



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: MARCH 18, 2024

[REDACTED]
Jean McVey
235 North Gallatin Avenue
Uniontown, Pennsylvania 15401

RE: McVey Personal Care Home
License/COC #: 460241

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 15, 2023, and January 25, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 460240) dated April 16, 2023 – April 16, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 18, 2024 to September 18, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

[REDACTED]

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

Facility Information

Name: *MCVEY PERSONAL CARE HOME* License #: *46024* License Expiration: *04/16/2024*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/15/2023*

Inspection Dates and Department Representative

11/15/2023 - 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: *8* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/15/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/15/2023*

Inspections / Reviews *(continued)*

12/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/25/2023

01/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/09/2024

03/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

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 Violation

The home provides financial management and is the representative payee for resident #1. The resident's funds are deposited directly into the home's business account. However, the home has no financial management records of any transactions provided for the resident.

The home provides financial management and is the representative payee for resident #2. The resident's funds are deposited directly into the home's business account.

Resident #2's personal needs funds are deposited into the resident's savings account. The home's financial management sheet indicates on 10/10/23 a balance of \$45.00. On 10/19/23 a withdrawal of \$20.00 and a balance of \$10.00; however, the balance should be \$25.00. On 11/1/23, a deposit made of \$85.00 indicating a balance of \$95.00; however, based on the distribution sheet the balance should be \$110.00. Staff person A and administrator indicated taking money out per resident request and did not record transaction date, amount withdrawn or the resident's signature. On 11/15/23, a count of the actual funds available was \$91.00. The cash funds were short \$4.00. Staff person B provided an additional \$5.00, that was found in cabinet drawer that was resident #2's, making the total cash available as \$96.00., \$1.00 over what is documented. Additionally, the financial management sheet does not include the deposit of the resident's income funds or the rent payment to the home.

Plan of Correction

Accept [redacted] 12/18/2023)

The home will no longer provide financial management or be a representative payee for resident # 1 and resident #2. both residents signed papers on 11/16/2023 in front of DHS social worker for mental health to be new payee and financial management. On 11/16/2023 resident #2 financials were corrected by staff member A and because it was changed after 15th December checks were deposited into business account. On December 1st resident #2 deposit was added to financial record and a receipt was given for rent. The home will still have resident # 2 sign and give receipt for remaining funds until they are gone. Resident # 1 check was also deposited into business account but will be sent back to social security for [redacted] is no longer here he needed a higher level of care. In the future the home will no longer be a rep payee or handle finances for any resident.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented [redacted] 3/6/2024)

20b3 - Written Receipts

2. Requirements

2600.

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

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides financial management and is the representative payee for resident #1. According to interviews, the home uses the resident's personal needs funds to purchase needed items, to include clothing and briefs; however, there is no written receipt from the resident for the purchases nor signed receipts by resident.

20b3 - Written Receipts (continued)

The home provides financial management and is the representative payee for resident #2. The home's financial records do not include written receipt from the resident for the cash disbursement of \$85.00 deposit transaction on 11/1/23.

Plan of Correction

Accepted (████) 12/18/2023)

The home will no longer use residents #1 personal needs fund to purchase special needed items without a written receipt signed by resident. Resident #2 deposit of 85.00 was added to his financial record by Staff member A on 11/1/2023 but no money was withdrawn at that time a receipt will be given in the future and also have █████ sign until all funds are gone As of JANUARY 2024 both residents #1 and # 2 will have mental health be their new financial management and rep payee. The home will no longer be anyone's payee or handle financials for anyone. On 11/16/2023 both residents sign paper in front of DHS social worker for new payee.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (████) 03/06/2024)

20b5 - No Commingling

3. Requirements

2600.

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

- 5. Commingling of resident funds and home funds is prohibited.

Description of Violation

According to the home all of resident #1's financial transactions are made from the home's business account, to include the resident's personal needs funds, of which there is no record of the financial transactions made on the behalf of resident #1.

The home provides financial management and is the representative payee for resident #1 and #2. The resident's funds are deposited directly into the homes business account.

Plan of Correction

Accepted (████) 01/02/2024)

Staff member A will no longer use business account for resident # 1 financial transactions and personal needs fund. A receipt will be given for rent every month. 85.00 will be kept in locked cabinet with a financial sheet that will be signed by resident with a receipt for every transaction made. As of 01/01/2024 resident # 1 will have new payee. Resident #1 is no longer here but December's check was deposited into business account and will be sent back to social security. Resident # 2 will also get receipt for rent every month details will also be on █████ financial record with his 85.00 deposit and will sign for any transaction made with receipt until all funds are gone as of 01/01/2024 resident # 2 will have new financial management and payee. No residents' funds at all will be deposited into or distributed from business account of the home.

Licensee's Proposed Overall Completion Date: 12/18/2023

Not Implemented (████) 3/6/20/24)

20b8 - Quarterly Account

4. Requirements

2600.

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

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

20b8 - Quarterly Account (continued)

Description of Violation

The home provides financial management and is the representative payee for resident #1 and #2. However, the home does not the resident with an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Plan of Correction

Accept (██████ - 12/18/2023)

Staff member A will provide a itemized account of financial transactions for resident #2 on a quarterly basis until the end of the year. The home will no longer provide financial management or be any ones payee as of 01/01/24. Resident #1 is no longer in the home.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented (██████ 3/6/20/24)

20b9 - Record Keeping

5. Requirements

2600.

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

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

The home provides financial management and is the representative payee for resident #1. However, there is no itemized account of any financial transactions in the resident's record.

Plan of Correction

Accept (██████ 12/18/2023)

Staff member A was resident #1 representative payee after paying ██████ resident's own personal funds of 85.00 was left in the business account to purchase ██████ monthly needed items. Resident use to sign off on a financial sheet until ██████ had a stroke then ██████ refused ██████ would yell and push it away no receipts were kept. Resident #1 no longer resides in the home went to a higher level of care. Resident #1 signed or made a mark in front of DHS social services on 11/16/2023 to have his representative payee and financial management changed to mental health association. Staff member A will no longer be anyone rep payee or financial management in the future.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (██████ - 03/06/2024)

42s - Privacy

6. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The old doorknob/lock and plate were removed from the common bathroom door on the second floor and replaced with a new doorknob. However, there were two holes measuring approximately $\frac{3}{4}$ " in diameter, left unfilled or covered, enabling anyone to see inside the bathroom.

