

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

(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 June 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426270

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

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 (Department) licensing inspection on January 18, 2013, 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 Human Services 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

PCH Name: PERONI PERSONAL CARE HOME		License Number: 426270
Address: 111 EASY STREET, UNIONTOWN, PA 15401		County: Fayette
Administrator: Tony Peroni		Region: WEST
Legal Entity Name: ANTHONY J PERONI		Western Field Office Adult Residential Licensing
Legal Entity Address: 111 EASY STREET, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy		
I-1 04/20/2010 City of Uniontown		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/18/2013: McConnell, Deb; Goedert, Caroline		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 30 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1	

Violation Report: 42627 - 01/18/2013 - McConnell, Deb

PCH Name: PERONI PERSONAL CARE HOME

MAR 20 2013

1. REGULATION 55 Pa.Code §2600

2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

Western Pied Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 11/30/12, does not include the charges for holding a bed during an absence.

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.

When I admitted Resident 1 to PCH I failed to fill in daily charge on contract.

Amt was filled in the day of inspection

POC: Will ^{fill} contract out in its entirety the day of a Residents admission.

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Tony Peroni RW

Date

3/4/2013

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

The above plan of correction is approved as of

3/21/13
(Date)

Plan of correction implementation status as of

3/21/13
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 42627 - 01/18/2013 - McConnell, Deb

PCH Name: PERONI PERSONAL CARE HOME

MAR 20 2013

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Adult Residential Licensing

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A did not receive annual training for the 2012 training period.

Direct care staff person B did not receive annual training in Resident Rights, The Older Adult Protective Service Act, and Emergency Management Preparedness Procedures for the 2012 training year.

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.

Ancillary staff person A was given training on required areas as listed above. and will be given training in these areas annually.

Direct care staff B was given ~~once~~ annually training in above ~~recommended~~ required areas.

POC: Every staff member, ancillary or regularly sched. volunteers will be given annual training per required as stated in regulation 2600.65 starting in Jan. of every year.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Christy Peroni LPN

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

Christy Peroni LPN

Date

3-18-13

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

The above plan of correction is approved as of

3/21/13 (Date)

Plan of correction implementation status as of

3/21/13 (Date)

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

(Initials)

Violation Report: 42627 - 01/18/2013 - McConnell, Deb
PCH Name: PERONI PERSONAL CARE HOME

MAR 20 2013

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F

Western Field Office
West Chester, OH 43081-1000

2a. DESCRIPTION OF VIOLATION

The water temperature in the "purple bathroom" measures 130.2 degrees Fahrenheit.

The water temperature in the "yellow bathroom" measures 127.2 degrees Fahrenheit.

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 ^{Decreasing}
- Adjusted Hot water tanks temperature settings.
 - Purchased thermometer and plan to check water temperature on monthly basis.

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

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

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 42627 - 01/18/2013 - McConnell, Deb

PCH Name: PERONI PERSONAL CARE HOME

MAR 20 2013

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Western Pied Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The outside dryer vent/duct on the right side has a 1/4" ring of lint build-up.

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.

- Purchased 4 in dryer vent cleaning system with 16ft attached poles.

- Cleaned dryer vent duct on R side after purchasing cleaning system.

POC

Will clean all dryer vents 2 cleaning tools 2 times a year. (Scheduled 2 time change.)

By 4/15/13 - The administrator or designee will monitor the outside dryer duct at least two times a month for two months then monthly thereafter to ensure lint does not build up in the duct or around the vent.

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)

Tony Peroni RD

Date

3/14/2013

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3/21/13
(Date)

Plan of correction implementation status as of

3/21/13
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 42627 - 01/18/2013 - McConnell, Deb
PCH Name: PERONI PERSONAL CARE HOME

MAR 20 2013

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's attic is used for storage. There is no fire extinguisher in the attic.

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.

- Contacted A+I Fire Exting. service.

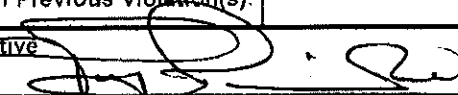
POC

A+I brought fire extinguisher for attic
in Feb. during there annual service and
maintenance to all house extinguisher

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)

Tony Peroni RO

Date

3/14/2013

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

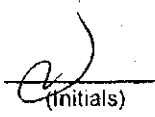
The above plan of correction is approved as of

3/21/13
(Date)

Plan of correction implementation status as of

3/21/13
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 42627 - 01/18/2013 - McConnell, Deb
PCH Name: PERONI PERSONAL CARE HOME

MAR 20 2013

1. REGULATION 55 Pa. Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, 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.

2a. DESCRIPTION OF VIOLATION

The home's safe evacuation time is 2 minutes and 30 seconds. Fire drill evacuation times in June, September, October, November and December exceed the fire safe evacuation time as indicated on page 7A.

