



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 4, 2019

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's Bureau of Human Services Licensing annual inspection on January 22, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED

4/29/19

Western Region Field Office
Bureau of Human Services Licensing

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: 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 01/22/2019 Winters Lynn		
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: 0 Number of Hospice Residents in past year: 0	Number of Residents who Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 7 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report. 46024 - 01/22/2019 - Winters, Lynn

PCH Name MCVEY PERSONAL CARE HOME

1 REGULATION 55 Pa Code §2600

2600 100(b) - The home shall ensure that ice snow and obstructions are removed from outside walkways ramps, steps, recreational areas and exterior fire escapes

2a DESCRIPTION OF VIOLATION

On 1/22/19 at 9 00 AM the ramp providing egress from the front porch to the sidewalk was covered with a coating of ice and was slippery, creating a 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

In the future staff will make sure all walkways, ramps, steps, residential areas exterior fire escapes are free from snow and ice

During ice and snow conditions, designated staff persons shall check all exit passageways at least hourly to ensure they are free and clear of ice, snow or any obstructions.

 8/21/19

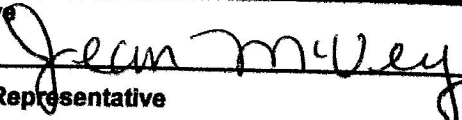
Within 30 days of receipt of the plan of correction: All staff persons shall be educated with regards to keeping all exit passageways clear of snow, ice or any other obstructions. Documentation shall be kept.

 8/21/19

Repeat Violation No

Date(s) of Previous Violation(s)

Signature of Legal Entry Representative
(Required on EVERY Page)



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

Jean McVey Administrator

Date 4/29/19

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

The above plan of correction is approved as of

8/21/19

(Date)

Plan of correction implementation status as of

8/21/19

(Date)

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

The above plan of correction was approved by



(Initials)

Violation Report: 46024 - 01/22/2019 - Winters, Lynn
 PCH Name MCVEY PERSONAL CARE HOME

1 REGULATION 56 Pa Code §2600
 2600 101(j)(7) - Each resident shall have the following in the bedroom An operable lamp or other source of lighting that can be turned on at bedside

2a DESCRIPTION OF VIOLATION
 No operable lamp or other source of lighting which can be turned on/off at bedside was present in resident #1 s bedroom

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 had a meeting with all residents to
 if there lamp does not work or bulb is burnt
 out please tell staff member

Resident #1 bulb was replaced day of inspection

Immediately, then at least weekly, the administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/ off at bedside. Any damaged or missing light sources shall immediately be repaired or replaced.

 8/21/19

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Any damaged or missing light sources shall immediately be repaired or replaced.


 8/21/19

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) Jean Muehl Administrator Date 4-29-19

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The above plan of correction is approved as of <u>8/21/19</u> (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>8/21/19</u> (Date) <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
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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 were no thermometers in the black refrigerator/freezer, or in the large white upright freezer in the back room beyond the family sitting area off the kitchen

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

Thermometers were placed in refrigerator and freezer the same day of inspection

In the future staff will make sure thermometers are in all fridges and freezers

Immediately, then at least daily, a designated staff person shall check to ensure all refrigerators and freezers have thermometers and food requiring refrigeration shall be stored at or below 40°Fahrenheit and frozen food shall be stored at or below 0°Fahrenheit. Documentation of temperature checks shall be kept. Any refrigerator temperatures above 40°Fahrenheit and any freezer temperatures above 0°Fahrenheit shall immediately be reported to the administrator and the refrigerator and/or freezer shall immediately be repaired or replaced.

 8/21/19

Within 30 days of receipt of the plan of correction: All staff persons involved in food storage and preparation shall be educated on proper food storage and safe food storage temperatures. Documentation of education shall be kept.

 8/21/19

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)

Jean McVey Administrator

Date 4/29/19

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Violation Report 46024 - 01/22/2019 Winters Lynn
 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

2a DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #1 dated 1/2/19 did not indicate the resident's temperature. This section of the form was blank.

