

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

May 10, 2024

[REDACTED], OWNER  
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 04/03/2024 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]

**Certificate(s) of Occupancy**

Type: I-1 Date: 04/20/2010 Issued By: City of Uniontown

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 04/03/2024

**Inspection Dates and Department Representative**

04/03/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 33 Residents Served: 27  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 7  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

04/03/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/06/2024  
 05/06/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/10/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2024

Inspections / Reviews *(continued)*

## 05/10/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/10/2024  
Reviewer: [REDACTED] Follow Up Type: *Bypass Document  
Submission*

## 05/10/2024 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 05/10/2024  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

42s - Privacy

1. 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 miniblinds on 2nd floor bathroom window do not completely cover the window. There is a approximate 5" gap between the left side of the blind and the window frame and a 5½" between the right side of the blind and the window frame.

There are several bathrooms in the home that do not have window coverings that cover the whole window, including: bathrooms 1 and 7. They have valences that only cover a portion of the top of the window.

Plan of Correction

Accept ( [redacted] - 05/06/2024)

IMMEDIATE- ALL ATTACHED PICTURES ARE OF BLINDS THAT I HAD PURCHASED PRIOR TO STATE ARRIVAL AND SHOWED THE INSPECTORS. ALL 4 BLINDS WERE REPLACED BY THE WEEKEND OF APRIL 6, 2024.

MONITORING- ADVISED STAFF TO INFORM ME OF ANY NECESSARY OR IMMEDIATE REPAIRS AS SOON AS THEY ARE NOTICED. I WILL DO MONTHLY MAINTENCE WALK THROUGHES AND REPAIR OR REPLACE ITEMS AS NEEDED.

LONGTERM- WILL REMIND STAFF IN QUARTERLY MEETING TO BRING UP ANY CONCERNS OR REPAIRS THAT NEED DONE EITHER BY CALLING, TEXT OR LEAVING ME A NOTE IN MY OFFICE.

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented ( [redacted] - 05/10/2024)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There was no original manufacturer's label on the clear plastic spray bottle in the cleaning closet. The bottle contained a purple liquid with a hand-written label indicating "Odoban." However, according to staff person, A, the bottle contained Fabuloso cleaner.

Plan of Correction

Accept ( [redacted] - 05/06/2024)

IMMEDIATE- I [redacted] IMMEDIATELY TOOK ALL EXTRA SPRAY BOTTLES OUT OF STORAGE ROOM AND ORDERED MORE ODOBAN SPARY BOTTLES, ALSO LET STAFF KNOW THAT THEY CAN ONLY USE ORIGINAL SPRAY BOTTLES

MONITORING- I [redacted] WILL CONTINUE TO MAKE SURE WE HAVE ENOUGH OF THE ORIGINAL BOTTLES AND REFILL THEM MYSELF WITH THE CORRECT SOLUTION

82a - Poisonous Materials (continued)

LONGTERM- WE WILL MAKE SURE WE SUPPLY ONLY FLOOR CLEANER AND ODOBAN SO THEY CAN BE KEPT IN ORIGINAL CONTAINER WITH ORIGINAL LABEL

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ( ) - 05/10/2024)

88a - Surfaces

3. 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

An approximate 19"x17" area of the linoleum flooring was worn to the sub floor in the corner of the dining area, posing a tripping hazard.

Plan of Correction

Accept ( ) - 05/06/2024)

IMMEDIATE- CONTACTED LOCAL CONTRACTOR WHO REMOVED ALL DAMAGED TILE AND APPLIED SELF LEVELING COMPOUND ON 4/30/2024 AND THEN REPLACED AREA WITH NEW TILE.

MONITORING- WILL CONTACT LOCAL REPAIR CONTRACTOR TO MAKE REPAIRS ON ANY FLOORING AS SOON AS A PROBLEM IS NOTICED BY MYSELF FROM MONTHLY INSPECTIONS OR FROM STAFF.

