

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

July 7, 2023

[REDACTED], OWNER
[REDACTED]
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 04/27/2023, 05/23/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PERONI PERSONAL CARE HOME License #: 42627 License Expiration: 06/03/2024
 Address: 111 EASY STREET, UNIONTOWN, PA 15401
 County: FAYETTE Region: WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: I-1 Date: 04/20/2010 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 05/26/2023

Inspection Dates and Department Representative

04/27/2023 - On-Site: [REDACTED]
 05/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 33 Residents Served: 30
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 11
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

04/27/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/15/2023

Inspections / Reviews (*continued*)

06/20/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/27/2023

06/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/05/2023

07/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's initial assessment and support plan, dated [REDACTED], indicates the resident requires assistance with transferring in/out of a bed or chair and that direct care staff will provide this assistance as needed. However, on multiple dates and times, including on [REDACTED] and [REDACTED] from approximately [REDACTED] to [REDACTED], and on [REDACTED] from approximately [REDACTED] until [REDACTED], the resident, who requires assistance of 3 staff to lift [REDACTED] from the floor, fell while attempting to transfer out of [REDACTED] bed and was left lying on the fall mat beside [REDACTED] bed until additional staff arrived at the home because only 2 staff were on duty and were unable to lift [REDACTED].

Plan of Correction

Accept ([REDACTED] - 06/28/2023)

P-O-C FOR ADL ASSISTANCE

IMMEDIATE-OWNER/ RN SPOKE WITH STAFF AT MEETING ON JUNE 12TH 2023 AND RESIDENT WAS RE ASSESSED AND IT WAS DETERMINED THAT HE IS A 2 PERSON ASSIST AND IS NOTED IN THE SUPPORT PLAN. ALSO ADVISED TO CALL 911 IF MORE ASSISTANCE IS EVER NEEDED

MONITORING- OWNER /RN ALONG WITH ADMINASTRATORS WILL CONTINUE TO SPEAK WITH STAFF AND HOSPICE AIDES IN REGARDS TO MONTHLY ASSESSMENTS OF ANY RESIDENT THAT MY REQUIRE INCREASING ASSISTANCES AND MORE THEN 2 EMPLOYEES TO ASSIST IN LIFTING AT ONE TIME.

LONGTERM- OWNER/ RN AND ADMINASTRATORS WILL CONTINUE TO SPEAK WITH STAFF IN REGARDS TO ANY RESIDENT THAT MY REQUIRE MORE THEN 2 EMPLOYEES TO ASSIST AT ONE TIME. IF OR WHEN A RESIDENT DOES BECOME MORE CARE THEN OUR FACILITY IS ABLE TO HANDLE, I WILL CONTACT PCP FOR POSSIBLE CHANGE IN LEVEL OF CARE OR HAVE FAMILY FIND ANOTHER FACILITY FOR PLACEMENT.

POSTSCRIPT:

RESIDENT 1 IS A [REDACTED] Y/O MALE WITH AN INDWELLING CATH AND HAS FREQUENT UTI'S AND IS ON CONTINUOUS ANTIBOTICS. [REDACTED] ALSO ON HOSPICE CARE FOR [REDACTED] FAILING HEALTH. [REDACTED] HAS MOMENTS OF CLARITY AND MOMENTS OF CONFUSION. [REDACTED] HAS BEEN REMINDED ON A DAILY BASIS BY MY STAFF, [REDACTED] SON WHO VISITS DAILY AND [REDACTED] 2ND SON WHO IS POA WHO CALLS NIGHTLY TO REMIND [REDACTED] TO STAY IN BED.

WE HAVE HAD CARE CONFERENCES WITH ALL HOSPICE PERSONAL IN REGARDS TO [REDACTED] FALLING AND WE HAVE TAKEN EVERY PRECAUTION INCLUDING: CONCAVE MATTRESS, LOW BED AND FALL MATS. MY FEAR WITH SIDE RAILS IS THAT [REDACTED] WOULD ATTEMPT TO CRAWL OVER THEM AND INJURE [REDACTED] MORE.

