



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 27 2017

Mr. Anthony J. Peroni, RN  
Owner  
Anthony J. Peroni  
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' annual licensing inspections on January 12, 2017 and August 2, 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](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: PERONI PERSONAL CARE HOME		License Number: 42627
Address: 111 EASY STREET, UNIONTOWN, PA 15401		County: Fayette
Administrator: Lynette Wene		Region: WEST
Legal Entity Name: ANTHONY J PERONI		
Legal Entity Address: 111 EASY STREET, UNIONTOWN, PA 15401		<b>RECEIVED</b>
Certificate(s) of Occupancy		MAR 04 2017
I-1 10/21/2009 Boro of Uniontown	I-2 12/19/2009 Boro of Uniontown	WEST GERRITSMAN FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/12/2017: Park, Beth; Hoover, Josh		
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: 32 Number of Residents Served: 29 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: 4 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 2

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

WEST HAVEN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The license inspection summaries, dated 3/22/2016 and 6/8/2016 were not posted in a conspicuous and public place in 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.

Post the prior years violation report on community bulletin board. From department of human services.

Within 15 days of receipt of the plan of correction; a designated staff person will check the home, at least weekly, to ensure a copy of the current license, a copy of the most recent licensing inspection summary and a copy of the Chapter 2600 regulations are posted in a conspicuous & public place in the home. JN 5/11/17

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)      Date

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

The above plan of correction is approved as of 5/11/17  
(Date)

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

Plan of correction implementation status as of 5/11/17  
(Date)

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



Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 04 2017

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/19/2016, does not have a high school diploma, a GED diploma or active registration status on the Pennsylvania nurse aide registry.

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.

Direct care staff A completed online school (Capital High) back in 2007. [redacted] was unaware that company was fraudulent until it was brought to [redacted] attention by me from to dhs inspectors. [redacted] is upset but understands. [redacted] is currently in the process of enrolling in the GED program @ the Fayette County Community Action Department. Attached is what [redacted] thought was [redacted] official transcript. Upon completion, I will fax a copy of [redacted] GED to Pittsburgh DHS office.

See page 4 of 15

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) Tony Peroni RD	Date 3/2/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/11/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>JP</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

RECEIVED

Violation Report: 42927 - 01/12/2017 - Park, Beth  
Home Name: PERONI PERSONAL CARE HOME

MAY 10 2017

REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.54(a) - Direct care staff persons shall have the following qualifications:

- 1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- 2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- 3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/19/2016, does not have a high school diploma, a GED diploma or active registration status on the Pennsylvania nurse aide registry.

PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Describe 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.

Immediately: the home will follow all of the provisions of the waiver, issued by the Department on 4/27/17, including:

-Staff person A shall obtain his/her General Education Diploma by completing the classes for which he/she is enrolled at Penn Foster high school program.

-Staff person A shall meet all other requirements to serve as a direct care staff person as required under 55 Pa.Code Ch. 2600 (relating to personal care homes)

Within 30 days of receipt of the plan of correction: a designated staff person will audit all direct care staff records to ensure all staff persons providing direct care to residents have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry. Documentation of the qualifications shall be kept in the staff person's record.

Date of 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)      Date

LODY Peroni RD      5/9/17

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

above plan of correction is approved as of \_\_\_\_\_ (Date)

above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 7/18/2013, did not receive training during the 2016 training year in the following required topics:

- \* Fire safety by a fire safety expert
- \* Resident Rights

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.

Staff Person B completed post test for both Residents Right & Fire safety.

These test & review material were provided by our new education liaison from Viaquest home health.

The administrator will review all staff person training records as part of the quality management review to ensure all staff persons are trained annually in all topics required under regulation 2600.65g. *g.u. 5/11/17*

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) *Tony Peroni RN* Date *3/2/17*

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The above plan of correction is approved as of <u>5/11/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>g.u.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.u.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 04 2017

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
The home does not have a staff training plan for the 2017 training year.

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.

Via Quest will provide the required training from the state including Fire safety & Residents Rights.

Attached is Viaquest 2017 self learning schedule for our facility.