LONGTERM- I WILL CHECK FLOORING ON MONTHLY BASIS OR AS NEEDED AND CONTACT LOCAL CONTRACTOR FOR REPAIR IMMEDIATELY.

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented ( ) - 05/10/2024)

89b - Hot Water Temperature

4. Requirements

2600.

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

Description of Violation

At 10:43 a.m., the water temperature at the sink in common bathroom #1 measured 125.7 degrees Fahrenheit.

Repeat violation: 6/21/22

Plan of Correction

Accept ( ) - 05/06/2024)

IMMEDIATE-ON 4/4/2024 RECHECKED HOT WATER TEMP 121.7. TURNED DOWN HOT WATER TEMP SLIGHTLY. 4/5/2024 RECHECKED HOT WATER TEMP AND IT WAS 119.3

MONITORING-OWNER AND ADMINISTRATORS WILL MONITOR WATER TEMP ON A WEEKLY BASIS TO ASSESS FOR CHANGES AND ADJUST HOT WATER TANK TEMP ACCORDING

LONGTERM-OWNER AND ADMINISTRATORS WILL CONTINUOUSLY MONTIOR WATER TEMPS FOR ANY CHANGES

89b - Hot Water Temperature (continued)

IN STATUS THAT MAY REQUIRE A CHANGE IN TEMP ON HOT WATER TANKS.

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented ( [REDACTED] - 05/10/2024)

91 - Telephone Numbers

5. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There were no emergency telephone numbers posted on or nearby the two cordless telephones on the kitchen counter.

Plan of Correction

Accept ( [REDACTED] - 05/06/2024)

IMMEDIATE- REPOSTED EMERGENCY PHONE NUMBER LIST ON 4/5/2024

MONITORING- OWNER, STAFF AND ADMIN WILL ASSESS DAILY WHEN WALKING AND ANSWERING PHONES IN KITCHEN

LONG TERM- WILL CONTINUOUSLY MONITOR THAT PHONE NUMBERS ARE POSTED IN KITCHEN WHERE PCH STAFF ONLY ARE PERMITTED.

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented ( [REDACTED] - 05/10/2024)

92 - Windows

6. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The screen was torn open in several large areas on the window above the dumpster.

Repeat violation: 6/21/22

Plan of Correction

Accept ( [REDACTED] - 05/06/2024)

IMMEDIATE- WENT TO LOWES ON 4/6/2024 AND PURCHASED SCREEN AND SPLINE AND REPAIRED SCREEN AS SHOWN IN PICTURE.

MONITORING- WILL DO MONTHLY WALK THROUGH OF FACILITY TO ASSESS FOR ANY DAMAGE TO SCREENS IN BUILDING

LONG TERM- WILL DO MONTHLY ASSESSMENT OF SCREENS, CONTACTED GARBAGE COMPANY AGAIN AND ASKED FOR THEIR EMPLOYEES BE MORE CAREFUL WHEN EMPTYING DUMPSTER. ALSO REMINDED MY EMPLOYEES TO BE CAREFUL WHEN TAKING OUT GARBAGE

92 - Windows (continued)

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented ( ) - 05/10/2024)

93a - Handrails

7. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

There were two sections of the wooden handrail on the back exit ramp that were not well-secured. The short railing moves back and forth approximately 4 1/2" and the long railing moves back and forth approximately 2".

Plan of Correction

Accept ( ) - 05/06/2024)

IMMEDIATE-ON 4/10/2024 HAD LOCAL CONTRACTOR REPAIR AND RESECURE BACK HANDRAIL TO MAKE MORE STABLE. MOVED DUMPSTER AWAY FROM RAILING SO EMPLOYEES WON'T BE LEANING OVER TO PUT ITEMS IN THE DUMPSTER AND WOULD HAVE TO WALK DOWN RAMP TO THROW GARBAGE AWAY.

