

Department of Human Services
Bureau of Human Service Licensing

July 22, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2022, 05/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *04/16/2023*
Address: *235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *03/04/1992* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/20/2022*

Inspection Dates and Department Representative

05/20/2022 - On-Site: [REDACTED]
05/27/2022 - 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: *1*

Number of Residents Who:

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

Inspections / Reviews

05/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2022*

Inspections / Reviews (*continued*)

06/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/17/2022*

06/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/21/2022*

07/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

According to multiple residents and staff persons, resident #1 repeatedly exposes and shakes ██████████ in front of other residents and staff persons within the home, urinates off the back deck of the home, makes inappropriate sexual comments to females walking down the street, as well as inappropriate comments about other resident's female family members; however, none of these incidents were reported to the Department.

Plan of Correction

Directed

Administrator will make sure any incident report is reported with in 24 hours or the personal care home complaint hotline with in 24 hours. C/O administrator will double check to make sure administrator reports any reportable incident with in 24 hours and fills out report if administrator does report c/o administrator will report if. Administrator and c/o administrator had a meeting to make sure they communicate to make sure all incidents are reported with in 24 hours. Administrator and staff had a meeting on reportable incidents 06/13/2022 . The incident was reported on 06/17/22

DIRECTED: Within 3 calendar days of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily to ensure all reportable incidents and conditions specified in 2600.16a are reported to the Department within 24 hours. Documentation of all submitted incident reports to the Department shall be kept. LM 6/22/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that all reportable incidents and conditions indicated in 2600.16a shall be reported to the Department within 24 hours. Documentation of the education shall be kept. ██████████ 6/22/22

Completion Date: 06/17/2022

Document Submission

Implemented

Administrator will make sure any incident report is reported with in 24 hours or the personal care home complaint hotline with in 24 hours. C/O administrator will double check to make sure administrator reports any reportable incident with in 24 hours and fills out report if administrator does report c/o administrator will report if. Administrator and c/o administrator had a meeting to make sure they communicate to make sure all incidents are reported with in 24 hours. Administrator and staff had a meeting on reportable incidents 06/13/2022 . The incident was reported on 06/17/22

DIRECTED: Within 3 calendar days of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily to ensure all reportable incidents and conditions specified in 2600.16a are reported to the Department within 24 hours. Documentation of all submitted incident reports to the Department

16c - Written Incident Report (continued)

shall be kept. LM 6/22/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that all reportable incidents and conditions indicated in 2600.16a shall be reported to the Department within 24 hours. Documentation of the education shall be kept. LM 6/22/22

42c - Treatment of Residents**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

According to multiple residents and staff persons, resident #1 repeatedly exposes and shakes ██████ in front of other residents and staff persons within the home, urinates off the back deck of the home, makes inappropriate sexual comments to females walking down the street, as well as inappropriate comments about other resident's female family members.

Plan of Correction**Directed**

Administrator had a private talk with resident #1 about urinating off the back deck, shaking ██████ and making sexual comments to residents, staff members, and females on the street. Administrator got in contact with county, then called CRISIS they came out did an elevation and removed him from the home there was no time to give him a written 30-day notice for ██████ behavior. The county thought it best for him not to return to the home. There was no statement obtained by the doctor that resident #1 cholesterol or blood pressure would jeopardize his health. Administrator had a meeting on dignity and respect on 06/13/2022. Staff was trained in dignity and respect and if inappropriate behavior happens report it immediately all residents will be interviewed in the home and reported to administrator.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: All staff persons shall be educated that anytime a resident is discharged, a 30-day advance written notice shall be provided to the resident and the resident's designated person in accordance with 2600.228b, citing the reasons for discharge in accordance with 2600.228h. A 30-day advanced written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified in writing by a physician or the Department. Copies of all written 30-day notices and written certification from a physician or the Department shall be kept in each resident's record. Documentation of the education shall be kept.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall interview at least 3 residents, in private, at least monthly to ensure all residents are treated with dignity and respect. Documentation of the interviews shall be kept. ██████ 6/22/22.

Completion Date: 06/14/2022

42c - Treatment of Residents (continued)

Document Submission**Implemented**

Administrator had a private talk with resident #1 about urinating off the back deck, shaking his penis and making sexual comments to residents, staff members, and females on the street. Administrator got in contact with county, then called CRISIS they came out did an elevation and removed him from the home there was no time to give him a written 30-day notice for his behavior. The county thought it best for him not to return to the home. There was no statement obtained by the doctor that resident #1 cholesterol or blood pressure would jeopardize his health. Administrator had a meeting on dignity and respect on 06/13/2022. Staff was trained in dignity and respect and if inappropriate behavior happens report it immediately all residents will be interviewed in the home and reported to administrator.

