



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **JEAN MCVEY**
LEGAL ENTITY

To operate **MCVEY PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **8**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 14, 2024** until **November 14, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **460240**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: November 14, 2024

[REDACTED]
Jean McVey
[REDACTED]

RE: McVey Personal Care Home
235 North Gallatin Avenue
Uniontown, PA 15401
License #: 460240

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 29, 2024 and October 30, 2024, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *MCVEY PERSONAL CARE HOME* License #: *46024* License Expiration: *09/18/2024*
Address: *235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *JEAN MCVEY*
Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *08/29/2024*

Inspection Dates and Department Representative

08/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/29/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2024*

Inspections / Reviews (*continued*)

09/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2024

09/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/14/2024

10/30/2024 - Document Submission

Submitted [REDACTED]

Date Submitted: 10/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

89b - Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

At 9:44am, the hot water temperature at the sink in the 2nd floor common bathroom was 124.7 degrees Fahrenheit, and at 11:57am, the hot water temperature was 123.1 degrees Fahrenheit.

REPEAT VIOLATION: 11/15/2023

Plan of Correction

Directed [REDACTED] - 09/23/2024)

Administrator turned hot water tank down day of inspection. A staff member checked the water temperature again at 4:00pm and it was 119.6 degrees the water was checked again at 6:10pm and it was 117 degrees. A staff member checked the water temperature again the next morning (8/30/24) and it was 118.4 degrees. Administrator will do a daily log for 2 weeks then do a mid-week until it is regulated once its regulated it will do a weekly check to make sure it is in compliance. (DIRECTED: The daily checks of hot water temperatures for 2 weeks shall begin on 9/25/24. Immediately following the completion of the daily checks, the administrator shall check the hot water temperature from at least 2 different water sources each week. Documentation of the hot water temperatures shall be kept for 2 months. [REDACTED] 9/23/24). The home only has one hot water tank. The administrator will check the upstairs and first floor bathroom twice a day 8:30am and a second check at 6:pm for two weeks or until regulated. Once regulated administrator will check it at different times once a day if it still holding steady will do a mid-week check then a weekly check. Administrator will add a quality management meeting to staff training on 9/25/2024. (DIRECTED: Documentation of the quality management review shall be kept and include a review of all items specified in 2600.26b. [REDACTED] 23/24)

Proposed Overall Completion Date: 09/16/2024

Directed Completion Date: 09/25/2024

Implemented [REDACTED] - 10/30/2024)

126a - Furnace Inspection

2. Requirements

2600.

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

Description of Violation

The home's most recent furnace inspection was conducted on 11/16/23; however, the previous furnace inspection was conducted on 10/18/22.

Plan of Correction

Directed [REDACTED] - 09/23/2024)

Administrator will make sure the annual furnace cleaning and inspection is done annually within a year from the prior one and will call the furnace company one month in advanced to schedule an appointment. Administrator will then note it on the calendar for the next year one month in advance. Administrator made an appointment for 11/05/2024 to have annual cleaning and inspection done to the furnace. The furnace cleaning and inspection will be addressed at the quality management meeting on 9/25/2024. (DIRECTED: Documentation of the quality

126a - Furnace Inspection (continued)

management review shall be kept and include a review of all items specified in 2600.26b. LM 9/23/24)

Proposed Overall Completion Date: 09/16/2024

Directed Completion Date: 09/25/2024

Implemented [REDACTED] - 10/30/2024)

187b - Date/Time of Medication Admin.**3. 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 #1 is prescribed Glycopyrrolate 1mg tablet-Take 1 tablet by mouth twice a day. This medication has not been administered to resident #1 since 8/25/24, because the medication is not available in the home; however, staff person A initialed resident #1's August 2024 medication administration record (MAR) as administering this medication to resident #1 at 8:00pm on 8/26/24, 8/27/24 and 8/28/24. Also, a black line is present on resident #1's August 2024 MAR for the 8:00am doses of this medication on 8/26/24 through 8/31/24; however, does not include documentation that the medication was not administered to resident #1 at 8:00am on 8/26/24, 8/27/24, 8/28/24 and 8/29/24.

