



MAY 06 2014

Ms. Jean McVey, Administrator  
235 North Gallatin Avenue  
Uniontown, Pennsylvania 15401

RE: McVey Personal Care Home  
License #: 460240

Dear Ms. McVey:

As a result of the Department of Public Welfare's licensing inspection on February 21, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period April 16, 2014 to April 16, 2015 was issued on January 08, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is stylized and includes a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



**Violation Report:**

**PCH Name:** MCVEY PERSONAL CARE HOME

**RECEIVED**

**1. REGULATION 55 Pa.Code §2600**

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

MAR 28 2014

**2a. DESCRIPTION OF VIOLATION**

On 2/21/14, at 11:25 a.m., the water temperature at the sink in the first floor common bathroom measured 130.6 degrees Fahrenheit.

WEST REGION FIELD OFFICE  
Human Services 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.

THE HOT WATER WAS TURNED DOWN THE DAY OF INSPECTION. IN THE FUTURE STAFF WILL MAKE SURE WATER TEMPERATURE WILL NOT EXCEED 120°F

Immediately - The administrator or designated staff person will check the water temperatures in areas accessible to residents daily to ensure water temperatures are 120 degrees Fahrenheit or less. Water temperatures will be adjusted immediately if in excess of 120 degrees Fahrenheit. 4-7-14

Immediately - All staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of education will be kept. 4-7-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JEAN MCVEY ADMINISTRATOR** Date *3/20/14*

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

The above plan of correction is approved as of <u>4-7-14</u> (Date)	Plan of correction implementation status as of <u>4-7-14</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>4-7-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:**  
**PCH Name:** MCVY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

**RECEIVED**

MAR 28 2014

**2a. DESCRIPTION OF VIOLATION**  
 The fire escape landing and steps do not have a non-skid surface.

WEST REGION FIELD OFFICE  
 Human Services 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.

A NON SKID CARPET STRIPES WAS INSTALLED ON THE  
 FIRE ESCAPE TO PREVENT A SLIPPERY SURFACE

5-1-14 - The administrator or designated staff person will check the non-skid surface at least monthly to ensure it is in place and does not present a trip and fall hazard. 4-7-14

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jean McVey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) JEAN MCVY ADMINISTRATOR      Date 3/26/14

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

The above plan of correction is approved as of 4-7-14  
 (Date)

Plan of correction implementation status as of 4-7-14  
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 4-7-14
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 28 2014

Violation Report:

PCH Name: MCVEY PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no light bulb in the bedside lamp in the second floor bedroom on the left. There was no other source of lighting at bedside.

Both bedside lamps in the second floor bedroom on the right were not plugged in. There were no other sources of lighting at the bed sides.

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.

A LIGHT BULB WAS PUT IN LAMP THE DAY OF INSPECTION AND IN THE FUTURE STAFF WILL MAKE SURE ALL BEDSIDE LAMPS HAVE WORKING LIGHT BULBS. ALSO IN THE FUTURE STAFF WILL MAKE SURE ALL BEDSIDE LAMPS ARE PLUGGED IN AT ALL TIMES

5-10-14 - All STAFF persons will be educated on the importance of bedside lighting and each resident shall have an operable bedside lamp or source of light which can be turned on/off at bedside. Documentation of education will be kept. 4-7-14

5-10-14 - A designated STAFF person will check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting which can be turned on/off at bedside. 4-7-14

5-10-14 - The Administrator will check the home at least monthly to ensure all resident beds have an operable bedside lamp or source of lighting which can be turned on/off at bedside. 4-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jean McVey*

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

JEAN MCVEY ADMINISTRATOR

Date 3/26/14

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4-7-14  
(Date)

Plan of correction implementation status as of

4-7-14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-7-14

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*JM*  
(Initials)

Violation Report: PCH Name: MCVEY PERSONAL CARE HOME MAR 28 2014

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 On 2/21/14, at 11:10 a.m., plastic sheeting was taped over the entire doorway blocking the egress from the home's fire exit in the kitchen.

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.

*IN THE FUTURE THE HOME WILL NOT PUT PLASTIC OR ANYTHING ELSE ON A DOORWAY BLOCKING A FIRE EXIT*

- 2-21-14 - The plastic was removed at the time of inspection. 4-7-14*
- Immediately - All STAFF persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms unlocked and unobstructed. Documentation of education will be kept. 4-7-14*
- Immediately - A designated staff person on each shift will check the home to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. 4-7-14*
- Immediately - The administrator will conduct a weekly check of the home to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed 4-7-14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Mcvey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEAN MCVEY ADMINISTRATOR* Date *3/20/14*

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**Violation Report:**  
**PCH Name:** MCVEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**RECEIVED**

**2a. DESCRIPTION OF VIOLATION**  
 The local emergency procedures are not posted in anywhere in the home.

MAR 28 2014

WEST REGION FIELD OFFICE  
 Human Services 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.

