



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 14 2018

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's Bureau of Human Services Licensing annual inspection on January 5, 2018, 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: 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		
Certificate(s) of Occupancy I-1 04/20/2010 City of Uniontown		RECEIVED APR 24 2018
Staffing Hours Resident Support: 0 Total Daily Staff: 34		WEST REGION FIELD OFFICE Human Services Licensing Working Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/05/2018: Cutter, Jan; Barone, Barbara		
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: 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: 5 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

RECEIVED

RECEIVED

Violation Report: 42627 - 01/05/2018 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

MAY 03 2018

APR 24 2018

WEST REGION FIELD OFFICE
Human Services Licensing

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The following confidential resident information was attached to the Licensing Inspection Summary, dated 1/12/2017, and posted on the bulletin board next to bathroom #1:

- * the resident privacy coding document listing the names of 8 residents including residents #1, #2 and #3
- * records of blood glucose monitoring checks for 5 residents including residents #1 and #4

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.

Residents names + information will be kept private as required & they will not be posted with violations.

All Residents names from the violation packet that was post was removed. *[Signature]* 5/3/18

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)

1004 Peroni, RD

Date

4/23/18

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

The above plan of correction is approved as of

5/4/17
(Date)

Plan of correction implementation status as of

5/4/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 24 2018

Violation Report: 42627 - 01/05/2018 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:10 a.m., the hot water temperature at the sink in bathroom #5 measured 123.5 degrees Fahrenheit.

At 10:15 a.m., the hot water temperature at the sink in bathroom #6 measured 122.3 degrees Fahrenheit.

At 10:25 a.m., the hot water temperature at the sink in bathroom #1 measured 125.5 degrees Fahrenheit. At 2:55 p.m., it measured 131.9 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.

Torped Hot water temp down on tank that controlled bathroom #5 & #6. Rechecked temp next day with temp being 117.4° F.

Torped temp down on Hotwater control BR #1. Initially torped up by accident for 131.9 reading. Rechecked next day, Temp 116.9° F.

Will monitor weekly.

A designated staff person 9/4/18

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

4/16/18

Tony Peroni, RD

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

The above plan of correction is approved as of

5/4/18
(Date)

Plan of correction implementation status as of

5/4/18
(Date)

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

The above plan of correction was approved by

JK
(Initials)

RECEIVED

RECEIVED

APR 24 2018

Page 4 of 9

MAY 03 2018

Violation Report: 42827 - 01/03/2018 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

An annual fire safety inspection and fire drill observed by a fire safety expert was conducted on 4/20/2018. However, the next annual fire safety inspection and fire drill observed by a fire safety expert was conducted on 7/12/2017.

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.

Had incident on 2/18/17 and FD called and had full evacuation.
Fire chief [redacted] who is also fire safety expert witnessed evac. Attached Report.
Was using incident as witness evac.
Did follow up 7/12/17

Spoke to [redacted] of the Woodbury
FD and made him aware that ~~was~~^{error}
we needed witnessed fire drill done
in June. [redacted] advised me that
he will contact me the 1st of June
to schedule exact date.

Within 15 days of receipt of the plan of correction: The administrator or designee will develop and implement an annual tracking system to ensure a fire safety inspection and fire drill are conducted by a fire safety expert at least annually. *ms 5/4/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *1004 Peroni, RD* Date *4/23/18*

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The above plan of correction is approved as of *5/4/18*
(Date)

Plan of correction implementation status as of *5/4/18*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 42627 - 01/05/2018 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

APR 24 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #5, admitted [redacted] 2017, did not have a medical evaluation completed until 12/20/2017.

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 5 eval was given to hospice RD when admitted but did not receive it back from Dr [redacted] even after repeated attempts to retrieve it.

Finally had Dr [redacted] done it after being admitted to her services.

Will continue to give to MD's upon admission and try to receive within 30 day window from admission.

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has a medical evaluation completed in its entirety and present in the resident's record. *pl. 5/4/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Peroni RD

Date

4/23/18

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(Date)

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Partially Implemented - Adequate Progress *pl.*

Partially Implemented - Inadequate Progress

Not Implemented

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[Handwritten Initials]
(Initials)

Violation Report: 42627 - 01/05/2018 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

APR 24 2018

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent medical evaluation was completed on 12/20/2016.

~~Resident #6's most recent medical evaluation was completed on 5/20/2016.~~ ← This portion of the violation is withdrawn

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 6 admitted to PCH on 10/26/17 *

Will
Make sure all Eval's are done annually on
all residents.

Resident #1 is no longer a resident of the home. *pu, 5/4/18*

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has a medical evaluation completed in its entirety and present in the resident's record. *pu, 5/4/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

4/23/18

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(Date)

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Partially Implemented - Adequate Progress *pu*

Partially Implemented - Inadequate Progress

Not Implemented

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

APR 24 2018

Violation Report: 42627 - 01/05/2018 - Cutler, Jan
PCH Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer reading on 1/5/2018 at 8:33 a.m. was 163; however, 169 was recorded in his/her blood glucose record.
Resident #5's glucometer reading on 1/3/2018 at 7:21 a.m. was 145; however, 165 was recorded in his/her blood glucose record.

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.

Refresh with staff on the importance of documentation of correct reading that it could be the difference of needing insulin or not needing insulin.

Immediately and at least monthly thereafter: A designated staff person qualified to administer medications and insulin will review glucometer readings and resident blood glucose records to ensure readings are accurately documented in the resident record. *RM. 5/4/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Tony Peroni RD

Date

4/23/18

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(Date)

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(Date)

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- Not Implemented

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

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RECEIVED

MAY 03 2018

APR 24 2018

Page 8 of 8

Violation Report: 42627 - 01/05/2018 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Glipizide 5 mg, take 1/2 tablet (2.5 mg) twice a day and Hydralazine 10 mg, take 1 tablet 3 times a day. He/she did not receive the medications at 4:00 p.m. on 1/1/2018; 1/2/2018 or 1/3/2018.

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.

Updated med class done with all Med passes.
Stressed the importance of passing all meds was refreshed.
Will continue to monitor daily.

Resident 5 was staying in family. When Resident 5 returned to PCH. Medications (afternoon meds) were not put back into circulation.

When Resident leaves PCH for extended period, Staff will contact me (Joan) to put all meds back in circulation, upon return so no prescribed medication doses will be missed.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

4/23/18

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5/4/18
(Date)

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- Not Implemented

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pu
(Initials)