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DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall interview at least 3 residents, in private, at least monthly to ensure all residents are treated with dignity and respect. Documentation of the interviews shall be kept. LM 6/22/22.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:16 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying present in the 1st floor common bathroom.

85a - Sanitary Conditions (continued)

Plan of Correction**Directed**

Staff member replaced paper towels immediately day of inspection. In the future staff will check all bathrooms daily to make sure there is toilet paper and paper towels. (DIRECTED: The daily bathroom checks shall begin within 48 hours of receipt of the plan of correction. ■ 6/22/22). On 06/13/2022 administrator had staff meeting on sanitary conditions toilet paper & paper towels they are to be checked to make sure there is sanitary products every shift if it is low that staff member is to replace it immediately. Staff member will check paper products when they arrive at work and halfway through shift this is to be done on a daily basis. There will be a daily check sheet that has to be signed

Completion Date: 06/14/2022

Document Submission**Implemented**

Staff member replaced paper towels immediately day of inspection. In the future staff will check all bathrooms daily to make sure there is toilet paper and paper towels. (DIRECTED: The daily bathroom checks shall begin within 48 hours of receipt of the plan of correction. ■ 6/22/22). On 06/13/2022 administrator had staff meeting on sanitary conditions toilet paper & paper towels they are to be checked to make sure there is sanitary products every shift if it is low that staff member is to replace it immediately. Staff member will check paper products when they arrive at work and halfway through shift this is to be done on a daily basis. There will be a daily check sheet that has to be signed

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:58 a.m., water was actively dripping from from an approximate 2' area of the ceiling in the corner of resident #2 and #3's bedroom.

Plan of Correction**Directed**

Administrator addressed the dripping the day of inspection and the ceiling is scheduled to be completed by 06/14/2022 will send photos. 06/13/2022 Upon inspection of the roof there was a strip of shingles that came loose that cause the dripping. The rest of the roof was inspected and was in good repair. 06/14/2022 the strip of shingles was repaired. Administrator will do a weekly check on all floors, walls, ceilings, windows, doors, and other surfaces to make sure they are clean and in good repair and free of hazards. (DIRECTED: The weekly administrator checks shall begin within 48 hours of receipt of the plan of correction. ■ 6/22/22).

Completion Date: 06/17/2022

Document Submission**Implemented**

Administrator addressed the dripping the day of inspection and the ceiling is scheduled to be completed by 06/14/2022 will send photos. 06/13/2022 Upon inspection of the roof there was a strip of shingles that came loose that cause the dripping. The rest of the roof was inspected and was in good repair. 06/14/2022 the strip of shingles was repaired. Administrator will do a weekly check on all floors, walls, ceilings, windows, doors, and other surfaces to make sure they are clean and in good repair and free of hazards. (DIRECTED: The weekly administrator checks shall begin within 48 hours of receipt of the plan of correction. ■ 6/22/22).

94b - Non-Skid Surface

1. Requirements

94b - Non-Skid Surface (continued)

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation*There were multiple areas of the wooden front and rear porches where the nonskid surface has been worn away.***Plan of Correction****Directed***Both wooden front and rear porches were not completed yet. The administrator has them scheduled to be finished by no later than 06/17/2022 will send photos when they are completed. All other interior stairs, exterior steps and ramp was inspected to ensure a non-skid surface is present. Administrator will keep a monthly check on all interior, exterior and ramp to ensure a nonskid surface is present. (DIRECTED: The administrator monthly checks shall begin within 48 hours of receipt of the plan of correction. LM 6/22/22).***Completion Date:** 06/15/2022**Document Submission****Implemented***Both wooden front and rear porches were not completed yet. The administrator has them scheduled to be finished by no later than 06/17/2022 will send photos when they are completed. All other interior stairs, exterior steps and ramp was inspected to ensure a non-skid surface is present. Administrator will keep a monthly check on all interior, exterior and ramp to ensure a nonskid surface is present. (DIRECTED: The administrator monthly checks shall begin within 48 hours of receipt of the plan of correction. LM 6/22/22).***101j2 - Bedroom Chairs****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation*Only 1 chair was present in the shared bedroom of residents #2 and #3.***Plan of Correction****Directed***staff added second chair immediately day of inspection in the shared bedroom of resident #2 and #3. Staff inspected all other resident's bedrooms to ensure a chair for each resident was present. On 06/13/2022 administrator had a staff meeting for staff to do a weekly check to make sure there is a chair present for each resident in a room. (DIRECTED: The weekly checks shall begin within 48 hours of receipt of the plan of correction. LM 6/22/22). Administrator also asked resident not to remove chairs for any reason if there is a problem with any chair notify a staff member.***Completion Date:** 06/15/2022**Document Submission****Implemented***staff added second chair immediately day of inspection in the shared bedroom of resident #2 and #3. Staff inspected all other resident's bedrooms to ensure a chair for each resident was present. On 06/13/2022 administrator had a staff meeting for staff to do a weekly check to make sure there is a chair present for each resident in a room. (DIRECTED: The weekly checks shall begin within 48 hours of receipt of the plan of correction. 6/22/22). Administrator also asked resident not to remove chairs for any reason if there is a problem with any chair notify a staff member.*