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 medical evaluation will be double checked by staff member and administrator to make sure doctor fills out all sections

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a current medical evaluation is completed, including the resident's temperature, and present for all residents. Documentation of review shall be kept and reviewed at the next quality management meeting.

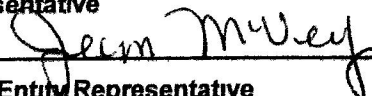
 8/21/19

Repeat Violation Yes

Date(s) of Previous Violation(s)

01/25/2018

Signature of Legal Entity Representative
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative
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Jean McVey Administrator

Date 4/29/19

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Violation Report 46024 - 01/22/2019 - Winters Lynn
 PCH Name MCVEY PERSONAL CARE HOME

1 REGULATION 55 Pa Code §2600

2600 171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents the vehicle must have a first aid kit with the contents in § 2600 96 (relating to first aid kit)

2a DESCRIPTION OF VIOLATION

The first aid kit kept in the vehicle that is used to transport residents did not include eye coverings

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 we will make sure first aid kit has all contents

Glasses were put in kit on day of inspection

Immediately, then at least weekly, the administrator or designated staff person shall inspect all first aid kits to ensure they include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any missing items shall immediately be replaced. Documentation of inspections shall be kept.

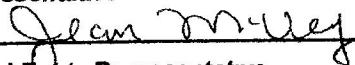


8/21/19

Repeat Violation No

Date(s) of Previous Violation(s)

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Printed Name and Title of Legal Entity Representative
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Jean McVey Administrator

Date 4/29/19

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(Initials)

Violation Report 48024 01/22/2019 Winters Lynn
 PCH Name MCVEY PERSONAL CARE HOME

1 REGULATION 55 Pa Code §2600

2600 187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered

- (1) Resident's name
- (2) Drug allergies
- (3) Name of medication
- (4) Strength
- (5) Dosage form
- (6) Dose
- (7) Route of administration
- (8) Frequency of administration
- (9) Administration times
- (10) Duration of therapy if applicable
- (11) Special precautions if applicable
- (12) Diagnosis or purpose for the medication including pro re nata (PRN)
- (13) Date and time of medication administration
- (14) Name and initials of the staff person administering the medication

2a DESCRIPTION OF VIOLATION

Resident #2 is prescribed Folic Acid 1 mg - Take one tablet by mouth a day However this medication was not on the resident's January 2019 medication administration record (MAR)

Resident #3 is prescribed Oxcarbazepine 300mg - Take one tablet by mouth twice a day However the prescribed dosage of the medication was not documented on the January 2019 MAR

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 # 2 med was added to MAR on day of inspection. In the future meds will be double checked monthly when meds are administered by a designated staff person. Documentation shall be kept. 8/21/19

Resident # 3 prescribed dosage of medication was corrected the day of inspection designated staff 8/21/19 and documentation shall be kept. SE 8/21/19

In the future staff will double new meds monthly 8/21/19

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 8/21/19

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 (Initials)

Violation Report: 46024 - 01/22/2019 - Winters Lynn

PCH Name MCVEY PERSONAL CARE HOME

1 REGULATION 55 Pa Code §2600

2600 224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home

2a DESCRIPTION OF VIOLATION

The preadmission screening form for resident #3 dated 4/16/18 does not indicate whether the home can meet the needs of the resident.

The preadmission screening form for resident #4 dated 10/1/18 does not indicate whether the home can meet the needs of the resident.

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 #3 pre-admission screening was corrected the day of inspection and was noted when corrected

Resident #4 pre-admission screening was corrected the day of inspection and noted when corrected

In the future we will make sure all areas of pre-screening are filled out upon admissions

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure all residents have a preadmission screening completed and present in each resident file. Documentation of review shall be kept. SE 8/21/19

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 4/29/19

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(Initials)

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