Plan of Correction

Accept (██████ 01/02/2024)

When the old doorknob broke it was removed and a lock was put on the inside of the bathroom door. There was a small hole where the knob and old skeleton key was they were filled in and painted over. In the future staff member B will inform Staff member A when there would be a privacy issue with any other doorknobs. Administrator educated

42s - Privacy (continued)

all staff members on 12/19/2023 on residents' privacy. Starting on 12/19/2023 When residents are on the phone or bathing Staff member B will do a daily check to make sure the door is closed so they have all the privacy they need getting a shower or using the bathroom in general or talking on the phone. Training was completed on 12/19/2023.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [redacted] - 03/06/2024)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:25 a.m., there was a fly strip with approximately 50 dead flies stuck to the strip in the back right corner of resident #1's bedroom.

Plan of Correction

Accept [redacted] 01/02/2024)

In resident #1 bedroom a fly stripe was removed from the corner immediately by staff member B. In the future Staff member, A informed all staff members no fly stripes will be used in any room of the home. Administrator educated all staff members on sanitary conditions 12/19/2023 did a walk through the home with staff. Starting 12/19/2023 Staff member B will do a daily check to make sure all areas of the house are sanitary trash emptied lids put back on trash cans, bathrooms clean tables wiped off no fly stripes hanging anywhere, no evidence of infestation of insects or rodents. Training was completed on 12/19/2023.

Licensee's Proposed Overall Completion Date: 12/20/2023

Not Implemented ([redacted] 3/6/20/24)

85e - Trash Outside Home

8. 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

On 11/15/23, there was a fire pit in the back yard behind the deck overflowing with boxes, to include: empty boxes for Coca-Cola, Mountain Dew, Natural Ice beer, Glad trash bag box. On the ground between the back of the deck and the fire pit was a stack of multiple boxes, to include (2) empty pizza boxes, empty boxes of Pepsi (3), Coca-Cola (1), Sprite (1) along with assorted other boxes. There was an empty sprite can on the ground next to a Little Caesars box, and an empty can of Dr. Pepper wedged in the stack of logs under the deck.

Plan of Correction

Accept [redacted] 12/18/2023)

On 11/16/2023 staff member B picked up a Sprite and Dr.Pepper can tore up all empty pop, pizza and trash bag box and put them in one container. In the future no boxes will be threw on the ground they will be tore up and stored in one container and all empty pop cans will be put in trash when empty. Staff member B will do a daily check to make sure all cardboard is tore up and stored neatly in one container until used and all trash is placed in trash cans.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented ([redacted] 3/6/20/24)

87 - Lighting

9. Requirements

87 - Lighting (continued)

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The exterior only light fixture on the exterior of the home at the front door was missing the light bulb.

Plan of Correction

Accept [REDACTED] 12/18/2023)

The light bulb on the front porch was replaced immediately by another staff member right on the spot. In the future because there is only one light on the front porch Staff member A will do a daily check to make sure there is a working light bulb in the fixture, and also remind staff when taking out an old bulb to replace it immediately so you don't forget.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] 03/06/2024)

88a - Surfaces**10. 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 approximately 10:15 a.m., the following was identified in the common bathroom off the dining room on the first floor, to include:

** The ceiling tile above the shower stall has an area measuring approximately 1½', where the tile bows approximately 2".*

** The floor has a deep bow when walked on it in area slightly to the front right of the toilet. According to interviews the old floor sustained water damage from a leaking toilet and the linoleum was laid over top. However, the floor appears to have deteriorated in an area measuring approximately 12" by 10" that only the linoleum is preventing anyone from falling through.*

** The bathroom floor is lower than the dining room floor by approximately 1". There is no transition strip at the doorway when transitioning from the bathroom into the dining room with a 1" lip.*

The exterior side of resident #3's bedroom door into hallway is in disrepair. The bottom right corner of the door panel, measuring approximately 12" by 5" is broken off.

Areas of the laminate flooring in the dining room are in disrepair.

There are several areas where pieces of the laminate have chipped off in the areas commonly walked on near kitchen, measuring approximately 15" by 5" and 5" by 1 ½", and exiting dining room to the living room.

Plan of Correction

Accept [REDACTED] 01/02/2024)

In bedroom #3 the bottom corner of the door got snagged on a resident guitar strap when walking out of the bedroom. A kickplate was installed on the door to cover the missing corner. Staff member B will inform staff member A if any doors are in disrepair. The bowed ceiling tile above the shower stall was replaced on 12/15/2023 staff member B will do a weekly check and inform Staff member A If there are any more bowing ceiling tiles in the future so they can be address as soon as possible. The chipped laminate floor in the dining room area is going to get a whole in floor by 03/31/2024 will send pictures when completed. The one-piece linoleum in the bathroom was

88a - Surfaces (continued)

pulled up and the floor tore completely out to replace the bow in the floor. After the floor was replaced the one-piece linoleum was placed back down a transition strip was placed from the bathroom going into the dining room. Starting 12/19/2023 Staff member B will do a weekly walk through to make sure that the floors, walls ,celing,windows,doors,and other surfaces are clean and in good repair and free of hazard.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [redacted] 03/06/2024)

89b - Hot Water Temperature

11. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 10:15 a.m. the sink water temperature measured 126.1 degrees Fahrenheit in the common bathroom on the first floor.

On 11/15/23 at approximately 12:15 p.m., the water temperature in the kitchen sink measured 124.5 degrees Fahrenheit.

Plan of Correction

Accept [redacted] 01/02/2024)

Staff member B turn the hot water tank up 5 days prior to inspection because the water felt cool but didn't inform Staff member A.Staff member B did not check the temperature after turning it up. Staff member A will do a daily log until water temperature is regulated then do a mid-week check. On 11/15/2023 Staff member A informed all staff members no one is to touch the hot water tank without informing [redacted] The hot water tank was turn back on 11/15/2023 by administrator and is being monitored daily. Administrator turned hot water tank down on 11/15/2023 the water was regulated on 11/20/2023 and logged down by administrator.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [redacted] 03/06/2024)

94b - Non-Skid Surface

12. Requirements

2600.

