

Department of Human Services
Bureau of Human Service Licensing

April 20, 2021

██████████ ADMINISTRATOR
JEAN MCVEY
235 NORTH GALLATIN AVENUE
UNIONTOWN, PA 15401

RE: MCVEY PERSONAL CARE HOME
235 NORTH GALLATIN AVENUE
UNIONTOWN, PA, 15401
LICENSE/COC#: 46024

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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: MCVEY PERSONAL CARE HOME License #: 46024 License Expiration Date: 04/16/2021
Address : 235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401
County: FAYETTE Region: WESTERN

Administrator

Name: [REDACTED] Phone: 7244373235 Email: [REDACTED]

Legal Entity

Name: JEAN MCVEY
Address: 235 NORTH GALLATIN AVENUE, UNIONTOWN, PA, 15401
Phone: 7244373235 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 03/24/1992 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 03/23/2021

Inspection Dates and Department Representative

03/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 8

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 7
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/23/2021 Full

Lead Inspector: Lauren Spagna Follow-Up Type: POC Submission Follow-Up Date: 04/08/2021

Inspections / Reviews (*continued*)

4/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/14/2021*

4/14/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/20/2021*

4/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/21/2021*

4/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Repeat Violation

The home manages the finances for resident #1. The resident's financial record indicates a balance of \$1,620; however, the resident's cash balance should be \$1,420. Also, only \$1,320 was present in resident #1's cash envelope.

REPEAT VIOLATION: 1/17/2020

Plan of Correction**Directed**

CASH ENVELOPE WAS CORRECTED ON 03/24/21 AND 100.00 WAS ADDED.

██████ WAS RESPONSIBLE FOR CORRECTION ON 03/24/21.

██████ WILL MAKE SURE THAT ALL FUNDS ARE CORRECTLY ADDED AND SUBTRACTED FROM CASH ENVELOPE. WHEN ██████ TAKES OR ADDS TO CASH ENVELOPE ██████ WILL WRITE EVERYTHING DOWN ON FINANCIAL RECORD.CO/ADM. WILL ALSO DOUBLE CHECK MATH,IF CO/ADM TAKES OR ADDS THEN ██████ WILL CHECK ██████ MATH .ONCE A MONTH BOTH ADM. AND CO/ADM.WILL CHECK CASH ENVELOPE AND FINANCIAL RECORD TO MAKE SURE THEY MATCH.

FOR TRAINING ADM. AND CO/ADM. HAD A MEETING TO DISCUSS BEST WAY ON 10TH OF EVERY MONTH FINANCIAL RECORD WILL BE INSPECTED BY ADM. AND CO/ADM. TO MAKE SURE CASH AND FINANCIAL MATCH UP.

DIRECTED: Within 5 days of receipt of the plan of correction: Resident #1's cash log shall be updated to include the resident's current balance. Resident #1 shall be present at the time of the update and initial and date the update on the cash log. LM 4/14/21

Completion Date: 04/12/2021

Document Submission**Implemented**

WITHIN 5 DAYS OF RECEIPT OF THE PLAN OF CORRECTIONS RESIDENT #1 CASH LOG WAS UPDATED TO NCLUDE THE CURRENT BALANCE,RESIDENT NUMBER ONE WAS PRESENT AT TIME OF UPDATE .RESIDENT #1 NTIALED AND DATED ██████ CASH LOG.

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract for resident #2, dated 1/1/21, does not include the actual monthly charge for room and board. This section of the resident-home contract is blank.

25c2 - Fee Schedule (continued)

Plan of Correction

Directed

CONTRACT WAS GONE THROUGH ON 3/24/21 AND CORRECTED.

DIRECTED: Within 5 days of receipt of the plan of correction: Resident #2 shall initial and date the updates made to their resident-home contract and be provided a copy of the updated resident-home contract upon request. LM 4/14/21

ALL CONTRACTS WILL BE GONE THROUGH AND CORRECT AMOUNT OF ROOM AN BOARD WILL BE FILLED IN. ADM. AN CO/ADM. WILL BE RESPONSIBLE. EVERY CONTRACT WILL BE GONE OVER BY 4/20/21 ALL RESIDENTS CONTRACTS WILL BE REVIEWED.