Within 15 days of receipt of the plan of correction, the administrator will update the staff training plan to include all items required by regulation 2600.66b. JW. 5/11/17

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) Tony Peroni RD

Date 3/2/17

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

The above plan of correction is approved as of JW.  
(Date)

Plan of correction implementation status as of 5/11/17  
(Date)

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

The above plan of correction was approved by JW.  
(Initials)

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 06 2017

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

At 11:17 AM, the home's basement door was unlocked. In the basement were 4 unlocked, one-gallon containers of Sun Brite bleach with labels that indicate "If swallowed, call poison control center immediately". Resident #1 is assessed unable to safely use or avoid poisonous materials.

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.

Resident #1 nurse took MASI to his doctor. add was corrected to indicate "None" under the special health + dietary needs. as noted on revised copy that is attached.

Resident #1's support plan was updated to indicate that he/she is able to safely use or avoid poisonous materials. JN. 5/11/17

Within 30 days of receipt of the plan of correction: a designated staff person will reassess all residents for the ability to safely use or avoid poisonous materials. All resident assessments and support plans will be reviewed for accuracy in this area. JN. 5/11/17

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)      Date 3/2/17

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

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Plan of correction implementation status as of 5/11/17 (Date)

The above plan of correction was approved by JN. (Initials)

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

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 04 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

By reviewing the readings on the glucometer belonging to resident #3, and documentation completed by staff on the medication administration record (MAR), it was determined that the glucometer belonging to resident #3 was used to measure the blood sugar levels of the following residents on the following dates and times:  
01/10/2017 06:42 AM Resident #8

By reviewing the readings on the glucometer belonging to resident #6, and documentation completed by staff on the medication administration record (MAR), it was determined that the glucometer belonging to resident #6 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 01/11/2017 05:16 AM Resident #3
- 01/07/2017 05:23 AM Resident #3
- 01/07/2017 05:36 AM Resident #7
- 01/04/2017 04:42 AM Resident #7
- 01/07/2017 04:50 AM Resident #9
- 01/07/2017 05:14 AM Resident #8
- 01/05/2017 05:50 AM Resident #8

By reviewing the readings on the glucometer belonging to resident #7, and documentation completed by staff on the medication administration record (MAR), it was determined that the glucometer belonging to resident #7 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 12/29/2016 09:26 AM Resident #3
- 12/28/2016 03:59 PM Resident #3
- 12/26/2016 10:35 AM Resident #3
- 12/30/2016 04:18 PM Resident #8
- 12/28/2016 04:10 PM Resident #8
- 12/29/2016 08:49 AM Resident #6

By reviewing the readings on the glucometer belonging to resident #8, and documentation completed by staff on the medication administration record (MAR), it was determined that the glucometer belonging to resident #8 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 01/08/2017 08:26 AM Resident #7
- 01/08/2017 08:28 AM Resident #9

By reviewing the readings on the glucometer belonging to resident #9, and documentation completed by staff on the medication administration record (MAR), it was determined that the glucometer belonging to resident #9 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 12/22/2016 09:07 AM Resident #3
- 12/20/2016 08:57 AM Resident #3
- 12/22/2016 09:16 AM Resident #6
- 12/21/2016 08:18 AM Resident #6

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.

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)      Date 3/2/17

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

Violation Report: 42627 - 01/12/2017 - Park, Beth PCH Name: PERONI PERSONAL CARE HOME		MAR 04 2017 WEST REGIONAL OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.		
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Plan of Correction.

Night shift caregiver assigned to check all machines daily & keep documentation of results. to make sure that there is correlation of results & machine used. Documentation attached,

See pages 10<sup>a</sup> of 15 and 10<sup>b</sup> of 15

PU  
5/11/17

MAY 10 2017

Investigation Report: 42627 - 01/12/2017 - Park, Bath  
Facility Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 55 Pa.Code §2600  
5500.85(a) - Sanitary conditions shall be maintained.

