



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2016

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 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 2800

PCH Name: MCVEY PERSONAL CARE HOME		License Number: 48024
Address: 235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401		County: Fayette
Administrator: Jean McVey		Region: WEST
Legal Entity Name: JEAN MCVEY		
Legal Entity Address: 235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy C-3 SP 03/24/1992 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 8 Working Staff: 6		
Type of Inspection: Full BHA Doctor Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/22/2016: Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable <div style="text-align: right; font-family: cursive;"> Rec'd 4/21/16 JE </div>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 5 Have Mental Illness: 4 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 48024 - 03/22/2016 - Rosenblat, Dale
 PCH Name: MCVY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.84(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Person A, the home's administrator, completed only 21.5 hours of annual training in training year 2015.

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.

Admin. Completed hours needed on April 14, 2016
 for year 2015. In future will make
 sure hours are completed for that
 year in a timely fashion.
 Sending copies of training Certificates

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 *4/21/16*

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The above plan of correction is approved as of 5-27-16
 (Date)

Plan of correction implementation status as of 5-27-16
 (Date)

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

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

Violation Report: 46024 - 03/22/2016 - Rosenblat, Dale
 PCH Name: MCVEY PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2660
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff person B in training year 2015 did not include the following required training topics:
 • Medication self-administration
 • Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 • Care for residents with dementia and cognitive impairments
 • Safe management techniques
 • Care for residents with mental illness or mental retardation, or both

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.

*Admin. Added required training to 2016 schedule.
 Made schedule for 2017, to make sure all courses were included. In future will make sure all courses are covered.*

Staff training schedule attached

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leann McVey / administrator* Date *4/21/16*

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The above plan of correction is approved as of 5-27-16
 (Date)

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

Plan of correction implementation status as of 5-27-16
 (Date)

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

Violation Report: 46024 - 03/22/2016 - Rosenblat, Dale PCH Name: MCVEY PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	
2a. DESCRIPTION OF VIOLATION The home does not have a current certificate of rabies vaccination for the indoor cat.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>Cat was vaccinated on April 12, 2016.</p> <p>IN Future when doing residents annual Support plan will document in comment section of support plan each year when vaccination is due.</p> <p>Sending copy of rabies certificate</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
<p><i>Jean McVey</i></p>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jean McVey / ADMINISTRATOR	4/21/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-27-16</u> (Date)	Plan of correction implementation status as of <u>5-27-16</u> (Date)
The above plan of correction was approved by <u>JM</u> (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