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

Description of Violation

The five lower exterior steps to the deck from the back yard and basement do not have a non-slip surface.

REPEAT VIOLATION 6/2/22

Plan of Correction

Directed [redacted] 01/02/2024)

The five lower exterior steps that lead to the private area of the basement entrance were no residents are allowed had a non-slip surface added to the steps on 12/10/2023.Staff member A will make sure [redacted] own private steps have a non-slip surface in the future. Staff member A posted a sign on the gate private even tho all residents know. Administrator placed signs on the private entrance to the gate where the steps are located that say private area staff only and had a non-slip surface put down on 12/19/2023 a lock was installed on gate that leads down the steps to private entrance.

94b - Non-Skid Surface (continued)

Proposed Overall Completion Date: 12/19/2023

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The administrator shall monitor all interior stairs, exterior steps and ramps monthly to ensure a non-skid surface is present. 1/2/24

Directed Completion Date: 01/03/2024

Implemented 03/06/2024)

95 - Furniture and Equipment

13. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 10:50 a.m., the plate face was missing from first and third cabinet drawer (knife drawer) below the counter on the left side of the kitchen.

Plan of Correction

Accept 01/02/2024)

The knives were moved to a different drawer the next day by Staff member A .The face plates were restored on 11/19/2023.Staff member A will make sure if drawers, front come back off they will be restored with in 3 days. Administrator educated staff on furniture and equipment on 12/19/2023.Starting 12/19/2023 Staff member B will do a daily check in all rooms of the home to make sure all furniture, counters tops, cupboards doors, drawers, and equipment are not broken and working properly.

Licensee's Proposed Overall Completion Date: 12/20/2023

Not Implemented (3/6/20/24)

100a - Exterior - Free of Hazards

14. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There is a railroad tie wall on both sides of the walkway from the basement into the back yard of the home in disrepair. The left side leans into the walkway and there was a deep trench measuring approximately 7'4" by 28" and 28" deep on the other side of the wall.

Plan of Correction

Directed 01/02/2024)

The trench was filled in on 11/18/2023 to the private entrance to the staff member A bedroom. The wall will be completed in summer of 2024. All residents no they are not permitted in this private area, but signs will be posted private no admittance. In the future when project get started, staff person A will make sure they will be completed in a timely matter. Administrator had the trench filled in on the back side of the railroad tie wall on 11/18/2023 by that leads to private entrance to bedroom and signs posted private no admittance. On 12/19/2023 a lock was installed on the gate leading down to the railroad tie wall entrance.

Proposed Overall Completion Date: 12/19/2023

100a - Exterior - Free of Hazards (continued)

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The administrator shall monitor the exterior of the building and the building grounds or yard to ensure they are in good repair and free of hazards. 1/2/24

Directed Completion Date: 01/03/2024

Implemented 03/06/2024

101j3 - Bed/Linens/Pillows/Blankets

15. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

At approximately 10:25 a.m., there were no sheets on resident #1's mattress which the resident was lying on.

At approximately 11:30 a.m., resident #3's grey top bed sheet had small blood stains over the entire sheet. According to interviews, the resident constantly picks at them self. The home is aware of this issue however, reported the resident's sheet was last changed on Friday 11/10/23.

Plan of Correction

Accept 01/02/2024

Resident number #1 bedsheets were being removed as the inspector was entering the home by staff member B. At that time, did not finish making bed to deal with inspector but knew an aide was on the way. For the future Staff member, A told all Staff members when sheets are removed while resident is still in bed, they are to be replaced immediately don't wait on an aide. All upstairs resident's beds are changed every Friday. Staff is aware that residents#3 has a condition of picking at sometimes. Staff will look under bedspread daily when they are emptying the trash to see if his sheets have blood on them and change them as often as needed before Friday. Administrator educated all staff members on 12/18/2023 on bed linens,pillows,and blankets. Staff member B will do a daily check to make sure all bed sheets,pillows,and blankets are clean and dry.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented (03/06/2024)

101j7 - Lighting/Operable Lamp

16. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 11:40 a.m., the bedside table between the beds shared by resident #4 and #5 did not have an operable light bulb. There was no other source of light that can be turned on/off from bedside.

Plan of Correction

Accept 01/02/2024

A staff member replaced the light bulb in the lamp between the beds in residents #4 and #5 bedroom immediately on the day of inspection. Staff member B will do a daily check to make sure all bedside lamps are working, and bulbs are not burnt out. Administrator educated staff on lighting/operable lamps on 12/19/2023. Starting on 12/19/2023 Staff member B will do a daily check to make sure all bed side lamps are checked daily to make sure, and bulbs are

101j7 - Lighting/Operable Lamp (continued)

working properly.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [redacted] - 03/06/2024)

103e - Left Overs

17. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 10:40 a.m. there was the following unlabeled/undated food in the Premium LEVELLA Cooler in the kitchen, to include:

- * A gallon zip loc baggie with a plastic bowl that was full of cooked chicken feet. According to interviews was cooked on 11/14/23.
- * A four-quart ice cream container approximately 1/2 full of tomato soup.
- * A full quart canning jar containing homemade mustard.
- * A 32oz bag, approximately 3/4 full of Indian Head Old Fashion Stone Ground Yellow Corn Meal, that was also open and unsealed.
- * Approximately one cup of chopped onions in a zip loc bag.
- * A small ceramic container of sloppy joes.
- * A two-quart container with 2 slices of meatloaf, corn and mashed potatoes.

At approximately 10:50 a.m., there were the following items on the counter and in upper cabinets left of the refrigerator in the kitchen, include:

- * On the counter, there was an undated/unlabeled large plastic container with a mixture of Chex mix, cereal, pretzels, and M & M's approximately 1/2 full on the kitchen counter to the left of the refrigerator.
- * In the upper cabinets there was, a 35-cup plastic container of Coco Krispies approximately 1/2 full and an open/unsealed bag of Reese Puffs Cereal, approximately 1/4 full.

There were three unlabeled/undated assorted brand name bread bags containing homemade bread that was either sliced or whole in the upper cabinets on the left side of the kitchen by the stove.