DESCRIPTION OF VIOLATION

Upon reviewing the readings on the glucometer belonging to resident #3, and documentation completed by staff on the violation administration record (MAR), it was determined that the glucometer belonging to resident #3 was used to measure the blood sugar levels of the following residents on the following dates and times:

07/2017 06:42 AM Resident #8

Upon reviewing the readings on the glucometer belonging to resident #6, and documentation completed by staff on the violation administration record (MAR), it was determined that the glucometer belonging to resident #6 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 07/2017 05:16 AM Resident #3
- 07/2017 05:23 AM Resident #3
- 07/2017 05:38 AM Resident #7
- 07/2017 04:42 AM Resident #7
- 07/2017 04:50 AM Resident #9
- 07/2017 05:14 AM Resident #8
- 05/2017 05:50 AM Resident #8

Upon reviewing the readings on the glucometer belonging to resident #7, and documentation completed by staff on the violation administration record (MAR), it was determined that the glucometer belonging to resident #7 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 08/2016 09:26 AM Resident #3
- 08/2016 03:59 PM Resident #3
- 06/2016 10:35 AM Resident #3
- 06/2016 04:18 PM Resident #8
- 08/2016 04:10 PM Resident #8
- 09/2016 08:49 AM Resident #8

Upon reviewing the readings on the glucometer belonging to resident #8, and documentation completed by staff on the violation administration record (MAR), it was determined that the glucometer belonging to resident #8 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 08/2017 08:26 AM Resident #7
- 08/2017 08:28 AM Resident #9

Upon reviewing the readings on the glucometer belonging to resident #9, and documentation completed by staff on the violation administration record (MAR), it was determined that the glucometer belonging to resident #9 was used to measure the blood sugar levels of the following residents on the following dates and times:

- 02/2016 09:07 AM Resident #3
- 02/2016 08:57 AM Resident #3
- 02/2016 09:16 AM Resident #6
- 02/2016 08:18 AM Resident #6

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 affected glucometers were replaced by the home on 4/6/17.

Within 30 days of receipt of the plan of correction: all staff persons who are responsible for checking the blood glucose level of residents will be educated regarding the potential health risks of sharing diabetic testing supplies, including glucometers, and the need for each resident to only use his/her own testing supplies and glucometer. Documentation of the education shall be kept.

Initial Violation: No	Date(s) of Previous Violation(s):			
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MAY 10 2017

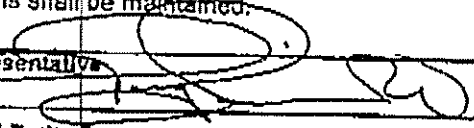
Page 10<sup>b</sup> of 15

Facility Report: 42827 - 01/12/2017 - Park, Belh  
Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 55 Pa.Code §2600  
§ 2605(a) - Sanitary conditions shall be maintained.

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Tony Peroni RD

Date 5/9/17

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Plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

Plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 04 2017

WEST REGIONAL FIELD OFFICE  
Church Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The two cordless phones located near the pass-through window in the kitchen do not have the required emergency numbers posted on or by them.

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.

Emergency numbers posted by  
Phones. Picture attached.

Within 15 days of receipt of the plan of correction: a designated staff person will check all telephones with an outside line to ensure that the required emergency contact numbers are posted on or by the telephones. J.W. 5/11/17

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)      Date 3/2/17

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The above plan of correction is approved as of 5/11/17 (Date)  
The above plan of correction was approved by J.W. (Initials)  
Plan of correction implementation status as of 5/11/17 (Date)  
 Fully Implemented J.W.  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 04 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
The home's first aid kit, located in the kitchen, did not contain a thermometer.

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.

Thermometer placed in First Aid kit.  
Attached sign off sheet will be checked monthly. - by a designated staff person.

JW.  
5/11/17

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)      Date 3/2/17

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(Date)

The above plan of correction was approved by JW.  
(Initials)

Plan of correction implementation status as of 5/11/17  
(Date)

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

RECEIVED  
MAR 04 2017

WEST REGIONAL OFFICE  
Human Services Licensing

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

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

At 10:15 AM, the white refrigerator/freezer unit in the kitchen did not have a thermometer in the freezer section.

At 10:41 AM, the refrigerator at the end of the row of freezers in the basement did not have a thermometer.

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.

2 new thermometers were bought & placed in white refriq in kitchen & cooler in basement.

