

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

August 8, 2025

[REDACTED]  
H AND M PERSONAL CARE HOME INC  
[REDACTED]  
[REDACTED]

RE: H & M PERSONAL CARE HOME  
590 BOGGS SCHOOL ROAD  
MOON TOWNSHIP, PA, 15108  
LICENSE/COC#: 44848

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2025 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:** H & M PERSONAL CARE HOME **License #:** 44848 **License Expiration:** 06/23/2025  
**Address:** 590 BOGGS SCHOOL ROAD, MOON TOWNSHIP, PA 15108  
**County:** ALLEGHENY **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** H AND M PERSONAL CARE HOME INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other **Date:** 07/25/1983 **Issued By:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 17 **Waking Staff:** 13

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Provisional, Monitoring **Exit Conference Date:** 06/23/2025

**Inspection Dates and Department Representative**

06/23/2025 **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information				
License Capacity:	18	Residents Served:	17	
Secured Dementia Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	1			
Number of Residents Who:				
Receive Supplemental Security Income:	13	Are 60 Years of Age or Older:	7	
Diagnosed with Mental Illness:	17	Diagnosed with Intellectual Disability:	1	
Have Mobility Need:	0	Have Physical Disability:	1	

**Inspections / Reviews**

06/23/2025 - Partial  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 07/05/2025

Inspections / Reviews (*continued*)

## 07/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/11/2025

## 07/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/01/2025

## 08/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has no documentation indicating a fire safety inspection and supervised fire drill was conducted by a fire safety expert within the past year.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/15/2025

On 7/1/2025 a fire safety expert came to the home and conducted an inspection and fire drill. The fire safety expert also conducted a training with staff. Going forward the home will put a monthly monitoring system to check dates of fire safety inspection dates. The first week of every month we will do a check and sign off on a check sheet. The check sheet will be kept in a binder with other checklist needed for the annual inspection. Fire Safety did fill out both papers required by the department and signed them. The monthly audits will begin August 1, 2025. the home administrator/owner or other owner will be conducting the audits.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [REDACTED] - 08/08/2025

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have documentation from a fire safety expert within the past year indicating a maximum evacuation time to evacuate the building to a public thoroughfare that exceeds 2 minutes, 30 seconds. A fire drill was conducted on [REDACTED] at 8:00pm; however, the evacuation time for this fire drill was 3 minutes, 55 seconds.

Plan of Correction

Accept [REDACTED] - 07/15/2025

The Fire Safety drill and inspection was done on 7/1/2025 our evacuation time is set at 5 minutes and always has been. Going forward the home has a monthly fire safety checklist to make sure fire safety drill and inspection are done within compliance for the department. We have also trained staff to different fire safety time in case we are out of compliance which should not happen again. The monthly audits will begin August 1, 2025 and be conducted by the home administrator/owner or other owner

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [REDACTED] - 08/08/2025

183d - Prescription Current

3. 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

Resident [redacted] is currently prescribed [redacted] 1 puff by mouth twice daily; however, a [redacted] [redacted] was present in the home's medication cart, which is not currently prescribed to resident [redacted]

REPEAT VIOLATION: [redacted]

Plan of Correction

Accept [redacted] - 07/15/2025)

The resident had a prescription change and is with VA doctors. Going forward we are working with resident's RN from the VA for updated monthly med list. The correct medication was put into cart the fluticasone 500/50 on 6/25/2025 the day inspectors were there and resident had an updated med list that [redacted] provided to me that day. The home made a copy of med list and put into [redacted] section of the MAR. Going forward a monthly medication audit will be done on each resident the first week of the month to make sure every resident has the correct medication lists and medications. We have made a Monthly checklist to ensure that this is done. Checklist will be put in checklist binder. The prescription changed to from 250/50 to 500/50 on 6/3/2025 the DCS/owner removed discontinued inhaler on 6/23/25 and put the correct inhaler 500/50 the day of inspection. The monthly audits began 7/1/2025 and will continue every month. All staff persons qualified to administer medications shall be re-educated on this regulation which includes the homes procedures for immediately removing discontinued medications from the home. The home conducted a training on 7/9/2025 with all DCS the home administer conducted the training and everything was documented.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [redacted] - 08/08/2025)

187a - Medication Record

4. Requirements

2600.

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

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Direct care staff person A currently administers medications in the home; however direct care staff person A's name and initials are not included on the home's staff medication administration key.

Plan of Correction

Accept [redacted] - 07/15/2025)

A new Mar Key was typed up on 6/26/2025 and put into front of MAR with each staff members name and initials. Each month the MAR key will be checked and updated if necessary a monthly checklist will implemented and kept in the checklist binder. The monthly audits began on 7/1/2025 the home administrator/owner and owner will

187a Medication Record (continued)

conduct audits monthly.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [REDACTED] 08/08/2025)