



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2018

Ms. Jean McVey
Administrator
Jean McVey
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' Licensing annual licensing inspection on January 25, 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,


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		
Certificate(s) of Occupancy C-3 SP 03/24/1992 L&I		
Staffing Hours Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/25/2018: 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: 8 Number of Residents Served: 7 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: 7 Are 60 Years of Age or Older: 7 Have Mental Illness: 4 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

MAR 16 2018

Violation Report: 46024 - 01/25/2018 - Hoover, Josh
PCH Name: MCVEY PERSONAL CARE HOME

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 licensing inspection summary, dated 1/4/2017, posted on the dining room bulletin board contained the resident privacy coding document, including the name of resident #1.

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.

In the future administrator will make sure NO RESIDENT name is posted on the bulletin board with private information.

THE document was removed the day of inspection.

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 *3/15/18*

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

The above plan of correction is approved as of 3/20/18
(Date)

Plan of correction implementation status as of 3/20/18
(Date)

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

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

Violation Report: 46024 - 01/25/2018 - Hoover, Josh
 PCH Name: MCVEY PERSONAL CARE HOME

MAR 16 2018

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

2a. DESCRIPTION OF VIOLATION

An area of black/grey buildup measuring approximately 12 inches long by 10 inches wide by 1/8 inch thick and multiple other spots and splatters of what appeared to be burnt food were on the inside of the bottom panel of the oven.

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.

oven cleaned on 11/5/18, on 3/10/18
 THE OVEN shall be cleaned on a regular bases How ever the bottom does not come off

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/04/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lean McVey

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

Lean McVey Administrator

Date

3/15/18

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3/20/18
 (Date)

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LM
 (Initials)

Violation Report: 46024 - 01/25/2018 - Hoover, Josh
PCH Name: MCVEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There is no handle on the rear storm door.

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.

THERE WAS A new door handle installed.

IN THE FUTURE IF THE HANDLE BREAKS
THERE WILL BE A NEW ONE INSTALLED
WITH IN 24 HOURS

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jan McVey administrator* Date *3/15/18*

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(Date)

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(Initials)

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Violation Report: 46024 - 01/25/2018 - Hoover, Josh
 PCH Name: MCVEY PERSONAL CARE HOME

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

MAR 16 2018

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 12/29/2017, is blank in the fields of pulse, temperature, blood pressure, and all fields related to immunization history.

The medical evaluation for resident #4, dated 9/22/2017, is blank in the fields of height, weight, pulse, temperature, and blood pressure.

The medical evaluation for resident #5, dated 5/9/2017, is blank in the fields of height, weight, pulse, temperature, blood pressure, and immunization history.

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.

In the future administrator will make sure ALL fields are filled out on A RESIDENT MEDICAL EVALUATION including pulse, temperature, blood pressure and immunization history

Immediately - The administrator will contact the physicians of residents #2 #4 and #5 to obtain the information.

[Handwritten Signature]
3/15/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature: Jean Mcvey]

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

Jean Mcvey administrator

Date 3/15/18

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3/20/18
 (Date)

Plan of correction implementation status as of

3/20/18
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 46024 - 01/25/2018 - Hoover, Josh
PCH Name: MCVEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4, dated 9/22/17, indicates the resident cannot self-administer medication; however, the resident has been testing his/her blood glucose and administering insulin with minimal staff assistance for more than a 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.

Resident #4 HAS A Letter from [redacted] doctor that [redacted] is capable of giving [redacted] own insulin injections as prescribed.

Administrator will make sure that it is marked on [redacted] next medical evaluation that [redacted] can self-administer [redacted] insulin

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) *Jean McVey administrator* Date *3/15/18*

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The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 46024 - 01/25/2018 - Hoover, Josh
PCH Name: MCVEY PERSONAL CARE HOME

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 #4's glucometer is not calibrated to the current date and time.

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.

Made sure Resident #4 glucometer was calibrated to the current date and time.

In the future will check to make sure machine is calibrated with current date & time, at least weekly.

[Signature]
3/20/18

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) *John McVey administrator* Date *3/13/18*

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(Date)

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(Initials)

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(Date)

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Violation Report: 46024 - 01/25/2018 - Hoover, Josh
PGH Name: MCVEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on [redacted] 2017; however, an assessment was not completed until 6/2/2017.

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.

In the future administrators will make sure assessment is completed in the time frame allowed. The administrator will develop a tracking system to ensure assessments for new residents are completed within 15 days of admission.

3/20/18

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 *3/15/18*

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