



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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

RE: Peroni Personal Care Home  
License #: 426270

Dear Mr. Peroni:

As a result of the Department of Human Services' annual licensing inspection on March 22, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

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

PCH Name: PERONI PERSONAL CARE HOME		License Number: 426270
Address: 111 EASY STREET, UNIONTOWN, PA 15401		County: Fayette
Administrator: Lynette Wene		Region: CENTRAL
Legal Entity Name: ANTHONY J PERONI		
Legal Entity Address: 111 EASY STREET, UNIONTOWN, PA 15401		
<b>Certificate(s) of Occupancy</b>		
I-1 10/21/2009 Borough of Uniontown	I-2 12/09/2009 Borough of Uniontown	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/22/2016: Springs, Israel; Gillespie, Denise		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<p>RECEIVED</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 32 Number of Residents Served: 31 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: 6 Number of Hospice Residents In past year: 8	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 30 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42627 - 03/22/2016 - Springs, Israel  
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - 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.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection and fire drill conducted by a fire safety expert was conducted on 6/19/2014.

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.

Have witness Fire drill scheduled with  
 [REDACTED] (DPW fire safety expert)

on 4/20/16 @ 11AM 4128482559

All results will be Forwarded  
 to Central Office

\* The administrator will track the date of the last completed fire safety inspection to assure the next inspection is scheduled and conducted within the annual time frame. The scheduling of the fire safety inspection will be reviewed during Quality Assurance meetings. BKS 4/14/16

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 RD Assoc	4/7/16

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

The above plan of correction is approved as of 4/14/16  
 (Date)

Plan of correction implementation status as of 4/14/16  
 (Date)

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

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

Violation Report: 42627 - 03/22/2016 - Springs, Israel  
 PCH Name: PERONI PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(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.

**2a. DESCRIPTION OF VIOLATION**

The home has not been provided with a maximum safe evacuation time from a fire safety expert since 6/19/2014. All evacuation times for the fire drills held from July 2015 through March 2016 exceeded 2 minutes and 30 seconds.

**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.

Have Fire drill scheduled 2 [REDACTED]  
 Fire safety expert 00 4/20/16 @ 11AM

After which all results will be  
 Forwarded to Central Office

\* The administrator will track the date of the last completed fire safety inspection to ensure that the next inspection, and receipt of evacuation time, is scheduled and completed within the annual time frame.

The scheduling of the fire safety inspection will be reviewed during Quality Assurance meetings.

BAS 4/14/16

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)

Loaf Peroni RD

Date 4/7/16

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Violation Report: 42627 - 03/22/2016 - Springs, Israel  
 PCH Name: PERONI PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**2a. DESCRIPTION OF VIOLATION**

The Support Plan for Resident #1, completed on 6/11/2015, did not have the resident's signature, and did not designate that the resident refused or was unable to sign.

The Support Plan for Resident #2, completed on 2/23/2016, did not have the resident's signature, and did not designate that the resident refused or was unable to sign.

The Support Plan for Resident #3, completed on 4/28/2015, did not have the resident's signature, and did not designate that the resident refused or was unable to sign.

**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.

Support plans will be fully completed on admission. One resident will sign them or staff will designate refusal or inability.

included are resident #1, #2, #3 updated support plans (copies.)

\* The administrator conducted an audit of all current Resident support plans on 3/23/16 to identify any plans without proper notification or signatures. Plans were corrected as needed.

BAS 4/14/16

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) Anthony J. Peroni RN/owner	Date 4-6-16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/14/16</u> (Date)	Plan of correction implementation status as of <u>4/14/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented