working order.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


POC: Repaired ^{done} the day of inspection.
 Installed maintenance board for staff to communicate any maintenance or repair issues to me. Instructed staff.

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MAY 26 2012

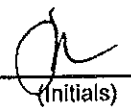

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tooy Perodi RN Date 5/24/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/21/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/21/12</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented  <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

MAY 6 2012

2. DESCRIPTION OF VIOLATION

Staff person E, the administrator does not have the emergency preparedness plan for the local municipality

Western Field Office
 Adult Residential Facility

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I went to EMA building & spoke with [redacted] and he advised that they do not give out any portion of the local emergency preparedness plan to PCH.

I contact PCH Hotline & spoke with AOD Marie who then spoke to Shelia Page and made them aware of situation.

Reviewed letter from [redacted] to verify that they do not give out emergency preparedness plan. (see attached letter)

POC: Will contact other PCH to see how they are handling situation. Will continue to follow up with DPW. Will try to obtain EPP from another facility over next 2 to 3 months.

By 8/31/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

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The above plan of correction is approved as of 5/31/12 (Date) Verification of Legal Entity Representative Signature 5/31/12 (Date)

The above plan of correction was approved by 5/31/12 (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2. DESCRIPTION OF VIOLATION

The home has a contract with a water company to have water delivered in the event of an emergency. However, the letter does not indicate the amount of water to be delivered, when it will be delivered and that it will be delivered as a priority.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

POC: Contacted Higgios Hauling Company they sent letter to verify that they will send water in the event of water shortage.
 SEE attached letter.

RECEIVED

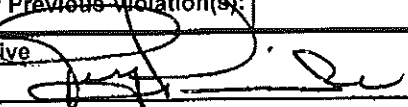
MAY 26 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Toy Peroni RD

Date

5/24/2012

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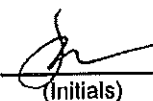
The above plan of correction is approved as of


5/31/12
 (Date)

Verification of Legal Entity Representative Signature

5/31/12
 (Date)

The above plan of correction was approved by


 (Initials)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa

PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.132(d) - 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.

2. DESCRIPTION OF VIOLATION

According to the fire safety expert, the designated safe evacuation time is 2 minutes 45 seconds. The following dates and times exceed the safe evacuation time:

- 4/8/11 - 8:00am evacuation time: 2 minutes 46 seconds
- 5/6/11 - 7:30pm evacuation time: 3 minutes 10 seconds
- 6/2/11 - 2:00pm evacuation time: 3 minutes 20 seconds
- 7/2/11 - 8:00pm evacuation time: 3 minutes 25 seconds
- 8/3/11 - 10:00am evacuation time: 3 minutes 29 seconds
- 9/1/11 - 11:00pm evacuation time: 4 minutes 36 seconds

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MAY 6 2012

Western Field Office
Adult Residential Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


SEE attached letter from FD

POC I along with our Fire safety expert will continue to work on increasing our evacuation time outside of the PCH to our designated meeting area and to our fire safe area within the PCH.

* [redacted] advised that he would do 2 witnessed inspections if requested by me on different shift.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Toby Peroni, RV Date 5/25/2012

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The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[initials]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 9/1/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire drill (sleeping hours) was conducted on April 11, 2012.

POC

a fire drill during sleeping hours will be conducted in April & October.

By 10/31/12 - The administration will ensure that a sleeping hours fire drill is conducted every 6 months.
 JW 5/31/12

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MAY 6 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 5/24/2012

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The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JW <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 04/05/2012 - Flinner-Alman, Lisa

PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 3/22/12, does not include communicable disease history, immunization history or allergies.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 no longer resides here therefore we can not complete the above listed areas

POC
future medical evaluations will be filled out in their entirety & house doctor will make sure above areas are completed.

By 6/30/12 - The administrator or designee will review all newly completed medical evaluations to ensure they are fully completed. Any medical evaluation that is incomplete will be returned to the physician for completion.

PS
5/31/12

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MAY 6 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/11/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

TOBY PERONI, RD

Date

5/24/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/31/12
(Date)

Verification of Legal Entity Representative Signature

5/31/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: PERONI PERSONAL CARE HOME

Number: 426270

<u>Date</u>	<u>Time</u>	<u>Evac Time</u>	<u>Supervised by Fire Safety Expert</u>
04/08/2011	08:00 AM	2 minutes 48 seconds	
05/06/2011	07:30 PM	3 minutes 10 seconds	
06/02/2011	02:00 PM	3 minutes 20 seconds	
07/02/2011	08:00 PM	3 minutes 25 seconds	
08/03/2011	10:00 AM	3 minutes 29 seconds	
09/01/2011	11:00 PM	4 minutes 36 seconds	
10/01/2011	04:00 PM	2 minutes 30 seconds	
11/08/2011	02:45 PM	2 minutes 45 seconds	Fire Safety Expert Supervised
12/06/2011	06:00 PM	2 minutes 30 seconds	
01/10/2012	12:30 PM	2 minutes 40 seconds	
02/12/2012	08:00 AM	2 minutes 10 seconds	
03/10/2012	05:15 PM	2 minutes 43 seconds	

5/31/12