Plan of Correction

Accept [redacted] 01/02/2024)

All leftovers that were not labeled and dated in the fridge were threw away on the spot by staff member B all cereal was sealed correctly day of inspection. The homemade bread that was not sealed was for homemade stuffing it was threw away on the spot. In the future stuffing will be store boughten. Staff member A will have a meeting on leftovers. Staff member B will be responsible for doing daily checks to make sure everything is sealed, labeled and dated when made or open and sealed correctly before going in fridge, cupboard or freezer. Administrator educated all staff members on 12/19/2023 for leftover food after each meal and observed them cover, label and date leftovers. training was complete on 12/20/2023.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [redacted] 03/06/2024)

103f - Refrigerator/Freezer Temps

18. 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 11:10 a.m., the temperature of the refrigerator section of the black refrigerator/freezer in the kitchen, measured 44 degrees Fahrenheit.

REPEAT VIOLATION: 6/2/22

Plan of Correction

Accept [REDACTED] **01/02/2024)**

Staff member B removed the thermometer in the black fridge that was in the butter storage side of the fridge it was moved to the back of the fridge and checked by inspector again before leaving and it was 36 degrees Fahrenheit. On 11/16/2023 Staff member B resumed a daily log of all fridge and freezers. Administrator educated all staff members on refrigerator/freezer temps on 12/20/2023 and observed checking and writing the temp on the log. Training completed on 12/20/2023.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [REDACTED] **03/06/2024)**

103g - Storing Food**19. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:35 a.m., there was an open/unsealed and undated 32oz. bag of Ore-Ida Golden French Fries, approximately ¼ full in the small white freezer chest in the kitchen.

At approximately 10:40 a.m., inside the Premium Levella Cooler (glass front refrigerator) was the following open/unsealed items, to include:

** A 16 Fl oz bottle of Tuscan Garden Creamy French Dressing that the cap to cover the pour spout had broken off and missing.*

There were the following open and unsealed items were in the upper cabinets on left side of the kitchen by stove, to include:

** A Nickels bag of white bread, approximately ½ full.*

** Split Top Wheat bread with approximately 4 slices remaining.*

** Three assorted brand name bread bags containing homemade bread that was either sliced or whole.*

** A bag of Pepperidge Dark pumpernickel bread with approximately 4 slices remaining.*

There was an open and unsealed 13.5oz. bag of Alexia Onion Rings in the upright freezer in kitchen.

At approximately 11:10 a.m., the following open/unsealed items were in the freezer section of the black refrigerator freezer in the kitchen, to include:

** A large bag of sausage links, approximately 39 links.*

** A full one lb. bag of Hazelnuts on the freezer door.*

103g - Storing Food (continued)

Plan of Correction

Accept (██████ 12/18/2023)

All bread was sealed properly day of inspection by a staff member. French fries, onion rings, sausage links, and hazel nuts were all put in their own zip lock bag labeled and dated by a staff member. Staff member A had a staff meeting on storing food, leftovers, outdated food and fridge temperatures. Staff member B will be responsible for checking all frozen and open foods and leftovers to be sealed labeled and dated daily.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (██████ 03/06/2024)

103i - Outdated Food

20. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 10:40 a.m. there was a 16 Fl oz. bottle of Tuscan Garden Creamy French Dressing with an expiration date of 5/2022 in the Premium Levella Cooler (glass front refrigerator).

Plan of Correction

Accept (██████ - 01/02/2024)

The salad dressing belonging to a staff member was thrown away on the spot by staff member B. In the future if staff brings in their own food it must be labeled with their name on it and not expired. Staff member B will be responsible for checking all food for expiration dates and dented cans. Staff member A had meeting on outdated food. Administrator educated all staff members on outdated foods on 12/20/2023. Administrator observed staff checking for dates on perishable and non-perishable food items training was completed on 12/20/2023.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented (██████ 03/06/2024)

141a 1-10 Medical Evaluation Information

21. Requirements

2600.

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 #4's medical evaluation, dated ██████ 23, did not include a temperature, immunization history and cognitive functioning. These sections were blank.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept [REDACTED] 01/02/2024)

Staff member A made an appointment for resident #4 on [REDACTED]/2023 to be accessed for self-administer medications also at that time asked the nurse about his immunizations history they said he had none on file. Staff member A is going to get a new DME updated and make sure everything is filled out completely before leaving the office. Staff member A will double check all new DME to make sure they are filled out completely before going into their file. On 12/18/2023 Staff member B double check new medical evaluation before leaving the doctor's office to make sure it was totally completed. On 12/20/2023 Administrator started auditing all residents' files to make sure all medical evaluation were complete and completed them on 12/21/2023. Staff member B will monitor for when residents need new DME and make sure they are complete with check list before giving to administrator to double check.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [REDACTED] 03/06/2024)

162c - Menu Posted

22. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At approximately 9:19 a.m., the home did not have the future week menu posted. The menus posted were dated 11/5/23 to 11/11/23 and 11/12/23 to 11/18/23.

Plan of Correction

Accept [REDACTED] 12/18/2023)

The menus that were posted on bulletin board had the next weeks menu it was just underneath staff member B removed the one on top day of inspection so the next week was visible. Staff member A will do a weekly check to make sure old week is removed and the new week up and visible.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] 03/06/2024)

181c - Self-administration Assessment

23. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self-administers medications to include Mupirocin 2% ointment; however, resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Resident #4 self-administers medications when visiting friends on overnights; however, the resident has not been

181c - Self-administration Assessment (continued)

assessed by a physician, physician's assistant, or certified registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. On 11/15/23, the resident #4 was out of the facility from 11/9/23 to 11/16/23. The home provided the resident with the following prescribed medications to self-administer while out of the facility.