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.

Our fire safety expert Scott Conn will not give a safe evacuation time nor dictate a safe evacuation time, according to Uniontown Fire Dept. policy. This was discussed with inspectors on day of inspection. They suggested we contact Tom Pompura, who is familiar with DPW fire safety regulations

POC - will contact [redacted] to do annual witnessed fire drill in hope that he will be able to give safe evacuation time to be used currently & in the future.

By 4/30/13 - The administrator will conduct at least 2 fire drills for practice for residents and staff. If either evacuation time exceeds 2 minutes 30 seconds or a time specified by fire safety expert, 2 drills will also be conducted in MAY 2013, and monthly thereafter if evacuation time is safe.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/05/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Christy Peroni UPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christy Peroni UPN* Date 3-18-13

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

The above plan of correction is approved as of 3/21/13 (Date)

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

Plan of correction implementation status as of 3/21/13 (Date)

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


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

PAGE 7A of 11

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>
12/10/2012	02:00 PM	3 min 40 sec	
11/15/2012	08:00 AM	2 min 56 sec	
10/08/2012	12:00 AM	4 min 26 sec	
09/10/2012	07:30 PM	2 min 40 sec	
06/19/2012	06:00 PM	21 min 38 sec	

 3/24/13

Violation Report: 42627 - 01/18/2013 - McConnell, Deb
 PCH Name: PERONI PERSONAL CARE HOME

20 2013

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed a mechanical soft diet as indicated in the medical evaluation, dated 9/21/12 and addressed in the resident's assessment and support plan, dated 9/22/12. On 1/18/13, during the lunch time meal, the resident was served a hot dog in a bun cut in half. According to the American Dietetic Association, breads for a mechanically altered diet include soft pancakes, well moistened with syrup or sauce, pureed bread mixes, and pregelled or slurried breads that are gelled through the entire thickness. The American Dietetic Association states to avoid all other breads. The recommended diet states to avoid sandwiches and dry meats and that meat pieces should not exceed 1/4 inch cube and should be tender.

Staff indicate that resident #² eats what is serve to all residents. Resident #2 indicates that he/she "finds it a little hard to chew and has choked in the past".

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: Staff was given training + information on what is to be served + how it is to be served for a resident on a mechanical soft diet. also posted in PCH Kitchen "OK" foods for mechanical soft diet and foods to avoid. Any new staff members will be given this information as well as instructions.

- See enclosed information given for mechanical soft diet.
 by 3/21/13 - The administrator will review all residents needs to ensure correct dietary orders are being followed.
 3/21/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christy Peroni LPN

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

Christy Peroni LPN

Date

3-18-13

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3/21/13
 (Date)

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3/21/13
 (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 - 01/18/2013 - McConnell, Deb

PCH Name: PERONI PERSONAL CARE HOME

03 20 2013

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The PRN medication Nitroglycerin 0.4mg for resident #3 expired 5/6/11.

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.

PRN medication ^{for Resident #3} was ordered & sent from pharmacy day of inspection.

POC - PRN medication will be monitored monthly for expiration and if expired - will be ordered from pharmacy, the expired will be disposed of / destroyed in safe manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Christy Peroni LPN

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

Christy Peroni LPN

Date 3-18-13

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Plan of correction implementation status as of 3/20/13 (Date)

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

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

Violation Report: 42627 - 01/18/2013 - McConnell, Deb
 PCH Name: PERONI PERSONAL CARE HOME

2013

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted into the home on 9/9/12 under the care of hospice services. The assessment, dated 9/22/12, does not address the resident's use of hospice care 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.

Resident #2 ^{assessment} ~~support~~ plan was corrected to show that resident upon admission was under care of hospice services.

POC - Resident's assessment plans will specify if resident is under hospice/nursing care and the services that the agency will provide.
 3/21/13

* see enclosed corrected/updated copy of assessment *

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christy Peroni</u>	Date <u>3-18-13</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/21/13</u> (Date)	Plan of correction implementation status as of <u>3/21/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>4</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 01/18/2013 - McConnell, Deb
PCH Name: PERONI PERSONAL CARE HOME

20 2013

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted into the home on 9/9/12 under the care of hospice services. The support plan, dated 9/22/12, does not address what services hospice will be providing for the resident.

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
Support plan updated & corrected + see enclosed copy of support plan
POC: Upon Admission, if resident under care of hospice/nursing services, the services provided by hospice/nursing will be properly documented on resident support plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christy Peroni LPN

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

Christy Peroni LPN

Date

3-18-13

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


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(Date)

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3/20/13
(Date)

The above plan of correction was approved by


(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented