



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: August 15, 2016

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

RE: Peroni Personal Care Home
Certificate #: 426270

Dear Mr. Peroni:

As a result of the Department of Human Services' licensing inspection on June 8, 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: PERONI PERSONAL CARE HOME		License Number: 42627
Address: 111 EASY STREET, UNIONTOWN, PA 15401		County: Fayette
Administrator: LINETTE WENE		Region: WEST
Legal Entity Name: ANTHONY J. PERONI		
Legal Entity Address: 111 EASY STREET, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy		
I-1 10/21/2009 BOROUGH OF UNIONTOWN	I-2 04/20/2010 BOROUGH OG UNIONTOWN	
Staffing Hours		
Resident Support: 34	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/08/2016: Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 26 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
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: 5 Number of Hospice Residents In past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 42627 - 06/08/2016 - Palermo, Michael

PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/22/16, Resident #1 had an unattended fall in the bathroom. The resident was found by staff and was then transported to the hospital for treatment. The home did not submit an incident report to the Department.

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.

Incident Reports will be done for any Reportable incident + will be sent by e mail or fax to the Central Regional Office by the Administrator. The Administrator will review the incidents required to be reported with all staff, -SE

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	7/20/16

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

The above plan of correction is approved as of 8-15-16 (Date)

Plan of correction implementation status as of 8-15-16 (Date)

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

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

Violation Report: 42627 - 06/08/2016 - Palermo, Michael
PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 4/6/16, Resident #1's Pro Re Nata (PRN) medication, Ventolin HFA inhaler, was unlocked and accessible to residents in a kitchen cabinet of the home.

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.

All Residents medication will be stored & locked @ all times. Administrator will monitor daily to ensure medications are inaccessible to residents and unqualified personnel. -BE.

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	7/20/16

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The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>BE</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