MONTIORING- INSTRUCTED STAFF TO REPORT TO IF GARBAGE COMPANY PLACES DUMPSTER TO CLOSE TO RAILING. WILL MONITOR RAILING WHEN DOING ASSESSMENT OF BACK OF BUILDING ICLUDING RAILING STABLITY, SCREEN AND DUMPSTER.

LONGTERM- WILL MAKE REMINDER CALLS TO GARBAGE COMPANIES IF DUMPSTER IS PLACE CLOSE TO RAILING. WILL ADD TO QUARTERLY MEETING REMINDERS TO THE STAFF NOT TO LEAN OVER RAILING, MAKE SURE DUMPSTER IS FAR ENOUGH AWAY FROM RAILING.

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented ( ) - 05/10/2024)

94b - Non-Skid Surface

8. Requirements

2600.

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

Description of Violation

There were no non-skid surfaces on the two exterior wooden ramps leading from the exit doors at each end of the breezeway.

Plan of Correction

Accept ( ) - 05/06/2024)

IMMEDIATE- WENT TO LOWES ON 4/13/2024 AND PURCHASED TRACTION STRIPS AND PLACE THEM ON BOTH RAMPS (RIGHT AND LEFT) AS SHOWN IN PICTURE.

MONITORING- WILL CONTINUE TO ASSESS RAMPS DAILY WHEN I COME TO PCH AND THE TRACTION STRIPS SO THAT THEY DO NOT PEEL UP.

LONGTERM- PURCHASED CABOT STAIN WITH ANTI- SKID AND WILL PAINT AND TREAT RAMPS WITH PRODUCT. CAN ONLY DO ON A DRY SURFACE AND WAS RECOMMENDED TO ALLOW DECKING TO DRY FOR 3 CONSECUTIVE DAYS.

94b - Non-Skid Surface (continued)

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented [REDACTED] - 05/10/2024)

95 - Furniture and Equipment

9. Requirements

2600.

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

Description of Violation

The lid for the toilet tank in common bathroom #1 was missing, exposing the working parts inside of the tank.

The left bracket was broken off of the toilet paper holder in common bathroom #5. Toilet paper was on the grab bar.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

IMMEDIATE- PURCHASED A TOILET TANK LID ON AMAZON AND PURCHASED A NEW TOILET PAPER HOLDER FROM LOWES APPROXIATELY 1 WEEK AFTER INSPECTION AND MADE SAID REPAIRS IMMEDIATELY AS SHOWN IN PICTURES THAT ARE ATTACHED.

MONITORING-I WILL DO MONTHLY WALK THROUGHS AT BEGINNING OF MONTH AND CHECK ALL BATHROOMS TO MAKE SURE THEY ARE IN COMPLETE WORKING ORDER WITH NO DEFICIENCIES OR NOTHING BROKEN OR MISSING.

LONGTERM- DO MY MONTHLY WALK THROUGHS ALONG WITH INSTRUCTING STAFF TO ADVISE ME OF ANY DEFICIENCIES IN EVENT THAT I MISS THEM.

Licensee's Proposed Overall Completion Date: 05/04/2024

Implemented [REDACTED] - 05/10/2024)

101j6 - Mirror

10. Requirements

2600.

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

6. A mirror.

Description of Violation

There was no mirror in bedroom 2.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

IMMEDIATE- RESIDENT IN ROOM 2 KEPT TAKING MIRROR OFF WALL PROIR TO HIS D/C. MIRROR WAS REMOVED FOR SAFETY ISSUSE. MIRROR WAS NOT PUT BACK IN PLACE UNTIL DAY AFTER INSPECTION WHICH WAS AN OVERSIGHT.

MONITORING- I WILL CHECK THAT ALL ROOMS HAVE MIRRORS WHEN DOING MY MONTHLY WALKS THROUGHS AND CHECKLIST.