RESIDENT 1 DOES NOT MEET SKILLED NURSING CRITERIA PER HOUSE DOCTOR AND HOSPICE DOCTOR.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented ([REDACTED] - 07/07/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On multiple dates and times, including on [redacted] and [redacted] from approximately [redacted] to [redacted], and on [redacted] from approximately [redacted] until [redacted], resident #1, who requires assistance of 3 staff to lift [redacted] from the floor, fell while attempting to transfer out of [redacted] bed and was left lying on the fall mat beside [redacted] bed until additional staff arrived at the home because only 2 staff were on duty and were unable to lift [redacted]. The resident indicates that when staff bring him a pillow and a blanket and leave [redacted] on the floor to wait for additional staff to arrive, [redacted] feels "deserted".

On [redacted], staff person A used Facebook Messenger to communicate personal information about resident #2 to [redacted] granddaughter. The messages included:

- "Pussyyyyyyyyyyyyyy go play with resident #2!!!! Don't worry. I'll make sure I tell state how [redacted] sexually talked to me how I felt uncomfortable around [redacted] and all."
- "Your [sic] probably sucking [redacted] dick for them pills bitch!!! Ur grandfather is a fein [sic] for pain pills!!!"
- "Your [sic] fucking sick just like resident #2!!! We had multiple people say [redacted] was sexually talking to [redacted]"

The resident's family was previously unaware of his use of pain medications, and they subsequently filed a HIPAA violation complaint with the Department of Health and Human Services, Office for Civil Rights.

Plan of Correction

Accept [redacted] - 06/28/2023)

P-O-C TREATMENT OF RESIDENTS

IMMEDIATE- OWNER/ RN HAD A STAFF MEETING ON JUNE12, 2023 REGARDING REVIEW OF ALL RESIDENT RIGHTS, SUPPORT PLANS, OUR SOCIAL MEDIA POLICIES AND HIPPA POLICIES. SPOKE TO THOSE INDIVIDUALLY INVOLVED IN SAID INCIDENT PERSONALLY FOR VERBAL UNDERSTANDING AND CONSEQUENCES OF THEIR ACTIONS. AT SAID STAFF MEETING ON JUNE 12TH, STAFF WAS INFORMED THAT RESIDENT 1 WAS REASSESSED AND IS A 2 PERSON ASSIST AND NOTED ON SUPPORT PLAN. ALSO ADVISED TO CALL 911 IF MORE HELP IS EVER NEEDED WITH REIDENT.

MONITORING- OWNER/ RN AND ADMINASTRATORS WILL CONTINUE REVIEWING RESIDENT RIGHTS, SUPPORT PLANS, SOCIAL MEDIA POLICIES AND HIPPA POLICIES WITH AL STAFF IN ATTENDENCE AT QUARTERLY MEETINGS AND WILL REVIEW WITH ALL NEW EMPLOYEES. OWNER/RN AND ADMINASTRATORS WILL ALSO MONITOR AND ASSESS RESIDENTS ALONG WITH STAFF AND HOSPICE AIDES ON MONTHLY BASIS FOR CHANGES IN LEVEL OF CARE AND UPDATE SUPPORT PLANS AS NEEDED

LONGTERM- OWNER/ RN AND ADMINASTRATORS WILL CONTINUE REVIEWING RESIDENT RIGHTS, SUPPORT PLANS, SOCIAL MEDIA POLICIES AND HIPPA POLICIES WITH STAFF AT QUARTERLY MEETINGS AND ALL NEW EMPLOYEES. MONTHLY EVALUATIONS OF RESIDENTS FOR CHANGES IN LEVEL OF CARE.

POSTSCRIPT: STAFF PERSON "A" DID RECIEVE VERBAL AND WRITTEN WARNING ALONG WITH 3 DAY SUSPENSION

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [redacted] - 07/07/2023)

44b Retaliation

3. Requirements

2600.

44.b. The home shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation.

Description of Violation

On [REDACTED], a representative of the Department arrived at the home to investigate a complaint involving resident #2.

On [REDACTED], staff person A used Facebook Messenger in an attempt to intimidate and retaliate against resident #2's granddaughter, whom she assumed was the source of the complaint. The messages included:

- "U fucked with the wrong one!!!"
- "Bitch I want ur address cuz I'm gonna bloody ur fucking face. I am the wrong one cunt!!! I will have you drinking from a straw."
- "U wanna meet me at ur work or home honey???"

The resident's granddaughter felt threatened and filed a report with the police department.

