

Department of Human Services  
Bureau of Human Service Licensing

May 14, 2021

[REDACTED] OWNER  
ANTHONY J PERONI  
111 EASY STREET  
UNIONTOWN, PA 15401

RE: PERONI PERSONAL CARE HOME  
111 EASY STREET  
UNIONTOWN, PA, 15401  
LICENSE/COC#: 42627

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** PERONI PERSONAL CARE HOME      **Licen e #:** 42627      **Licen e Expiration Date:** 06/03/2021  
**Addr e :** 111 EASY STREET, UNIONTOWN, PA 15401  
**County:** FAYETTE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7244371880      **Email:** [REDACTED]

**Legal Entity**

**Name:** ANTHONY J PERONI  
**Address:** 111 EASY STREET, UNIONTOWN, PA, 15401  
**Phone:** 7244371880      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 04/20/2010      **Issued By:** Labor & Industry

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 36      **Waking Staff:** 27

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 02/10/2021

**Inspection Dates and Department Representative**

02/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 33      **Residents Served:** 29

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 2  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 7      **Have Physical Disability:** 0

**Inspections / Reviews**

02/10/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/26/2021

Inspections / Reviews *(continued)*

3/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *04/02/2021*

5/14/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227h - Support Plan Refuse Sign

1. Requirements

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.

Description of Violation

Resident #2's support plan, dated 1/7/2021, is not signed by the resident and there is no indication that the resident was unwilling or unable to sign it.

Plan of Correction

Accept

PLAN OF CORRECTION FOR SIGNATURE ON SUPPORT PLAN

IMMEDIATE: MARK BOX FOR UNABLE TO SIGN AND CALL DESIGNATED PERSON FOR THIS RESIDENT, REVIEW PLAN AND HAVE HER SIGN PLAN.

MONITORING: ADMINISTRATOR WILL REVIEW AND HAVE RESIDENT SIGN PLAN, IF RESIDENT REFUSES OR IS UNABLE TO SIGN, ADMINISTRATOR WILL CHECK APPROPRIATE BOX. ADMINISTRATOR WILL THAN CONTACT P.O.A. OR DESIGNATED PERSON FOR THIS RESIDENT AND REVIEW PLAN WITH THEM AND HAVE THEM SIGN IT. CO-ADMINISTRATOR WILL REVIEW PLAN TO CHECK THAT ALL SIGNATURES ARE IN PLACE AND PLAN IS COMPLETED.

LONGTERM: ADMINISTRATORS WILL UPDATE FILES EVERY (4) MONTHS TO MAKE SURE THAT ALL SUPPORT PLANS ARE COMPLETED AND ALL REQUIRED SIGNATURES ARE INCLUDED IN THE SUPPORT PLAN.

Completion Date: 03/22/2021

Document Submission

Implemented

see attachment 5/12/2021