101j6 - Mirror (continued)

LONGTERM-I WILL CHECK THAT ALL ROOMS HAVE MIRRORS IN THEM EACH MONTH

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented (█) - 05/10/2024)

103e - Left Overs

11. 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

There were several undated foods in the stainless-steel kitchen refrigerator, including:

- 3, 1-gallon plastic bags, one each of pancakes, French toast, and uncooked bacon
- A large plastic container of pasta salad

Plan of Correction

Accept (█) - 05/06/2024)

IMMEDIATE- MET WITH KITCHEN STAFF AND ADVISED THEM OF DEFICIENCIES AND IMMEDIATELY INSTRUCTED AND RE-EDUCATED THEM ON PROPER FOOD STORAGE AND HANDLING. STRESSING IMPORTANCE OF LABELING AND DATING OF OPENED PRODUCTS.

MONITORING- CAME IN THIS MORNING 5/5/24 TO DO SPOT CHECK AND SEE IF KITCHEN WORKER HAD ITEMS SEALED, LABELED WITH DATE AND STORED CORRECTLY WHICH THEY DID AS NOTED IN PICTURE. WILL CONTINUE TO SPOT CHECK WEEKLY AND SPOKE WITH LYNETTE WHO IS ADMINASTRATOR AND ADVISED HER TO ALSO SPOT CHECK WEEKLY.

LONGTERM- CONTINUOUS MONITORING ON WEEKLY BASIS AND AS NEEDED TO MAKE SURE FOOD IS STORED, LABELED WITH DATE AND SEALED PROPERLY

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented (█) - 05/10/2024)

103f - Refrigerator/Freezer Temps

12. 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 10:11 a.m., the temperature freezer section of the white upright refrigerator/freezer in the kitchen, measured 18 degrees Fahrenheit.

At 11:29 a.m., the temperature in freezer "B" in the basement pantry, measured 4 degrees Fahrenheit.

At 11:29 a.m., the temperature in freezer "C" in the basement pantry, measured 12 degrees Fahrenheit.

At 11:29 a.m., the refrigerator with the glass door in the basement pantry did not have a thermometer.

103f Refrigerator/Freezer Temps (continued)

Repeat violation: 6/21/22

Plan of Correction

Accept (█ - 05/06/2024)

IMMEDIATE ON 4/5/2024 PURCHASED NEW THERMOMETER FOR GLASS DOOR REFRIGERATOR. WEEKEND OF 4/10 AND 4/11 DEFROSTED FREEZERS B AND C. CLEANED AND DEFROSTED UPSTAIRS KITCHEN FREEZER ALTHOUGH TEMP VARIES DUE TO THE FREQUENCY OF USE IN KITCHEN.

MONITORING ADMINASTRATOR ALREADY CHECKS AND DOCUMENTS TEMPS OF FREEZERS DAILY ALTHOUGH SHE HAS FOUND THAT DEFROSTING THEM HELPS TO MAINTAIN 0 DEGREES.

LONGTERM CONTINUE MONITORING TEMP ON DAILY BASIS AND PUT FREEZERS ON MONTHLY DEFROST SCHEDULE

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented (█ - 05/10/2024)

103g - Storing Food

13. Requirements

2600.

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

Description of Violation

There was an unsealed plastic bag of French toast in the white upright refrigerator freezer in the kitchen.

There was an unsealed plastic bag of sausage patties and an unsealed plastic bag of shredded mozzarella cheese in the stainless steel refrigerator in the kitchen.

There was an unsealed box of pancakes in freezer "D" in the basement pantry.

Plan of Correction

Accept (█ - 05/06/2024)

IMMEDIATE MET WITH KITCHEN STAFF AND ADVISED THEM OF DEFICIENCIES AND IMMEDIATELY INSTRUCTED AND RE EDUCATED THEM ON PROPER FOOD STORAGE AND HANDLING. STRESSING IMPORTANCE OF LABELING AND DATING OF OPENED PRODUCTS.