REPEAT VIOLATION: 1/25/2024; 11/15/2023

Plan of Correction

Directed [REDACTED] - 09/23/2024)

Resident #1 prescribed glycopyrrolate for secretion's was not in [REDACTED] new pack which started on 8/26/24 a black line was drew threw the morning at 8am but a black line was missed in the 8pm there for if still was signed by mistake that [REDACTED] it. A staff member called pharmacy about the medication this medication is no longer covered on [REDACTED] insurance and needs prior authorization from the doctor. when new med sheets were made for September, this medication was not on it yet as of 09/11/24 we are still waiting for authorization made several calls to the office. Administrator will have a staff member re-check med sheet to make sure everything is being signed correctly and that they match what is in their med packs and review other resident's mars to make sure everything is correct. The staff member should not have blacked out the medication on mar because it was not discounted as of yet. After calling residents physician multiple times in the last 2 weeks physician's office called and said doctor discontinued the medication to stop at the office and pick up the documentation stating medication was being discontinued as of 9/18/24. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure resident #1's Glycopyrrolate is not present on resident #1's current medication administration record. [REDACTED] 9/23/24). Staff is going to be reeducated on proper medication administration documentation and proper medication procedures at the next quality management meeting on 9/25/24 by a certified train the trainer. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 9/23/24). (DIRECTED: Documentation of the quality management review shall be kept and include a review of all items specified in [REDACTED] 9/23/24). The trainer will monitor staff doing proper medication administration documentation and proper medication procedures for 4 days starting 9/26/24, 9/27/24, 9/30/24, 10/1/24. the trainer will monitor staff doing 2 days 8am meds, 1 day 4pm, and 1 day bedtime meds. The trainer will reeducate the staff again on 11/13/24 at the safe management techniques meeting to ensure compliance with the regulation.

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

DIRECTED: Beginning on 9/30/24: The administrator shall review all medications and medication administration documentation for at least 4 residents per week for 1 month, then monthly thereafter, to ensure accurate and complete medication administration documentation and to ensure all prescribed medications are administered to residents in accordance with prescribers' orders. Documentation of the audits shall be kept for 2 months. ■
9/23/24

Proposed Overall Completion Date: 09/23/2024

Directed Completion Date: 10/14/2024

Implemented ■ - 10/30/2024)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Glycopyrrolate 1mg tablet-Take 1 tablet by mouth twice a day; however, this medication has not been administered to resident #1 since 8/25/24, because the medication is not available in the home for administration.

Plan of Correction

Directed ■ - 09/23/2024)

Resident #1 medication of Glycopyrrolate was not in ■ new pack which started on 08/26/24 because ■ insurance no longer covers this medication. The pharmacy is waiting on the doctor for prior authorization. Administrator has made several calls to doctor's office to get authorization. When meds sheets were made for September, this medication was not put on it but will be added if gets it. After calling physician for 2 weeks the medication is being discontinued starting on 9/18/24 physician office called and said to pick up the documentation of it being discontinued. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure resident #1's Glycopyrrolate is not present on resident #1's current medication administration record. ■ 9/23/24). Staff is going to be reeducated on proper medication administration documentation and proper medication procedures at the next quality management meeting on 9/25/24 by a certified train the trainer. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. ■ 9/23/24). (DIRECTED: Documentation of the quality management review shall be kept and include a review of all items specified in 2600.26b. ■ 9/23/24) The trainer will monitor staff doing proper medication administration documentation and proper medication procedures for 4 days starting 9/26/24, 9/27/24, 9/30/24, 10/1/24 the trainer will monitor staff doing 2 days 8am meds 1 day,4pm, and 1 day bedtime meds. The trainer will reeducate the staff again on 11/13/24 at the safe techniques meeting to ensure compliance with the regulation and documentation shall be kept.

DIRECTED: Beginning on 9/30/24: The administrator shall review all medications and medication administration documentation for at least 4 residents per week for 1 month, then monthly thereafter, to ensure accurate and

187d - Follow Prescriber's Orders (continued)

complete medication administration documentation and to ensure all prescribed medications are administered to residents in accordance with prescribers' orders. Documentation of the audits shall be kept for 2 months. ■
9/23/24

Proposed Overall Completion Date: 09/23/2024

Proposed Overall Completion Date: 10/14/2024

Directed Completion Date: 10/14/2024

Implemented (■ - 10/30/2024)

224a - Preadmission Screen Form**5. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening, dated ■4, does not include a determination that the home can meet resident #2's needs. This section of resident #2's preadmission screening is blank.