*COPIES OF THE LOCAL AND HOMES  
 EMERGENCY PROCEDURES ARE NOW LOCATED  
 ON THE BULLETIN BOARD IN THE DINING ROOM.*

*5-10-14 The Administrator or designated staff person will check the home at least weekly to ensure the home's emergency procedures and the local emergency preparedness plan are posted in accordance with regulation 2600.123(b). 4-7-14*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jean Mcvey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JEAN MCVEY ADMINISTRATOR*      Date *3/26/14*

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**Violation Report:**  
**PCH Name:** MCVEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**RECEIVED**

**2a. DESCRIPTION OF VIOLATION**  
 The last inspection of the furnace was conducted on 5/2/12.

MAR 28 2014

**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.

WEST REGION FIELD OFFICE  
 Human Services Licensing

A APPOINTMENT WAS MADE THE DAY OF INSPECTION FOR A PROFESSIONAL FURNACE CLEANING. A LOCAL FURNACE COMPANY SERVICED THE FURNACE ON MARCH 4, 2014. IN THE FUTURE STAFF WILL MAKE SURE THERE IS A ANNUAL FURNACE INSPECTION

5-10-14 The Administrator will ensure the home's furnace is inspected in accordance with regulation 2600.126(a). 4-7-14

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

Signature of Legal Entity Representative (Required on EVERY Page)

*Jean Mcvey*

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

JEAN MCVEY ADMINISTRATOR

3/26/14

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The above plan of correction was approved by <u>JM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>4-7-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: PCH Name: MCVEY PERSONAL CARE HOME MAR 28 2014

1. REGULATION 55 Pa.Code §2600 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION Resident #1 self-administers the medication, Ventolin HFA. The medication is stored on the night stand unlocked and accessible in the resident's shared bedroom.

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. IN THE FUTURE IF RESIDENT IS ALLOWED TO SELF-ADMINISTERES MEDICATION. THE MEDICATION SHALL BE KEPT LOCKED IN A SAFE AND SECURE PLACE TO PROTECTED FROM CONTAMINATION AND THEFT

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

Signature of Legal Entity Representative (Required on EVERY Page) Jean Macey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN MCVEY ADMINISTRATOR Date 3/26/14

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

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**Violation Report:**  
**PCH Name:** MCVEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**RECEIVED**  
 MAR 28 2014  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 is prescribed, Glimepiride, 25mg, take 1 tab daily. However, the label indicates, 2mg, take 1 tab daily.

**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.

*IN THE FUTURE STAFF WILL MAKE SURE ALL MEDS. PRESCRIBED WILL MATCH LABELS ON MAR*

*2-21-14 - medication label was accurate to medication administration record (MAR) was corrected. 4-7-14*

*5-10-14 - All staff persons qualified to administer medications will be educated on the proper documentation of medications on MARs. Documentation of education will be kept. 4-7-14*

*5-10-14 - The administrator or designated staff person qualified to administer medications will complete an initial and monthly audit of MARs and medication labels to ensure medications are properly documented. 4-7-14*

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

*Jean Mcvey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>JEAN MCVEY ADMINISTRATOR</i>	<i>3/26/14</i>

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MAR 28 2014

Violation Report:

PCH Name: MCVEY PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #2, was admitted into the home on 1/6/14. The initial assessment was not dated, therefore, it cannot be determined if the assessment form was completed within 15 days of admission.

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.

IN THE FUTURE WHEN A NEW RESIDENT IS ADMITTED INTO THE HOME STAFF WILL MAKE SURE INITIAL ASSESSMENT IS COMPLETED AND DATED WITH IN 15 DAYS.

Resident #2 is no longer in the home. 4-7-14,

5-10-14 - The Administrator or designated staff person will review all current and newly completed assessments for accuracy and completion including dates of completion. 4-7-14

5-10-14 All staff persons reviewing assessments will be educated on the proper completion of assessments including dates of completion. Documentation of education will be kept. 4-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jean Mcvey

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

JEAN MCVEY ADMINISTRATOR

Date 3/26/14

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(Date)

Plan of correction implementation status as of 4-7-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 4-7-14
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report:

PCH Name: MCVEY PERSONAL CARE HOME

MAR 28 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE:

2600.227(g) - Individuals who participate in the development of the support plan must sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The initial support plan for resident #2 was not signed and dated by the staff person completing the plan.

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.

IN THE FUTURE STAFF WILL MAKE SURE INITIAL SUPPORT PLAN AND ANNUAL SUPPORT PLAN IS SIGNED AND DATED

Resident #2 is no longer in the home. 4-7-14g

5-10-14 - The Administrator or designated staff person will review all current and newly completed resident support plans for accuracy and completion including required signatures. 4-7-14g

5-10-14- All staff persons reviewing support plans will be educated on the proper completion of support plans including required signatures. Documentation of education will be kept. 4-7-14g

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN MCVEY ADMINISTRATOR Date 3/26/14

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Plan of correction implementation status as of 4-7-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 4-7-14g
- Partially Implemented - Inadequate Progress
- Not Implemented

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