ALL CONTRACTS WILL BE GONE THROUGH YEARLY WHEN THERE ASSESSMENT OUR DUE TO MAKE SURE ALL IS FILLED OUT.NEW RESIDENTS CONTRACTS WILL BE DOUBLE CHECKED BY EITHER ADM. OR CO/ADM.

Completion Date: 04/01/2021

Document Submission

Implemented

WITHIN 5 DAYS OF RECEIPT OF PLAN OF CORRECTIONS RESIDENT #2 INTIALED AND DATED THE UPDATES MADE TO THE RESIDENTS HOME CONTRACT AND WILL BE PROVIDED A COPY OF THE DATED HOME CONTRACT UPON REQUEST.

25c12 - Bed Hold

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract for resident #2, dated 1/1/21, does not include the charges for holding a bed during a hospitalization or other extended absence. This section of the resident-home contract is blank.

Plan of Correction

Directed

CONTRACT WAS GONE OVER BY ADM. AND FIXED ON 04/01/21 CORRECTED AMOUNT FOR BED HOLD WAS ADDED CO/ADM.

DIRECTED: Within 5 days of receipt of the plan of correction: Resident #2 shall initial and date the updates made to their resident-home contract and be provided a copy of the updated resident-home contract upon request. LM 4/14/21

ALSO WENT OVER AND DOUBLE CHECKED.ALL CONTRACTS WILL BE GONE THROUGH AND CHECKED TO MAKE SURE EVERYTHING IS FILLED IN AND CORRECTED. ADM. WAS RESPONSIBLE FOR CORRECTING CONTRACT. ALL CONTRACTS WILL BE GONE THROUGH BY 04/20/21.

ALL CONTRACTS WILL BE GONE THROUGH YEARLY WHEN THERE ASSESSMENTS ARE DUE.

NEW CONTRACTS WILL BE CHECKED BY ADM. AN CO/ADM. TO MAKE SURE THEY ARE FILLED OUT CORRECTLY. ADM. AN CO/ADM. WILL DOUBLE CHECK EACH OTHER AFTER CONTRACT IS FILLED OUT.

Completion Date: 04/01/2021

25c12 - Bed Hold (continued)

Document Submission

Implemented

CONTRACT WAS GONE OVER BY ADM. AND FIXED ON 4/01/21 CORRECT AMOUNT FOR BED HOLD WAS ADDED. RESIDENT #2 INTIALED AND DATED THE UPDATES MADE TO THE CONTRACT. A COPY WILL BE PROVIDED WITH THE UPDATES UPON REQUEST TO THE RESIDENT.

85e Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 10:15 am, 10 full, large black garbage bags were against fence at end of driveway.

Plan of Correction

Accept

TRASH WAS PICKED UP LATER ON DAY OF INSPECTION. TRASH BAGS WILL NOT BE SET OUT BY CURB. [REDACTED] WILL BE RESPONSIBLE FOR THIS. TRASH BAGS WILL NO LONGER BE SET OUT BY CURB GARBAGE CANS WILL BE PULLED TO CURB AND BAGS LEFT IN CANS. AT STAFF MEETING IT WAS DISCUSSED AND EXPLAINED THAT TRASH BAGS NO LONGER LEAVES CANS. CANS ARE TO BE PUT OUT BY CURB. [REDACTED] WILL BE PERSON DESIGNATED TO PUT TRASH CANS ON CURB SO THIS DOES NOT HAPPEN AGAIN.ADM. WILL CHECK DAILY TO MAKE SURE ALL TRASH ARE IN CANS. IN FEB. EVERY YEAR ALONG WITH INFECTION CONTROL TRASH AN TRASH CANS WILL BE GONE OVER AT MEETINGS.