Plan of Correction**Accept** [REDACTED] 01/02/2024)

On 11/16/2023 for resident #3 got a letter from the doctor that in [REDACTED] medical opinion resident is able to apply ointment on [REDACTED] own. On 11/11/2023 resident #3 has an appointment for new DME and will make sure the ability to self-administer medications is changed. On 11/18/2023 Resident #4 has an appointment at the doctors regarding ability to self-administer medications when visiting friends and family overnight and update it on his DME and RASP. In the future Staff member, A will make sure no resident self-administer medication until evaluated by doctor. Staff member A took resident #3 to doctor to be properly evaluated on being able administer his own ointments and got new DME updated and will update is rasp. Staff member B took resident #4 to doctor on 12/18/2024 to be able to self-administer [REDACTED] own medication when going to visit friends and family had DME updated and updated [REDACTED] rasp. Administrator will make sure all residents are evaluated by doctor before self-administering any ointments or medications and have it documented to put in their file.

Licensee's Proposed Overall Completion Date: 12/20/2023**Implemented** [REDACTED] 3/06/2024)**183b - Meds and Syringes Locked****24. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 11:30 a.m., there was an unlabeled, unlocked, unattended and accessible tube of Mupirocin 2% Ointment on the bedside table shared by resident #2 and resident #3. The medication was identified as resident #3's. Neither resident is assessed to be able to self-administer any medications.

Plan of Correction**Directed** [REDACTED] 01/02/2024)

Resident #3 Mupirocin ointment was placed back in its box and stored in the medicine cabinet at that moment by Staff member B. Staff member A got a letter the next day from doctor that [REDACTED] is able to self-administer [REDACTED] ointment Resident #3 has an appointment on 11/11/2023 for a new DME will make sure ability to not self-administrate medication is changed to some. In the future all ointments and over the counter medications will be stored in locked medicine cabinet until dispensed. Staff member A informed all staff member that all prescribed ointments are to be locked in cabinet not stored on any shared nightstands. Administrator educated all staff members on 12/20/2023 for locked meds and syringes. All over the counter ointments and prescribed ointments will be kept in original labeled box from pharmacy or store. They will be kept in locked cabinet until dispensed as order by doctor if resident is assessed to administer their own ointments staff will monitor resident applying ointment training completed on 12/20/2023.

Proposed Overall Completion Date: 12/20/2023**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit the home at

183b - Meds and Syringes Locked (continued)

least weekly to ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. 1/2/24 [REDACTED]

Directed Completion Date: 01/07/2024

Implemented [REDACTED] 03/06/2024)

183c - Refrigerated Meds Locked**25. Requirements**

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

At approximately 11:11 a.m., the following medications were unlocked, unattended and accessible in an unlocked black box inside the unlocked black refrigerator in the back of the kitchen area:

- * Three Lantus Solostar insulin pens for resident #1.
- * Haloperidol for resident #1 stored on the interior top shelf on the door.
- * Ozempic Insulin Pen for resident #2.
- * Ozempic Insulin Pen for resident #3.

Plan of Correction

Directed [REDACTED] 01/02/2024)

The haloperidol was placed in the box with the Lantus and Ozempic pens that evening by Staff member B then locked. Staff member A will make sure no medication is stored on top shelf unattended or accessible to anyone opening the fridge. All medicine will be placed in black box then locked on the spot when delivered. Administrator educated all staff members on 12/20/2023 on refrigerated meds and locked meds. Administrator monitored Staff member B on 12/20/2023 giving a resident [REDACTED] Ozempic then locking it back up. All meds that have to be kept in the fridge will be kept lock at all times until dispensed as ordered by doctor. Training was completed on 12/20/2023 by administrator.

Proposed Overall Completion Date: 12/20/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit the home at least weekly to ensure prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked. 1/2/24 [REDACTED]

Directed Completion Date: 01/07/2024

Implemented [REDACTED] 03/06/2024)

183d - Prescription Current**26. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There was a tube of Mupirocin 2% gel on the bedside table in resident #3's room, that the resident self-administers. The physician's order indicates a start date of 11/1/23 Mupirocin 2% gel, apply topically three times a day for 7 days.

183d - Prescription Current (continued)

Apply to abdominal area. End date 11/8/23 – after 28 doses. The medication is still being used by the resident.

Plan of Correction**Accept (█ - 01/02/2024)**

Resident #3 Mupirocin ointment was put back in the box from nightstand and removed from the bedroom by Staff member B at that time and placed in the medicine cabinet. Staff member A will make sure all prescribed ointments are kept in locked cabinet until used as order by doctor then discarded after end date. Staff member B removed the ointment on 11/15/2023. Administrator educated all staff members on 12/20/2023 for prescription current. Staff member B will monitor any new prescriptions for ointments on the dose and expiration date when script is expired it will be discarded.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented (█ - 03/06/2024)**183e - Storing Medications****27. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed Lantus Solo Star pen – inject 10 units subcutaneously two times a day. The label indicates "Refrigerate unopened cartridges or pens. Once in use, do not refrigerate. Store the cartridge or pen in use at room temperature." However, on 11/15/23, at approximately, 11:11 a.m., the resident's open pen, dated 11/10/23, stored in the med box in the back refrigerator.

Resident #3's Ozempic 0.25-0.5 mg insulin pen was not dated when opened.

Plan of Correction**Directed (█ - 01/02/2024)**

Resident #1 open Lantus pen was removed from fridge by Staff member A on 11/16/2023 and placed in a locked box and stored at room temperature inside the locked cabinet until dispensed. In the future once insulin pen is open it will be dated and stored at room temperature in a lock box inside the locked medicine cabinet by a staff member. In the future staff will date all Ozempic pens when opened. Staff member B will double check to make sure all pens are dated the day they were started. Administrator corrected the violation on 11/16/2023. Administrator educated all staff members on 12/20/2023 for storing medication. Administrator monitored staff member B open and date Ozempic pen before giving to resident on 12/20/2023 then placing it back in original labeled box before being locked back up. Ozempic is a once-a-week medication Administrator will monitor a different staff member on 12/27/2023 to complete the training.

Proposed Overall Completion Date: 12/20/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all medications weekly to ensure prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. 1/2/24 (█)

Directed Completion Date: 01/07/2024

183e - Storing Medications (*continued*)

Implemented [REDACTED] 03/06/2024)

184b - Labeling OTC/CAM

187a - Medication Record

29. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

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.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's November 2023 MAR does not include prescribed Haloperidol 2mg/mL sol- give 0.5ml (1mg) by mouth

187a - Medication Record (continued)

ever 4 hours as needed for nausea/vomiting, which was stored in the home's refrigerator.

