

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

October 2, 2025

[REDACTED], OWNER
ANTHONY J PERONI
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 08/21/2025 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: *PERONI PERSONAL CARE HOME* License #: *42627* License Expiration: *06/03/2026*
 Address: *111 EASY STREET, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *08/21/2025*

Inspection Dates and Department Representative

08/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *33* Residents Served: *26*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

08/21/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/11/2025*

Inspections / Reviews (*continued*)

09/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/16/2025

09/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2025

10/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25c4 - Payment Responsibility

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED] does not specify the party responsible for payment. This section of resident #1's resident-home contract is blank.

Plan of Correction

Accept ([REDACTED] - 09/15/2025)

PLAN OF CORRECTION PAYMENT RESPONSIBILITY

IMMEDIATE- [REDACTED] ADDED RESPONSIBLE PARTY FOR PAYMENT TO THE CONTRACT ON THE FOLLOWING DAY 9-5-2025.

ALSO, ON THE FOLLOWING DAY 9-5-2025 [REDACTED] CHECKED OVER ALL RESIDENT CONTRACTS TO ENSURE THAT ALL PAYMENT RESPONSIBILITY AREAS WERE FILLED OUT.

MONITORING- ALL CONTRACTS WILL BE LOOKED OVER BY THE OTHER ADMINISTRATOR(S) TO CHECK THAT ALL REQUIRED INFO IS ADDED, THIS WILL TAKE PLACE STARTING WHEN THE NEXT NEW RESIDENT ARRIVES AT THE HOME

LONGTERM- A CHECK LIST OF ALL REQUIRED SIGNATURES AND INFO WILL BE MADE UP AND WILL BE GONE OVER FOR EACH CONTRACT FROM HERE ON OUT STARTING WHEN THE NEXT NEW RESIDENT ARRIVES. THIS DOUBLE CHECK WILL BE DONE BY [REDACTED]

Proposed Overall Completion Date: 09/13/2025

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ([REDACTED] - 10/02/2025)

25c6 - Refunds

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED] does not specify the name and contact information for the person who would receive a refund in the event of resident #1's death. This section of resident #1's resident-home contract is blank.

25c6 - Refunds (continued)

Plan of Correction

Accept ([redacted] - 09/15/2025)

PLAN OF CORRECTION REFUNDS

IMMEDIATE- [redacted] ADDED RESPONSIBLE PARTY FOR REFUND TO THE CONTRACT ON 9-5-2025. ALSO, ON THE FOLLOWING DAY 9-5-2025 [redacted] CHECKED ALL CONTRACTS TO ENSURE THAT THE AREA FOR REFUNDS HAS A NAME LISTED

MONITORING- ALL CONTRACTS WILL BE LOOKED OVER BY OTHER ADMINISTRATOR(S) TO CHECK ALL REQUIRED INFO IS ADDED, THIS WILL START WHEN THE HOME GETS A NEW RESIDENT

LONGTERM- A CHECK LIST OF ALL REQUIRED SIGNATURES AND INFO WILL BE MADE UP AND WILL BE GONE OVER FOR EACH CONTRACT FROM HERE ON OUT. THE DOUBLE CHECK WILL HAPPEN AFTER THE CONTRACT IS SIGNED. THE DOUBLE CHECK WILL BE DONE BY [redacted]

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ([redacted] - 10/02/2025)

26a - Quality Management Plan

3. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a written quality management plan.

Plan of Correction

Directed ([redacted] - 09/15/2025)

PLAN OF CORRECTION QUALITY MANAGEMENT PLAN

IMMEDIATE- (THE QUALITY MANAGEMENT PROCEDURE WAS IN THE POLICY BOOK BUT OVERLOOKED WHEN INSPECTOR WENT THROUGH IT) THE PROCEDURE WAS UPDATED AND WILL STILL BE IN THE POLICY BOOK BUT IS ALSO ATTACHED TO THE NOTEBOOK THAT WE KEEP OUR RECORDS OF MEETINGS IN ON THE INSIDE OF THE FRONT COVER AND IT STATES THAT IN THE POLICY BOOK.

OUR NEXT QUALITY MANAGEMENT REVIEW WILL BE HELD ON 09-30-2025

MONITORING- [redacted] AND WHOEVER ELSE WILL BE ATTENDING THE MEETING WILL MEET EVERY 6 MONTHS AND WILL MAKE SURE A COPY OF THE QUALITY MANAGEMENT PLAN WILL BE IN THE POLICY BOOK. THE NEXT MEETING HELD ON 09-30-2025 WILL HAVE THE FOLLOWING ITEMS ADDRESSED

- REPORTABLE INCIDENTS AND CONDITION REPORTING PROCEDURES
- COMPLAINT PROCEDURES
- STAFF PERSON TRAINING
- LICENSING VIOLATIONS AND P-O-C

26a - Quality Management Plan (continued)

-RESIDENT OR FAMILY COUNCILS

LONGTERM- THE ADMS WILL CONTIUNE TO MEET EVERY 6 MONTHS AND ALWAYS MAKE SURE THDERE IS A COPY IN THE POLICY BOOK OR ANY UPDATED POLICY BOOK (POLICY BOOK WILL BE AVAILABLE IN THE KITCHEN) THE RECORDS OF OUR QUALITY MANAGEMENT PLAN AND REVIEWS WILL BE (IN THE OFFICE ON [REDACTED] DESK)

Proposed Overall Completion Date: 09/13/2025

Directed Completion Date: 09/30/2025

Implemented ([REDACTED] - 10/02/2025)

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 10:08am, the hot water temperature at the sink in common bathroom #1 was 124 degrees Fahrenheit.