Within 15 days of receipt of the plan of correction: a designated staff person will check refrigerators and freezers daily to ensure each unit contains a thermometer and that each refrigerator measures 40° Fahrenheit or below and that each freezer measures 0° Fahrenheit or below. J.N. 5/11/17

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)

Date 3/2/17

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(Date)

Plan of correction implementation status as of 5/4/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress J.N.
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J.N.  
(Initials)

MAR 04 2017

WEST VIRGINIA STATE BOARD OF HUMAN SERVICES LICENSING

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
Resident #1's medical evaluation, dated 10/25/2016, did not include the resident's height or weight.  
Resident #2's medical evaluation, dated 3/29/2016, did not include the resident's height, weight, blood pressure, pulse or temperature.  
Resident #3's medical evaluation, dated 9/20/2016, did not include the resident's height, weight, blood pressure, pulse or temperature.  
Resident #4's medical evaluation, dated 11/17/2016, did not include the resident's height, weight, blood pressure, pulse or temperature.

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.  
  
Medical Eval will be filled out in their entirety,  
The medical evaluations for residents #1, #2, #3 and #4 were completed <sup>per 9/21/17</sup>  
Within 15 days of receipt of the plan of correction: a designated staff person will call newly completed medical evaluations to ensure all items required by regulation 2600.141a-2 are included. If any required items are omitted, the medical evaluation will be returned to the person who completed it for correction. <sup>per 5/10/17</sup>

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)      Date 3/2/17

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

The above plan of correction is approved as of 5/11/17 (Date)  
The above plan of correction was approved by ML (Initials)  
Plan of correction implementation status as of 5/11/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress <sup>per</sup>  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 42627 - 01/12/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

MAR 04 2017

WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

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

Resident #1's support plan, dated 11/3/2016, was not signed by the resident and did not indicate that the resident refused or was unable to sign.

Resident #3's support plan, dated 9/19/2016, was not signed by the resident and did not indicate 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 signed by residents or their representative.

Residents #1 and #3 have signed their support plans. *pu. 5/11/17*  
Within 15 days of receipt of the plan of correction: a designated staff person will audit all support plans to ensure the resident has signed it or an indication of the resident's inability or refusal is made. *pu. 5/11/17*  
Within 30 days of receipt of the plan of correction: all staff persons responsible for support plans will be educated concerning the requirement that the support plan must contain either the resident's signature or an indication of the resident's inability or refusal to sign. Documentation of the education shall be kept. *pu. 5/11/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/22/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 3/2/17  
*Lowy Peroni RW*

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

The above plan of correction is approved as of 5/11/17 (Date)      Plan of correction implementation status as of 5/11/17 (Date)

The above plan of correction was approved by *pu.* (Initials)

Fully Implemented  
 Partially Implemented - Adequate Progress *pu.*  
 Partially Implemented - Inadequate Progress  
 Not Implemented



Violation Report: 42627 - 08/02/2017 - Park, Beth  
PCH Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At 9:30 AM, the freezer section of the white refrigerator/freezer unit in the kitchen measured 10 degrees Fahrenheit. At 1:00 PM, it measured 4 degrees Fahrenheit.

At 9:40 AM, the cooler with a glass door in the basement did not have a thermometer.

At 9:40 AM, the large Frigidaire freezer in the basement, measured 8 degrees Fahrenheit. At 12:50 PM, it measured 4 degrees Fahrenheit.

At 9:40 AM, the small Frigidaire freezer in the basement measured 6 degrees Fahrenheit.

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.

Thawed out & defrosted all freezers including freezer in kitchen. Documentation sheet for all freezer temps. To be done by night shift on ~~weekly~~ <sup>daily</sup> basis. Maintain: 0°F temp. <sup>20. 10/4/17</sup>

Placed new thermometer in cooler the day of inspection 8/2/17

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) Date 8/18/17  
Tony Peroni RD

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

The above plan of correction is approved as of 10/4/17 (Date)

The above plan of correction was approved by J.W. (Initials)

Plan of correction implementation status as of 10/4/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress J.W.
- Partially Implemented - Inadequate Progress
- Not Implemented