Resident #3's November 2023 MAR did not include a diagnosis or purpose for the following medications, to include:

* Ozempic 0.25-0.5mg

* Mupirocin 2% Ointment

Plan of Correction

Directed [REDACTED] - 01/02/2024)

Resident #1 Haloperidol that was prescribed for nausea and vomiting was not on the MAR because it was never used. It was added to MAR on 11/15/2023 that evening by staff member B. Staff member A will double check all MARS when a resident gets a new medication to make sure they are added to MAR with the diagnosis. Resident #1 is no longer in the home. Resident #3 Ozempic diagnose which is for diabetes was added to the MAR on 11/15/2023 that evening by staff member B. Mupirocin Ointment was for a skin irritation on his stomach that he no longer had. Staff member B discarded the ointment on 11/16/2023. In the future staff member A will double check all MARS to make sure all medication and Ointments are added to MARS with the diagnosis. Administrator educated all staff members on 12/20/2023 for medication record and completed training on 12/21/2023.

Administrator monitored all staff members checking MARS to make sure residents name, drug allergies, name of medication, strength, dosage, frequency of administration time and diagnosis, were listed as well as the time and date. Administrator also monitored each staff member give residents their medications before signing the MAR.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all medication administration records monthly to ensure accuracy and completeness. 1/2/24 [REDACTED]

Directed Completion Date: 01/07/2024

Not Implemented [REDACTED] /6/20/24)

187b - Date/Time of Medication Admin.**30. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 was out of the facility from 11/9/23, returning on 11/16/23, at approximately 5:00 p.m. The resident's medication was sent with the resident who is assessed to be unable to self-administer medications. However, review of the residents November 2023 MAR indicates staff have signed off as administering all of the resident's medication on the following dates and times, to include:

On 11/10/23, 11/12/23, 11/13/23 and 11/14/23 at 8:00 a.m.

- Aspirin 81 mg take one tab once a day.
- HCTZ 12/5mg take one tab once a day.
- Lisinopril 20 mg take one tab once a day.
- Omeprazole 40 mg take one tab once a day.
- *Vitamin E 400IU take one capsule twice a day (8:00 a.m. and 8:00 p.m.)
- 11/9/23 at 8:00 p.m.
- 11/10/23, 11/11/23, 11/12/23, 11/13/23 and 11/14/23 at 8:00 a.m. and 8:00 p.m.
- 11/15/23 at 8:00 a.m.

* Simvastatin 20mg take one tablet by mouth at bedtime. On 1/9/23, 1/10/23, 1/11/23, 1/12/23, 1/13/23, and

187b - Date/Time of Medication Admin. (continued)

1/14/23 at 8:00 p.m.

Plan of Correction

Directed (█) 01/02/2024)

Resident #4 was assessed to be unable to self-administer medication his DME. On █/2023 resident has an appointment to be assessed by doctor to be able to self-administer █ own medications when visiting friends and family and update it on his DME and RASP. In the future no staff will sign off on a MAR unless resident is assessed to self-administer his own medication. Staff member A asked resident if he knew what █ medication was for before leaving the home in the past and █ knew what they were for and when to take them. Staff member B took resident #4 to doctor on █2023 to be evaluated by doctor to be able to administer █ own medication and update █ DME and was completed on 12/18/2023. Administrator educated all staff on 12/20/2023 on Date/Time of Medication Admin. and was completed on 12/21/2023. Administrator observed each staff member dispense check MAR for name, drug allergies, each medication wrote down by time, date, dose, frequency, strength and diagnosis before signing the MAR. Administrator also observed resident #4 administer █ own medication then document it. Resident #4 will only █ administer █ own medication when staying with friends and family. Education was completed on 12/21/2023 by administrator.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications will be educated on the proper procedures for medication administration including documentation of medication administration at the time of administration. Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/2/24

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all resident MARs at least monthly to ensure the proper documentation of medication administration at the time of administration.

Directed Completion Date: 01/07/2024

Not Implemented (█) 3/6/20/24)

224a - Preadmission Screen Form

31. 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 #4 admitted █3, did not have a prescreening completed.

Plan of Correction

Accept (█) 01/02/2024)

Resident #4 was placed in the home the day that agency called due to a facility closing down nearby. A contract and all other paper were completed the day of admission except for the preadmission screening it was forgotten. A preadmission screening was completed on 11/17/2023 by Staff member A. In the future Staff member B will double check Staff member A to make sure preadmission screening are completed. Administrator completed a preadmission screening on 11/17/2023. Administrator will make sure all new residents have a preadmission screening to see if the home can meet the needs of the resident.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented (█) 3/6/20/24)

224a - Preadmission Screen Form (continued)

Implemented () - 03/06/2024)

225c - Additional Assessment

32. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated ()/22, does not indicate the contact information or name of the () hospice agency that has been providing the resident services in the home since 8/24/23. There is no assessment for managing health care and securing health care. The sections are blank. According to interviews, resident #1, has had a significant decline in physical health, over the past 2 months and an increase in care needs and services, to include:

* The resident is assessed to be independent with eating; however, currently is unable to feed self without spilling most of it and requires supervision while eating, prompting/cueing and often staff assistance with feeding and fluid intake, frequently refusing fluids.

* The resident can no longer transfer independently on () own. Requiring a full staff assist for all transfers.

* Supervision and mobility needs have increased from extensive to total supervision requiring full staff assist for evacuation in event of an emergency.

* Transfers and mobility needs have increased from being able to independently transfer self into a wheelchair to requiring full staff assist for all transfers. The resident is unable to self-propel requiring full staff assist to evacuate.

* The resident has extensive incontinence needs for both bowel and bladder.

* The resident continues to receive hospice services since 8/24/23 and was recently assessed by hospice to be nursing home eligible.

* The resident is nonverbal only making loud groaning sounds, making it difficult to communicate () needs.

The resident's assessment was not updated to include the current care needs of the resident and how the home will meet them.