REPEAT VIOLATION: 11/15/2023

Plan of Correction

Directed (■ - 09/23/2024)

Resident #2 preadmission screening for meet the resident's needs was checked yes and dated beside it for 8/29/24 in front of the inspector. Administrator will use check list to make sure everything is completed and dated in the future and review other residents' records before having a staff member review them also. The administrator and designated staff member implemented the check list on 8/30/24 and reviewed all other resident records to ensure each resident has a current and complete preadmission screening and was completed on 8/30/24 by administrator and designated staff member. Preadmission screenings will be addressed at the quality management meeting on 9/25/2024. (DIRECTED: Documentation of the quality management review shall be kept and include a review of all items specified in 2600.26b. ■ 9/23/24)

Proposed Overall Completion Date: 09/17/2024

Directed Completion Date: 09/25/2024

Implemented (■ - 10/30/2024)

225c - Additional Assessment**6. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment, which was signed by the assessor on ■24, does not include the date resident #1's assessment was finalized. This section of resident #1's assessment is blank.

225c - Additional Assessment (continued)

Resident #3's most recent assessment, which was signed by the assessor on [REDACTED]/23, does not include the date resident #3's assessment was finalized. This section of resident #3's assessment is blank.

Plan of Correction**Directed [REDACTED] - 09/23/2024)**

Residents #1 and #3 assessments were both finalized the day they were signed by assessor which was staff member A. Staff member A forgot to write the date on the front where the assessment was finalized. Staff member dated the assessment finalized in front of inspector for the day the assessor signed them and then beside it the day it was corrected (8/29/24) for both residents. Administrator will use the check list to make sure everything is completed and dated and have a staff member check her work and review all other resident's records to make sure they are completed and dated. Administrator or designated staff member will use check list to ensure compliance with annual assessments by going down the list and checking it off as assessment is completed. On 8/30/24 administrator and designated staff member audited all other residents rasp within the last year to ensure assessments were complete. Assessments (rasp) will be addressed on the next quality management meeting on 9/25/24. (DIRECTED: Documentation of the quality management review shall be kept and include a review of all items specified in 2600.26b. [REDACTED] 9/23/24)

Proposed Overall Completion Date: 09/17/2024

Directed Completion Date: 09/25/2024

Implemented [REDACTED] - 10/30/2024)

227c - Support Plan Revision

7. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's most recent assessment and support plan, which were signed by the assessor on [REDACTED]/24, are both undated, so it is unable to be determined if resident #1's most recent support plan was completed within 30 days upon completion of resident #1's annual assessment.

Resident #3's most recent assessment and support plan, which were signed by the assessor on [REDACTED]/23, are both undated, so it is unable to be determined if resident #3's most recent support plan was completed within 30 days upon completion of resident #3's annual assessment.

Plan of Correction**Directed [REDACTED] - 09/23/2024)**

Both residents # 1 and #3 annual assessment and support plans were completed the day the assessor signed them which was in compliance but forgot to put the date on the front where the finalization is. The dates were added to both residents' assessment and support plan in front of inspector and then corrected on (8/29/24). Administrator will use the check list to make sure everything is filled out and dated and have staff member double check to make sure nothing is missed and review the rest of the resident's records to make sure they are completed also. Administrator or designated staff member will use check list to ensure compliance with annual support plan by going down list and check it off when each section is completed. On 8/30/2024 administrator and designed staff member audited all

227c - Support Plan Revision (continued)

other residents RASP within the last year to ensure support plan were completed and dated. Will review (RASP) assessment and support plan on the next quality management meeting 9/25/24. (DIRECTED: Documentation of the quality management review shall be kept and include a review of all items specified in 2600.26b. [REDACTED] 9/23/24)

Proposed Overall Completion Date: 09/18/2024

Directed Completion Date: 09/25/2024

Implemented [REDACTED] - 10/30/2024)