Plan of Correction

Accept [REDACTED] - 06/20/2023)

P-O-C RETALIATION

IMMEDIATE- THIS WAS ON EMPLOYEES PERSONAL TIME AND NOT PCH TIME BUT [REDACTED] WAS GIVEN A VERBAL AND WRITTEN WARNING ALONG WITH A 3 DAY SUSPENSION WITHOUT PAY DUE TO INVOLEMENT OF THE PCH. [REDACTED] WAS IN ATTENDENCE AT THE MEETING ON JUNE 12TH WHERE WE REVIEWED AND TALKED ABOUT ALL RESIDENT RIGHTS, SUPPORT PLANS, OUR SOCIAL MEDIA POLICIES AND HIPPA POLICIES. SPOKE TO THOSE INDIVIDUALLY INVOLVED IN SAID INCIDENT PERSONALLY FOR VERBAL UNDERSTANDING AND CONSEQUENCES OF THEIR ACTIONS.

MONITORING- WILL CONTINUE REVIEWING RESIDENT RIGHTS, SUPPORT PLANS, SOCIAL MEDIA POLICIES AND HIPPA POLICIES WITH STAFF AT QUARTERLY MEETINGS AND ALL NEW EMPLOYEES.

LONGTERM- WILL CONTINUE REVIEWING RESIDENT RIGHTS, SUPPORT PLANS, SOCIAL MEDIA POLICIES AND HIPPA POLICIES WITH STAFF AT QUARTERLY MEETINGS AND ALL NEW EMPLOYEES.

POSTSCRIPT: I AM NOT DEFENDING MY EMPLOYEES ACTIONS AT ALL, SHE WAS VERY WRONG.! I DO WANT TO POINT OUT THOUGH THAT THIS GRANDDAUGHTER AND SON WHO FILED COMPLAINTS WITH APS WERE ALL PROVEN TO BE UNSUBSTANTIATED. THEY LIED TO THE POLICE DEPARTMENT WHO I KNOW PERSONALLY. A POLICE REPORT/ COMPLAINT WAS NEVER DONE AT UNIONTOWN PD OR CORAOPOLIS PD PER THE UNIONTOWN POLICE DEPARTMENT.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 07/07/2023)

60a Staff/Support Plan

4. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On multiple dates and times, including on [REDACTED] and [REDACTED], from approximately [REDACTED], and on

60a - Staff/Support Plan (continued)

██████████ from approximately ██████████ until ██████████, resident #1, who requires assistance of 3 staff to lift ██████████ from the floor, fell while attempting to transfer out of ██████████ bed and was left lying on the fall mat beside ██████████ bed until additional staff arrived at the home because only 2 staff were on duty and were unable to lift ██████████

Plan of Correction

Directed ██████████ - 06/28/2023)

P-O-C STAFF/SUPPORT PLAN

IMMEDIATE- OWNER/RN WITH ADMINASTRATOR HAD A STAFF MEETING ON JUNE12, 2023 REGARDING REVIEW OF ALL RESIDENT RIGHTS, OUR SOCIAL MEDIA POLICIES, SUPPORT PLANS AND HIPPA POLICIES. ALSO SPOKE WITH ALL MY NIGHT SHIFT EMPLOYEES IN REGARDS TO LIFTING RESIDENT 1 IN THE EVENT OF HIM FALLING, ALL OF WITCH AGREED THAT HE IS NOT A PROBLEM TO LIFT. OWNER /RN ADVISED THAT IF AN ISSUSE OCCURED IN REGARDS TO LIFTING, CALL 911 FOR ASSISTANCES. ADMINASTRATOR UPDATED SUPPORT PLAN AFTER REASSESSMENT DETERMINATION OF A 2 PERSON LIFT.

MONITORING- ALL STAFF ADVISED AT MEETING BY ME, OWNER/ RN, THAT IF THERE IS EVER AN ISSUE WITH LIFTING ANY RESIDENT TO LET MYSELF OWNER/ RN AND ADMIN KNOW IMMEDIATELY AND OR TO CALL 911 FOR ASSISTANCES. OTHERWISE, MONTHLY ASSESSMENTS WILL BE DONE BY OWNER/RN, ADMINASTRATORS AND HOSPICE STAFF (IE AIDES AND HOSPICE RN'S)

LONGTERM- ALL STAFF ADVISED AT MEETING BY OWNER/ RN THAT IF THERE IS EVER AN ISSUE WITH LIFTING ANY RESIDENT TO LET OWNER/ RN AND ADMINASTRATORS KNOW IMMEDIATELY AND TO CALL 911 FOR ASSISTANCES. OTHERWISE, MONTHLY ASSESSMENTS WILL BE DONE BY OWNER/RN, ADMINASTRATORS AND HOSPICE STAFF (IE AIDES AND HOSPICE RN'S)