MONITORING CAME IN THIS MORNING 5/5/24 TO DO SPOT CHECK AND SEE IF KITCHEN WORKER HAD ITEMS SEALED, LABELED WITH DATE AND STORED CORRECTLY WHICH THEY DID AS NOTED IN PICTURE. WILL CONTINUE TO SPOT CHECK WEEKLY AND SPOKE WITH LYNETTE WHO IS ADMINASTRATOR AND ADVISED HER TO ALSO SPOT CHECK WEEKLY.

103g Storing Food (continued)

LONGTERM CONTINUOUS MONITORING ON WEEKLY BASIS AND AS NEEDED TO MAKE SURE FOOD IS STORED, LABELED WITH DATE AND SEALED PROPERLY

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented [redacted] - 05/10/2024)

143b - Residents Medical Information

14. Requirements

2600.

143.b. The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

1. The resident's name and birth date.
2. The resident's Social Security number.
3. The resident's medical diagnosis.
4. The resident's physician's name and telephone number.
5. Current medication, including the dosage and frequency.
6. A list of allergies.
7. Other relevant medical conditions.
8. Insurance or third party payer and identification number.
9. The power of attorney for health care or health care proxy, if applicable.
10. The resident's designated person with current address and telephone number.
11. Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

Description of Violation

On [redacted], resident #3 required emergency medical services. When emergency medical personnel arrived, the home did not have a copy of the emergency medical and health information in accordance with 2600.143(b) to give to emergency responders. Therefore the information did not accompany the resident when the resident was transported to the hospital.

Plan of Correction

Accept [redacted] - 05/10/2024)

IMMEDIATE BOUGHT CORD FOR PRINTER IN EVENT WIFI IS DOWN AND INSTRUCTED STAFF ON HOW TO USE IT. PRINTER OFF 1 FACE SHEET FOR EACH RESIDENT AND PUT IN FOLDER IN MED ROOM. CAN NOT PRINT OFF MED LIST BECAUSE OF FREQUENT CHANGES

MONITOR WILL RE PRINT FACE SHEET IN EVENT RESIDENT GOES TO HOSPITAL AND ONE IS USED. WILL REVIEW IN QUARTERLY MEETING ON RESTARTING PRINTER.

LONGTERM WILL CONTINUE TO ASSESS IF NEW SYSTEM IN PLACE IS WORKING USING PRINTER CORD. WILL MAKE SURE STAFF CONTINUES TO HAVE UNDERSTANDING OF PRINTER AND PRINTING OF MATERIAL.

143b - Residents Medical Information (continued)

I, [REDACTED] being a current state certified paramedic since 1984, certified prehospital RN and Registered Nurse working strictly in level 1 ER's since 1993 with over a 1000 EMS calls under my belt disagrees with this violation.

My staff advised the EMS staff on duty that the copier/scanner/fax machine was not working properly and that the WI FI was also out due to thunderstorm. Staff member contacted me about incident while EMS was still in building. Advised my staff member to tell EMS to write in down off computer screen or take picture of it with there phone for hospital. (Being a paramedic myself we use to write everything down)

I came in approximately an hour later and reset copier/scanner/fax machine and printed out resident 3 information and faxed to ER myself without incident. Also, ER SOCIAL WORKER called PCH and spoke with me and got all information prior to me faxing. Resident 3 was discharged back to my facility later that evening.

I have had multiple incidents and complaints on my part to local EMS provider and have spoken to supervisors in past about their crew's unprofessionalism.

My staff was unaware the WIFI was out, and copier/fax/scanner was not working properly prior to incident

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented [REDACTED] - 05/10/2024)

183e - Storing Medications

15. 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 #4 is ordered [REDACTED], place 1 drop into both eyes at bedtime; however, there was no open date indicated on the bottle or box. The medication guidelines indicate the medication expires 4-6 weeks after opening.

Resident #4 is ordered [REDACTED] eye drops, place 1 drop into right eye twice a day; however, there was no open date indicated on the bottle or box. The medication guidelines indicate discard the eye drops expire 4 weeks after opening.