Completion Date: 04/12/2021

Document Submission

Implemented

accepted

93b - Railings

1. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Repeat Violation

No railing is present on the lower porch, which is approximately 2 feet above grade level.

REPEAT VIOLATION: 1/17/2020

93b - Railings (continued)

Plan of Correction

Directed

RAILING WAS ADDED ON 04/01/21. NO RAILINGS WILL BE TAKING DOWN UNLESS THEY ARE BEING REPLACED THE SAME DAY. ADMININISTRATOR/JEAN WILL BE WILL BE RESPONSIBLE. WHEN HAVING DECK CHANGED OR REPLACED ADMININISTOR WILL MAKE SURE PERSON DOING WORK KNOWS IT HAS TO BE REPLACED MMEDIATLY. ADMINISTRATOR AND CO/ADMINISTRATOR WILL DISCUSS REPLACING RAILINGS WITH PERSON BUILDING THEM,AND IF THEY CANNOT COMPLY A DIFFERENT CONTRACTOR WILL BE USED. ADM. AND CO/ADM WILL MAKE SURE WHEN DECK IS BEING WORKED ON THROUGH OUT THE DAY TO REMIND CONTRACTOR THAT RAILS MUST BE REPLACED IMMEDIATLY.

DIRECTED: Within 48 hours of receipt of the plan of correction, then quarterly thereafter: A designated staff person shall inspect the home to ensure a well-secured railing is present on all porches. LM 4/14/21

Completion Date: 04/12/2021

Document Submission

Implemented

RAILINGS WAS ADDED ON 04/01/21 IN THE FUTURE NO RAILINGS WILL BE TAKING DOWN UNLESS THEY ARE BEING REPLACED THE SAME DAY. ADM/ WILL BE RESPONSIBLE. WHEN HAVING DECK CHANGED OR REPLACED ADM/ WILL MAKE SURE TO REMIND CONTRACTOR ALL RAILS MUST BE REPLACED IMMEDIATLY.THE HAND RAIL WE WERE CITED FOR WAS FIXED WITHIN 48 HOURS AND ALL HANDRAILS WILL BE CHECKED QUARTERLY THERE AFTER BY ADMINISTRATOR JEAN.ADM./CO-ADM HAVE DISCUSSED WHEN HIRING CONTRACTOR THEY KNOW ANYTHING BEING MUST BE DONE THAT DAY.

103d - Storing Food Off Floor

1. Requirements

- 2600. 103.d. Food shall be stored off the floor.

Description of Violation

At approximately 10:00 am, a plastic bucket and a plastic crate, each filled with potatoes, were stored on the floor in the 1st floor staff office/storage area.

Plan of Correction

Accept

NO FOOD WILL BE STORED ON THE FLOOR. WHEN GROCERIES ARE BROUGHT INTO THE HOME ALL POTATOES,AND ONIONS,ETC. WILL BE STORED ON SHELF. [REDACTED] WILL MAKE SURE EVERYTHING IS STORED CORRECTLY. THE CORRECTION WAS DONE DAY OF INSPECTION. ON OUR NEXT STAFF TRAINING WE ADDED GROCERY POLICY AND PROCEDURES.GROCERY POLICY WILL BE IMPLEMENTED IMMEDIATELY ALL STAFF WILL SIGN OFF ON TRAINING. ADDED GROCERY POLICY TO ANNUAL TRAINING. [REDACTED] WILL CHECK GROCERIES AFTER THEY ARE DELIVERED AND PUT AWAY TO MAKE SURE EVERYTHING IS STORED OFF THE FLOOR AND IN THE RIGHT PLACE.THIS WILL BE DONE AFTER EVERY DELIVERY AND IF [REDACTED] IS NOT THERE [REDACTED] WILL MAKE SURE THEY ARE STORED CORRECTLY. MADE A NEW POLICY AND IT WILL BE PUT IN OUR ANNUAL STAFF TRAINING EVERY EAR.

Completion Date: 04/12/2021

Document Submission

Implemented

accepted

103f - Refrigerator/Freezer Temps

1. Requirements

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.