Plan of Correction

Accept () 01/02/2024)

Resident #1 is no longer in the home and Staff member A was and still is () only contact. In the future Staff member B will update RASP with any significant change in a resident's condition if they go on hospice make sure the hospice agency name is added to RASP. Resident #1 assessment box was not marked but it did say he needed full assistance securing and managing health care his needs did change and his RASP was not updated and is no longer in the home. In the future when a resident has a small change staff member B will update it on their RASP and date it if it's a big change a whole new RASP will be done to include all changes and how the home will meet their needs. Staff member A will double check to make sure all changes are made, and all assessment are marked and how the home will meet their needs. Administrator educated all staff members on additional assessment on 12/21/2023 and completed it on 12/21/2023. Administrator started an audit on 12/20/2023 of all residents' files to make sure none need updated before their annual assessment and will monitor all residents for any changes in their condition. When annual assessments are completed by Administrator Staff member B will double check to make sure all assessments are checked and filled out completely.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented () - 03/06/2024)

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

Facility Information

Name: *MCVEY PERSONAL CARE HOME* License #: *46024* License Expiration: *04/16/2024*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *01/25/2024*

Inspection Dates and Department Representative

01/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/25/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2024*

Inspections / Reviews (*continued*)

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/04/2024

02/27/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/05/2024

03/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/23/24 at approximately 10:20 a.m., there was a brownish substance that appeared to be feces on the left side of the toilet seat in the first-floor common bathroom.

Plan of Correction Accept [REDACTED] 02/26/2024)

A Staff member cleaned the toilet immediately on the first-floor common bathroom upon inspection. The bathrooms are checked every 3hrs starting 8am to 8pm and was clean that morning. Staff checks the bathroom in the morning and evening to make sure they have soap, paper towels, and toilet paper. Administrator had another class to educate staff on sanitary conditions on 2/20/2024 and a sign was put in both bathrooms stating any unsanitary conditions please alert staff immediately.

Licensee's Proposed Overall Completion Date: 02/22/2024 Not Implemented [REDACTED] /6/20/24)

85e - Trash Outside Home

2. 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

On 1/23/24, there was a white bag containing trash, to include pizza boxes, napkins, and other trash on top of the two small trash cans with closed lids by the fence in the back yard.

Plan of Correction Accept [REDACTED] - 02/26/2024)

I don't know why the trash bag was on top of the garbage cans because they were empty. A daily inspection is done of outside trash, but it wasn't done that day yet because the inspectors were there. A staff member removed the trash bag from on top of the garbage can immediately and placed it inside then covered with the lid. Administrator had a staff meeting again on 2/20/2024 to educate all staff members that trash must be placed in covered receptacles when taking the trash out.

Licensee's Proposed Overall Completion Date: 02/22/2024 Not Implemented ([REDACTED] 3/6/20/24)

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 1/25/24, at approximately 9:00 a.m., the beige pleather futon in the living room had a large tear on the right side of the seat back cushion, measuring approximately 8" x 2". The tear exposed the padding and left a gap in the seat back.

Plan of Correction Accept [REDACTED] - 02/26/2024)

Staff was aware of the tear on the chair and tried to keep it covered because one resident liked it and didn't want to get rid of it. The chair was removed from the home on 1/26/2024 day after inspection and was replaced with another one. Staff does daily inspection on all furniture in the home and documents it. Administrator educated staff again on furniture and equipment on 2/20/24

95 - Furniture and Equipment (*continued*)

Licensee's Proposed Overall Completion Date: 02/22/2024

Not Implemented ([REDACTED] 3/6/2024)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 1/25/24 at approximately 10:35 a.m., there was an unlabeled used pink bar of soap on the left side of the sink in the second-floor bathroom.

Plan of Correction

Accept [REDACTED] 02/26/2024)

The soap dispenser was full in the bathroom the bar of soap was removed upon inspection. Body wash is supplied to all residents by the home no bar soap is purchased by the home. Administrator had a meeting with the residents and asked them if they want to purchase their own bar soap that they cannot leave it in the bathroom without it not being labeled with their name on it. Staff does a 3hr check daily to make bathrooms are clean. When doing bathroom checks staff will also check to make sure if there is any bar soap it is labeled.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] 03/06/2024)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is ordered Ozempic 0.5mg – inject subcutaneously under the skin once weekly on Tuesday. However, pharmacy label and the resident's January 2024 MAR indicates Ozempic 0.5mg – Inject once a week on Wednesday.

Plan of Correction

Accept [REDACTED] 02/26/2024)

The original label stated inject once a week on Tuesday. [REDACTED] got [REDACTED] first dose in the doctor's office the day it was prescribed by the doctor [REDACTED] then once a week on Tuesday which the original label said when the pharmacy changed it to Wednesday staff still gave [REDACTED] the injection on Tuesday. The pharmacy sent a new label while the inspectors were there to inject on Tuesday along with the original script. Administrator educated staff on 2/20/24 about labels and will contact pharmacy immediately when they see a change on a script that was never changed by the doctor. The resident still got his injection on Tuesday and the mar was signed for Tuesday.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] 03/06/2024)

186a - Authorized Prescriber

6. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

186a - Authorized Prescriber (continued)

Description of Violation

Resident #2's January 2024 MAR indicated the resident is prescribed Carbidopa/Levodopa ER 50/200 – take one tablet two times a day (1:00 p.m. and 4:00 p.m.). However, the pharmacy label indicated Carbidopa/Levodopa ER 50/200 – take one tablet by mouth three times a day. (1:00 p.m., 4:00 p.m. and 8:00 p.m.). The home did not have a current order in writing by an authorized prescriber for resident #2 prescribed medication.

Plan of Correction

Accept [REDACTED] - 02/26/2024)

The mar indicated take one tablet by mouth twice a day but was corrected to three times a day and was highlighted to 1,4, and 8 but was not signed even Tho resident got his medicine. Administrator had another meeting to educate about meds and Mars on 2/20/2024 and has been supervising meds and mars sense 1/26/2024 straight to make sure staff is doing everything correct.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] 03/06/2024)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 1/25/24, the medication administration record does not include a "Master Key" to identify staff persons by their signature and initials.

The January 2024 MAR for resident #1 does not include a diagnosis or purpose for the following prescribed medications:

* Risperidone 1 mg tablet

* Ozempic 0.5mg.