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 9:41 a.m., the temperature in the kitchen refrigerator was 58 degrees Fahrenheit. At 3:35 p.m., it was 60 degrees Fahrenheit.

At 9:46 a.m., no thermometer was present in the small freezer chest, located in the kitchen. A thermometer was added to the freezer; however, at 3:35 p.m., the freezer was 3 degrees Fahrenheit.

REPEAT VIOLATION: 03/23/2021

Plan of Correction

Directed

Administrator had a meeting about thermometers in the fridge and freezers on 06/13/2022. when staff cleans the fridges or freezers, thermometers must be placed back in visible sight. Administrator had staff remove everything from the kitchen fridge to the second fridge in the back room then ordered a new fridge and it is to be delivered on 06/07/2022. Staff will place a thermometer in the new fridge in visible sight. The thermometer was added same day. When chest freezer was cleaned thermometer was put in other freezer there were 2 thermometers in one freezer. One was removed from one freezer that had 2 thermometers back to the chest freezer. Administrator had staff meeting and for no reason is the thermometer to be removed if you are cleaning clean around it. Only reason to remove thermometer is to replace it with a new on staff will monitor it daily to make sure fridge and freezer is in compliance. Refrigerator items were taken out and placed in second fridge. New fridge was bought it was delivered on 06/07/22 thermometer was put in immediately. Administrator had meeting and all staff signed paper stating they were educated on how thermometers are not to leave the fridge or freezer.

The thermometer was added the same day of inspection .when chest freezer was cleaned terameter was placed in the fridge freezer with the rest of the frozen food there were two terameters in the fridge freezer one was not put back in chest freezer with the rest of the frozen food. Administrator had a meeting on 06/13/2022 when fridges or freezers are to be cleaned thermometer are not to be removed for any reason if you are cleaning clean around it. only reason a thermometer is to be removed is to be replaced. Administrator will have a daily temperature log on fridges and freezers to make sure temperatures are in compliance and are signed and documented. (DIRECTED: Daily documentation of all refrigerator/freezer temperatures shall begin within 48 hours of receipt of the plan of correction. Copies of the daily refrigerator/freezer temperatures shall be kept. ■ 6/22/22).

103f - Refrigerator/Freezer Temps (continued)

Completion Date: 06/14/2022

Document Submission

Implemented

Administrator had a meeting about thermometers in the fridge and freezers on 06/13/2022. when staff cleans the fridges or freezers, thermometers must be placed back in visible sight. Administrator had staff remove everything from the kitchen fridge to the second fridge in the back room then ordered a new fridge and it is to be delivered on 06/07/2022. Staff will place a thermometer in the new fridge in visible sight. The thermometer was added same day. When chest freezer was cleaned thermometer was put in other freezer there were 2 thermometers in one freezer. One was removed from one freezer that had 2 thermometers back to the chest freezer. Administrator had staff meeting and for no reason is the thermometer to be removed if you are cleaning clean around it. Only reason to remove thermometer is to replace it with a new on staff will monitor it daily to make sure fridge and freezer is in compliance. Refrigerator items were taken out and placed in second fridge. New fridge was bought it was delivered on 06/07/22 thermometer was put in immediately. Administrator had meeting and all staff signed paper stating they were educated on how thermometers are not to leave the fridge or freezer.