Description of Violation

At approximately, 10:00 am, no thermometers were present in the stand-up refrigerator, stand-up freezer and chest freezer, located in the 1st floor staff office/storage area.

Plan of Correction

Accept

ALL THERMOTERS WILL BE PLACED WHERE THEY CAN BE VISIBLE AS SOON AS YOU OPEN FRIDGE OR FREEZERS. [REDACTED] WILL BE RESPONSIBLE FOR CHECKING. THERMOTERS WERE PLACED IN BOTH FRIDGE AND FREEZER DAY OF INSPECTION. THERMOTERS WERE DUCT TAPE IN PLACE DAY AFTER INSPECTION. THERMOTERS WERE ADDED TO THE GROCERY POLICY. WE ADDED A GROCERY POLICY TO THE STAFF TRAINING. [REDACTED] WILL CHECK FOR THERMOTERS DAILY TO MAKE SURE THEY ARE KEPT IN PERMANENT VISIBLE PLACE.

Completion Date: 04/12/2021

Document Submission

Implemented

accepted

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

There is no documentation the furnace has been inspected by a professional furnace cleaning company within the past year.

Plan of Correction

Accept

FURNACE WAS CLEANED THE DAY OF INSPECTION. A DATE OF WHEN ANNUAL FURNACE INSPECTION IS DUE IS POSTED ON THE WALL IN THE OFFICE IN PLAIN SITE SO IT CAN BE SEEN EASILY. [REDACTED] WILL BE RESPONSIBLE. A DATE OF WHEN FURNACE INSPECTION IS DUE BY WAS PLACED ON WALL IN OFFICE IN PLAIN SITE FOR ADMINISTRATOR & CO-ADMINISTRATOR TO SEE. IN FEBURARY A CALL WILL BE MADE TO FURNACE COMPANY TO SET UP A DATE FOR FURNACE TO BE CLEANED [REDACTED] WILL THEN SIGN OFF ON DOUCMENT ON THE WALL THAT IT WAS COMPLETED.CO-ADMINISTRATOR WILL CHECK TO SEE IF ADMINISTRATOR CALLED IF NOT [REDACTED] WILL CALL FURNACE COMPANY AND SIGN HER NAME TO DOUCMENT. ADMINISTRATOT ANG CO-ADMINISTRATOR HAD MEETING AND DISCUSSED HOW TO SURE IT NEVER HAPPENS AGAIN.

Completion Date: 04/12/2021

Document Submission

Implemented

accepted

225c - Additional Assessment

1. Requirements

2600.

225c - Additional Assessment (continued)

- 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Repeat Violation

Resident #3's most recent assessment was completed on 8/21/20; however, the resident's previous assessment was completed on 5/13/19.

REPEAT VIOLATION: 1/17/2020

Plan of Correction

Accept

A LIST OF ALL RESIDENTS AND WHEN THERE ANNUAL ASSESSMENTS ARE DUE WAS MADE THIS LIST CAN BE LOOKED AT DAILY. ██████ WILL BE RESPONSIBLE. DAY AFTER INSPECTION LIST WAS MADE. LIST OF NAMES AND WHEN THEIR ASSESSMENTS ARE DUE WAS MADE, ██████ WILL CHECK THIS LIST ON THE FIRST OF EACH MONTH TO SEE WHO IS DUE FOR THEIR ASSESSMENT TO MAKE SURE THIS IS COMPLETED CO-ADMININISTOR WILL ALSO CHECK TO SEE WHO IS DUE AND GET THE CORRECT PAPER WORK IN ORDER. ADMINISITOR AND CO/ADMININISTOR WILL CHECK LIST FIRST OF EACH MONTH TO SEE WHO IS DUE. ADMININISTOR AND CO/ADMININISTOR HAD QUALITY MANAGMENT MEETING AND DISCUSSED THE NEW WAY TO KEEP TRACK OF WHEN ASSESSMENTS ARE DUE.

Completion Date: 04/12/2021

Document Submission

Implemented

accepted