Resident #2's January 2024 MAR indicated the resident is prescribed Carbidopa/Levodopa ER 50/200 – take one tablet two times a day (1:00 p.m. and 4:00 p.m.). However, the pharmacy label indicated Carbidopa/Levodopa ER 50/200 – take one tablet by mouth three times a day. (1:00 p.m., 4:00 p.m. and 8:00 p.m.).

Plan of Correction

Directed [REDACTED] 02/27/2024)

The diagnosis was added to resident#1 the day of inspection. A master key was added to new February mars to identify staff personal by their signature and initials. Resident #2 mar was corrected day of inspection, and the resident still was getting [REDACTED] meds 3x a day it just was not signed. Administrator educated staff on master keys on med sheets and medication record on 2/20/24. Administrator has been supervising all staff members administrating meds and signing Mars since 1/26/24. Administrator will continue to supervise all staff members until new Mars are made for March and also make sure all meds match pharmacy label, diagnoses and master key are on new Mars.

Proposed Overall Completion Date: 02/27/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall conduct a monthly audit of all resident MARs to ensure accuracy and completeness. Documentation of audits shall be kept. 2/27/24 [REDACTED]

187a - Medication Record (continued)

Directed Completion Date: 02/27/2024

Not Implemented (3/6/2024)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The January 2024 MAR for resident #1 was not initialed at the time of administration for the following prescribed medication, Risperidone 1mg tablet at 8:00 a.m. on 1/19/24 and there was no exemption indicated.

Resident #2 is ordered Carbidopa/Levodopa ER 50/200 – take one tablet three times a day (1:00 p.m., 4:00 p.m. and 8:00 p.m.). However, the residents January 2024 MAR indicates Carbidopa/Levodopa ER 50/200 – take one tablet by mouth two times a day. (1:00 p.m. and 4:00 p.m.). According to interviews, resident #2 was administered the medication at 8:00 p.m. however, from 1/1/24 to 1/22/24. However, staff did not sign off in the resident's MAR as administering the medication at 8:00 p.m.

On 1/25/24, according to the home, resident #3 was on a home visit with family from 1/23/24 after 4:00 p.m. until 1/30/24. The resident is assessed to be able to self-administer medications during the home visits. However, resident #3's January 2024 MAR is signed off by staff person/s as administering the medication to the resident during their absence, on the following dates and times as follows:

** Vitamin E400IU at 8:00 p.m. on 1/23/24, 1/24/24 and 1/25/24.*

** Lisinopril 20mg at 8:00 a.m. on 1/24/24 and 1/25/25.*

** Simvastatin 20mg at 4:00 p.m. on 1/24/24 and 1/25/24.*

** Aspirin 81mg, HCTZ 12.5mg, Omeprazole 40mg, Vitamin E 400IU on 1/24/23 through 1/30/24 at 8:00 a.m.*

On 1/25/24 direct care staff person A indicated signing off on resident MARs in the morning in advance for the medication administered at 1:00 p.m., 4:00 p.m. and 8:00 p.m. At 12:15 p.m., on 1/25/24, the following resident's January 2024 MARs were initialed as being administered in advance, to include:

Resident #1

** On 1/25/24 at 4:00 p.m.*

- Metformin 1000 mg Take one tablet twice a day. (8:00 a.m. and 4:00 p.m.)

- Naproxen 500mg -Take one tablet twice a day. (8:00 a.m. and 4:00 p.m.)

** On 1/25/24 at 8:00 p.m.*

- Famotidine 40mg – Take one tablet at bedtime. (8:00 p.m.)

- Atorvastatin 10mg – Take one tablet at bedtime. (8:00 p.m.)

- Levocetirizine 5mg – Take one tablet at bedtime. (8:00 p.m.)

- Risperidone 1mg -Take one tablet twice a day. (8:00 p.m.)

Resident #2

** On 1/25/24 at 4:00 p.m. –*

- Metformin 500mg – Take one tablet twice a day. (8:00 a.m. and 4:00 p.m.)

- Carbidopa/Levodopa ER 50/200 – Take one tablet three times a day (1:00 p.m., 4:00 p.m. and 8:00 p.m.)

** On 1/25/24 at 8:00 p.m.*

- Divalproex ER 500mg take one tablet twice a day. (8:00 a.m. and 8:00 p.m.)

- Propranolol 20mg take one tablet twice a day. (8:00 a.m. and 8:00 p.m.)

187b - Date/Time of Medication Admin. (continued)

- Quetiapine 500mg take one tablet twice a day. (8:00 a.m. and 8:00 p.m.)
- Atorvastatin 40 mg take one tablet at bedtime. (8:00 p.m.)
- Mirtazapine 15 mg take one tablet at bedtime. (8:00 p.m.)
- Trazadone 50mg Take one tablet at bedtime. (8:00 p.m.)

Plan of Correction

Accept ([redacted] - 02/26/2024)

Administrator has been supervising all staff member administrating meds and signing mars since 1/26/24. Administrator had a meeting on 2/20/24 to educate staff members on mars, meds, date, time and advance signing of mars also signing mars that they didnt administrator because resident was out of home a maeter key was added to all mars along with staff signature an initials.

Licensee's Proposed Overall Completion Date: 02/22/2024

Not Implemented [redacted] 3/6/20/24)

228e - Discharge and Transfer

9. Requirements

2600.

228.e. The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

Description of Violation

Resident #4 was discharged from the home on [redacted] 3. On 1/25/24, the resident's record did not include a reason for termination of services or transfer of the resident, the date of the transfer or the destination.

Plan of Correction

Directed [redacted] 02/27/2024)

Resident #4 had a 30 day notice on [redacted]/2023 because home could no longer meet the needs of [redacted] care. Resident #4 was admitted into a skilled facility on [redacted] 2023 and [redacted] belongings were removed from the home on [redacted] 2023. Residents new address and phone number were added to [redacted] file. Administrator added the date of resident #4 discharge from the home, who transferred [redacted] and [redacted] new location along with phone number and the reason [redacted] was being terminated from the home in [redacted] record.

Proposed Overall Completion Date: 02/27/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit ant discharge of a resident to ensure compliance with Regulation 2600.228(e). 2/27/24 [redacted]

Directed Completion Date: 02/27/2024

Implemented [redacted] - 03/06/2024)