The thermometer was added the same day of inspection .when chest freezer was cleaned terameter was placed in the fridge freezer with the rest of the frozen food there were two terameters in the fridge freezer one was not put back in chest freezer with the rest of the frozen food. Administrator had a meeting on 06/13/2022 when fridges or freezers are to be cleaned thermometer are not to be removed for any reason if you are cleaning clean around it. only reason a thermometer is to be removed is to be replaced. Administrator will have a daily temperature log on fridges and freezers to make sure temperatures are in compliance and are signed and documented. (DIRECTED: Daily documentation of all refrigerator/freezer temperatures shall begin within 48 hours of receipt of the plan of correction. Copies of the daily refrigerator/freezer temperatures shall be kept. ■ 6/22/22).

131a - Fire Extinguisher

1. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

At 10:09 a.m., there was no fire extinguisher in the attic.

131a - Fire Extinguisher (continued)

Plan of Correction

Directed

Administrator found missing extinguisher. called safety first on 05/23/2022 to get it serviced they came out that day with a loaner to replace ours until it is serviced. Administrator held emergency meeting on 06/13/2022 about how extinguishers must be visible at all times nothing sitting in front of them. [redacted] checked the rest of the extinguishers to make sure they were all operable and were in compliance. [redacted] will do a weekly check to make sure all extinguishers are in their correct place a sign a weekly log. (DIRECTED: The weekly checks shall begin within 48 hours of receipt of the plan of correction. [redacted] 6/22/22).

Completion Date: 06/15/2022

Document Submission

Implemented

Administrator found missing extinguisher. called safety first on 05/23/2022 to get it serviced they came out that day with a loaner to replace ours until it is serviced. Administrator held emergency meeting on 06/13/2022 about how extinguishers must be visible at all times nothing sitting in front of them. [redacted] checked the rest of the extinguishers to make sure they were all operable and were in compliance. [redacted] will do a weekly check to make sure all extinguishers are in their correct place a sign a weekly log. (DIRECTED: The weekly checks shall begin within 48 hours of receipt of the plan of correction. LM 6/22/22).

224a - Preadmission Screen Form

1. Requirements

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.

Description of Violation

Resident #2's preadmission screening is undated, so it is unable to be determined if resident #2's preadmission screening was completed within 30 days prior to admission. Resident #2 was admitted to the home on [redacted]

Plan of Correction

Directed

Resident #2 preadmission screening was corrected the day of inspection by the administrator. Administrator reviewed all other resident to ensure that each resident preadmission screening was completed entirety. In the future when administrator completes a preadmission screening the co/administrator will double check to make sure it is completed entirety.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a preadmission screening is completed within 30 days prior to admission for all newly-admitted residents. Copies of the completed new admission checklist shall be kept in each resident's record. [redacted] 6/22/22.

Completion Date: 06/15/2022

Document Submission

Implemented

Resident #2 preadmission screening was corrected the day of inspection by the administrator. Administrator reviewed all other resident to ensure that each resident preadmission screening was completed entirety. In the future when administrator completes a preadmission screening the co/administrator will double check to make sure it is completed entirety.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a preadmission screening is completed within 30 days prior to admission for all newly-admitted residents. Copies of the completed new admission checklist shall be kept in each

224a - Preadmission Screen Form (continued)

resident's record. LM 6/22/22.

225a - Assessment 15 Days**1. Requirements**

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.

Description of Violation

According to multiple residents and staff persons, resident #1 repeatedly exposes and shakes ██████ in front of other residents and staff persons within the home, urinates off the back deck of the home, makes inappropriate sexual comments to females walking down the street, as well as inappropriate comments about other resident's female family members. However, resident #1's assessment, dated 8/6/21, indicates resident #1's requires minimal supervision in the home and community and has no behavioral needs.

Plan of Correction**Directed**

Administrator completed the assessment on resident # 1. On resident #1 psychological diagnoses administrator encouraged him not to talk about his private parts. Resident # 1 had a psychological evaluation and refused treatment. Resident # 1 is no longer in this facility. In the future if there is a change in any resident assessment or support plan administrator will make sure it is updated. (DIRECTED: Any changes to resident care and services shall be updated on the resident assessments within 5 calendar days. ██████ 6/22/22). Administrator reviewed all other residents to ensure accuracy and completeness.

Completion Date: 06/15/2022

Document Submission**Implemented**

Administrator completed the assessment on resident # 1. On resident #1 psychological diagnoses administrator encouraged him not to talk about his private parts. Resident # 1 had a psychological evaluation and refused treatment. Resident # 1 is no longer in this facility. In the future if there is a change in any resident assessment or support plan administrator will make sure it is updated. (DIRECTED: Any changes to resident care and services shall be updated on the resident assessments within 5 calendar days. LM 6/22/22). Administrator reviewed all other residents to ensure accuracy and completeness.