



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2017

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 January 4, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: MCVEY PERSONAL CARE HOME		License Number: 46024
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		<i>RECEIVED</i>
Certificate(s) of Occupancy C-3 SP 03/24/1992 Dept L & I		FEB 18 2017 WEST VIRGINIA STATE OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/04/2017: Barry, Courtney		
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: 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: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 1 Have Mental Illness: 4 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

JW

FEB 15 2017

Violation Report: 46024 - 01/04/2017 - Barry, Courtney
PCH Name: MCVEY PERSONAL CARE HOME

HEALTH CARE SERVICES OFFICE
Department of Public Welfare

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated 1/15/16, does not include the actual amount the resident will be charged per month for the home's available 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.

Administratore shall fill out all cost of services upon admissions, AND IF THERE SHOULD BE A INCREASE, Residents shall get a 30 day notice in Advance.

Resident #1's contract has been revised to include the monthly fee for room and meals.

Immediately - The administrator or designated staff person will check all resident contracts for accuracy and thorough completion including the monthly rates for room and board and the cost for a bed hold. ms 2/19/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean Muey

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

Jean Muey / Administrator

Date 2/6/17

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

The above plan of correction is approved as of

2/19/17
(Date)

Plan of correction implementation status as of 2/19/17
(Date)

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

The above plan of correction was approved by

ms
(Initials)

Violation Report: 46024 - 01/04/2017 - Barry, Courtney
PCH Name: MCVEY PERSONAL CARE HOME

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.

2a. DESCRIPTION OF VIOLATION
Resident #1's resident-home contract, dated 1/15/16, does not include the amount the resident will be charged per day for holding a bed during hospitalization or other extended absences from 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.

Administrators will fill out the cost to hold a bed upon admission, and if there should be a increase resident will get notice 30 days in advance.

Resident #1's contract has been revised to include the charge for a bed hold.
Immediately - the administrator or designated staff person will check all resident contracts for accuracy and thorough completion including the cost for a bed hold and the monthly rates for room and board.
ms 2/19/17

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 *2/6/17*

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

RECEIVED

Violation Report: 46024 - 01/04/2017 - Barry, Courtney
PCH Name: MCVEY PERSONAL CARE HOME

2/19/17
HOMES MAY NOT WRITE BELOW THIS LINE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
There was dried food debris on the interior of the microwave.

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.

UPON CLOSER INSPECTION OF THE MICROWAVE, THERE WAS MISSING METAL ON THE INSIDE THAT WAS ALSO MISTAKEN FOR DRIED FOOD SO IT WAS JUST REPLACED WITH A NEW ONE.

IN THE FUTURE STAFF WILL TELL EVERYONE TO COVER WHAT THEY PUT IN MICROWAVE AND IF IT SHOULD MAKE A MESS CLEAN IT UP ASAP

Immediately- the administrator or designated staff person will check the home at least weekly to ensure sanitary conditions are maintained to include kitchen equipment. ms 2/19/17

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 *2/16/17*

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Violation Report: 46024 - 01/04/2017 - Barry, Courtney
 PCH Name: MCVEY PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The non-skid carpet strip on the fifth step from the top of the second floor emergency exit is detached on three corners posing a trip/fall hazard.

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.

WE SECURED ALL NON-SKID CARPET STRIPES TO THE STEPS AND WILL CHECK IT DAILY TO MAKE SURE ALL NON-SKID STRIPS ARE SECURE AND NOT HANGING LOOSE.

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) <i>Jean Mcvey/Administrator</i>	Date <i>2/6/17</i>
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 (Initials)

Violation Report: 46024 - 01/04/2017 - Barry, Courtney
PCH Name: MCVEY PERSONAL CARE HOME

EST. 10/1/17
NUMBER 10/1/17

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
There was no thermometer in the main kitchen freezer.

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 thermometer WAS purchased And put in the freezer THE SAME DAY, AND in the future ALL STAFF Members Will keep a check TO MAKE SURE it doesn't get MISS PLACED again.

Immediately - A designated staff person will check all refrigerators and freezers daily to ensure a thermometer is present and all food items are stored at safe temperatures. ms 2/19/17

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 *2/6/17*

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