Plan of Correction

Accept [REDACTED] - 05/10/2024)

IMMEDIATE- RESIDENT WAS ON HOSPICE AND WAS NOT ABLE TO GO TO AN EYE APPOINTMENT, SO FAMILY WAS CALLED TO HAVE THEM CONTACT THE EYE DOCTOR AND EXPLAIN THAT WE GOT A VIOLATION FOR THE EYE DROPS (LATANOPROST) SO THE EYE DOCTOR DISCONTINUED THE MEDICATION.

MONITORING- [REDACTED] (ADM) WILL MAKE SURE IF THAT EYE DROP IS ORDERED FOR ANY RESIDENT THAT WE HAVE ENOUGH REFILLS (I CAN NOT GUARANTEE AN EYE DOCTOR WILL GIVE US 12 REFILLS TO LAST A FULL YEAR) IN THE EVENT I CAN NOT GET MORE IN TIME (WINTER MATWAY ADM) WILL HAVE TO REMOVE THE MEDS FROM THE QUICKMAR SYSTEM.

I [REDACTED] WILL MAKE SURE I WRITE THE DATE ON THE BOX

183e - Storing Medications (continued)

LONGTERM-I [REDACTED] WILL DATE THE BOX OF ALL EYE DROPS ON THE DAY THEY ARE OPENED. [REDACTED] (ADM) WILL CONTINUE TO MONITOR THE EYEDROPS ACCORDING TO OUR PHARMACY GUIDELINES (APOTHECARE (724) 437-0760 BETHANY WOLFE DINDL RPH) PLEASE SEE ATTACHMENT THAT INDICATES THE FOLLOWING EYE DROPS ARE GOOD FOR 1 WHOLE YEAR BASED OFF THE PHARMACY LABEL/DATE ON BOTTLE (USE CLOSER DATE AS THE APPROPRIATE EXPIRATION DATE) MEANING THE EYE DROPS LABELED (TIMOLOL 0.5%) DOES NOT EXPIRE WITHIN 4 WEEKS AS STATED ON OUR VIOLATION

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented ([REDACTED] - 05/10/2024)

227d - Support Plan Medical/Dental

16. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Over the past several weeks, resident #3 has exhibited negative behaviors, including agitation, toileting in inappropriate areas, undressing self, and walking in the home unclothed, and accusing other residents of stealing belongings. The support plan, dated [REDACTED], for resident #3 was not updated to address how the home will meet the residents' needs regarding these behaviors.

The support plan, dated [REDACTED], for resident #5 does not address how the home will meet the resident's service need related to occasional episodes of urinary incontinence, as indicated in the assessment, dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/06/2024)

IMMEDIATE- [REDACTED] IMMEDIATELY FIXED THE SUPPORT PLAN FOR BOTH RESIDENT #3 & RESIDENT #5 IN REGARD TO RESIDENT #3 WITH BEHAVIORS AND RESIDENT #5 WITH PER HER REQUEST OF NEEDING ASSISTANCE

MONITORING- I [REDACTED] WILL CONTINUE TO MAKE SURE I UPDATE ALL RESIDENTS WILL RECEIVE CARE FROM STAFF WITH TOILETING AND ALL INDEPENDENT RESIDENTS WILL BE UPDATED TO "PER THEIR REQUEST". WILL ALSO MAKE SURE TO MAKE CHANGES TO ANY BEHAVIOR ISSUES THEY MAY DISPLAY.

LONGTERM- I [REDACTED] WILL MAKE SURE FROM HERE ON OUT THAT ALL NEW RESIDENTS WILL EITHER HAVE ASSISTANCE WITH OR PER REQUEST LISTED ON SUPPORT PLAN UNDER INCONTINENCE RELATED PROBLEMS.

I WILL ALSO MAKE SURE TO UPDATE SUPPORT PLAN AS BEHAVIORS ARAISE FROM ANY RESIDENT

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([REDACTED] - 05/10/2024)