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction The administrator shall conduct a monthly review of resident assessments and support plans to ensure there are enough staff scheduled to meet the needs of the residents at all times. 6/28/23 ██████████

Directed Completion Date: 06/29/2023

Implemented ██████████ - 07/07/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's initial medical evaluation, dated [REDACTED], does not indicate the resident's height, weight, pulse rate, temperature, blood pressure, and medication addendum. These sections of the form are blank.

Resident #3 was admitted to the home on [REDACTED]; however, a medical evaluation has not been completed.

Plan of Correction

Accept [REDACTED] - 06/20/2023)

P-O-C MEDICAL EVAL

IMMEDIATE- A COPY OF A MEDICAL EVALUATION WILL BE GIVEN TO THE RESIDENTS FAMILY AT THE TIME OF ADMISSION FOR ALL RESIDENTS WHO ARE NOT USING HOUSE DOCTOR.

MONITORING-OWNER, ADMINASTRATORS ALONG WITH RESIDENTS PCP WILL MONITOR RESIDENTS FOR ANY CHANGES IN STATUS THAT MAY REQUIRE A CHANGE IN THE SUPPORT PLAN

LONGTERM-OWNER, ADMINASTRATORS ALONG WITH RESIDENTS PCP WILL MONITOR RESIDENTS FOR ANY CHANGES IN STATUS THAT MAY REQUIRE A CHANGE IN THE SUPPORT PLAN

POSTSCRIPT: RESIDENT 1 MEDICAL EVAL WAS CORRECTED THE DAY OF INSPECTIONS BY HOSPICE RN
RESIDENT 3 ADMITTED ON [REDACTED] FELL AND BROKE HIP ON [REDACTED], SNF [REDACTED] RETURNED TO PCH ON [REDACTED]

RESIDENT 3 FAMILY SWITCHED TO PCH HOUSE DOCTOR ON 5/11 WITH EVAL DONE ON 5/17

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [REDACTED] - 07/07/2023)

225a - Assessment 15 Days

6. 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.

225a - Assessment 15 Days (continued)

Description of Violation

Resident #1's initial assessment, dated [REDACTED], indicates that the resident may require minimal assistance and/or verbal guidance with transferring in/out of bed/chair, requires minimal assistance turning/positioning in bed/chair, and has minimal to no problem with agitation. However, the resident regularly and frequently becomes agitated in bed, attempts to transfer out of the bed independently, falls to the floor, and requires assistance of 3 persons to be lifted off the floor.

Plan of Correction

Directed [REDACTED] - 06/28/2023)

P-O-C ASSESSMENT WITHIN 15 DAYS

IMMEDIATE- ADMINASTRATOR WILL HAVE ALL NEW RESIDENTS ASSESSMENT DONE WITHIN 15 DAYS PER DHS GUIDELINES AND UPDATED AND OR REVISED ON A MONTHLY BASIS BASED ON REASSESSMENTS/ REDETERMINATIONS OF THEIR LEVEL OF CARE DONE BY OWNER/ RN, ADMINASTRATORS AND THEIR PCP

MONITORING-OWNER/ RN AND ADMINASTRATORS ALONG WITH RESIDENTS PCP WILL MONITOR RESIDENTS FOR ANY CHANGES IN STATUS THAT MAY REQUIRE A CHANGE IN THE SUPPORT PLAN OR CHANGE IN LEVEL OF CARE.

LONGTERM-OWNER, ADMINASTRATORS ALONG WITH RESIDENTS PCP WILL MONITOR RESIDENTS FOR ANY CHANGES IN STATUS THAT MAY REQUIRE A CHANGE IN CARE WHICH WOULD BE CHANGED ON THE SUPPORT PLAN OR A CHANGE IN LEVEL OF CARE.

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The administrator shall review and update resident #1's assessment if needed. 6/28/23 [REDACTED]

Within 5 calendar days of the receipt of the accepted plan of correction: The administrator shall audit all current resident assessments for accuracy and completeness. 6/28/23 [REDACTED]

Directed Completion Date: 07/03/2023

Implemented [REDACTED] - 07/07/2023)