At 10:11am, the hot water temperature at the sink in common bathroom #3 was 130.4 degrees Fahrenheit.

At 10:14am, the hot water temperature at the sink in common bathroom #7 was 131 degrees Fahrenheit.

At 10:20am, the hot water temperature at the sink in bathroom #6 was 132 degrees Fahrenheit.

At 10:33am, the hot water temperature at the sink in the upstairs common shower room was 126 degrees Fahrenheit.

REPEAT VIOLATION: 4/3/2024

Plan of Correction

Directed ([REDACTED] - 09/15/2025)

PLAN OF CORRECTION HOT WATER TEMPERATURE

IMMEDIATE- THE HOT WATER TANKS WERE TURNED DOWN IMMEDIATELY WHILE STATE INSPECTORS WERE STILL HERE AND TESTED A SECOND TIME. THE TANKS NEEDED TURNED DOWN A FEW TIMES UNTIL THE TEMP WAS BELOW 120. ALL 4 HOT WATER TANKS WERE TURNED DOWN 8-15-2025 AND ALSO 9-15-2025 AND TEMPS WERE CHECKED ON BOTH DAYS

89b - Hot Water Temperature (continued)

MONITORING- [REDACTED] OR AN APPOINTED PERSON WILL CHECK HOT WATER TEMPERATURES TO ALL THE BATHROOMS (WHICH WILL INCLUDE ALL 4 SOURCES) TO ENSURE TEMPS STAY BELOW 120 DAILY FOR 1 MONTH. AFTERWARDS IT WILL BE WEEKLY CHECKS [REDACTED] (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. The weekly checks shall continue indefinitely. [REDACTED] 9/15/25). DAILY CHECKS WILL BEGIN ON 9-16-2025 UNTIL 10-16-2025 THAN GO TO WEEKLY (DIRECTED: Documentation of the hot water temperatures shall be kept for 2 months. [REDACTED] 9/15/25).

LONGTERM- [REDACTED] OR THE APPOINTED PERSON WILL CONTINUE TO CHECK HOT WATER TEMPS ON A REGULAR MONTHLY BASICS TO ENSURE THEY STAY BELOW 120. IT WILL BE ADDED ONTO THE MONTHLY WALK THROUGH CHECK LIST THAT STARTS ON 10-01-2025 ALTHOUGH HOT WATER TEMPS WILL BE CHECKED BEFORE THAN

Proposed Overall Completion Date: 09/15/2025

Directed Completion Date: 09/30/2025

Implemented ([REDACTED] - 10/02/2025)

92 - Windows

5. 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

No screens were present in the following operable windows:

- The window in common bathroom #1
- The window in common bathroom #3
- The window in bathroom #4

REPEAT VIOLATION: 4/3/2024

Plan of Correction

Accept ([REDACTED] - 09/15/2025)

PLAN OF CORRECTION WINDOWS

IMMEDIATE- [REDACTED] IMMEDIATELY CALLED MAINTENANCE TO SCHEDULE A DAY AND TIME FOR THE SCREENS TO BE INSTALLED. THEY WERE INSTALLED ON 9-9-2025 ON THE CITED WINDOWS. THEY WERE INSTALLED BY (RATES HOME IMPROVEMENT)

92 - Windows (continued)

MONITORING- [REDACTED] OR AN APPOINTED PERSON WILL DO A MONTHLY WALK THROUGH TO ENSURE WINDOWS HAVE SCREENS PLACED IN THEM. THE WALK THROUGH WITH THE WINDOW CHECKS ADDED WILL START THE 1ST OF THE FOLLOWING MONTH WHICH WILL BE STARTING 10-01-2025

LONGTERM- [REDACTED] OR THE APPOINTED PERSON WILL ADD ON THE MONTHLY CHECK LIST TO CHECK WINDOWS FOR SCREENS TO CONTINUE THEY ARE ALL IN PLACE. THIS CHECK LIST WITH WINDOWS ADDED WILL BEGIN THE 1ST OF THE FOLLOWING MONTH WHICH IS 10-01-2025. THE CHECK FOR WINDOW SCREENS WILL INCLUDE ALL WINDOWS OF THE PCH

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ([REDACTED] - 10/02/2025)

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

The bathroom exhaust fan in common bathroom #1 is inoperable.

The bathroom exhaust fan in bathroom #4 is inoperable.

Plan of Correction

Accept ([REDACTED] - 09/15/2025)

PLAN OF CORRECTION FURNITURE AND EQUIPMENT

IMMEDIATE- (BATHROOM 1 EXHAUST FAN DID WORK, THE SWITCH IS NOT ATTACHED TO THE LIGHT SWITCH, IT IS ON THE OTHER SIDE OF THE SINK.....THE SOON TO BE NEW MANAGEMENT DID THE SITE WALK THROUGH AND DID NOT KNOW IT WAS ON THE OTHER SIDE)

AS OF BATHROOM 4, [REDACTED] IMMEDIATELY CALLED [REDACTED] MAINTENCE TEAM FOR THE PCH AND WANT AND PICKED UP THE PART TO BE INSTALLED. THE EXHAUST FAN WAS REPAIRED ON 9-7-2025. THE PERSON THAT REPAIRED THE EXHAUST FAN WAS (RATES HOME IMPROVEMENT)

MONITORING- [REDACTED] WILL ADD ON TO [REDACTED] MONTHLY WALK THROUGH TO CHECK ALL BATHROOM EXHAUST FANS. THE NEW ADDED ITEM OF CHECKING THE EXHAUST FANS WILL START THE 1ST OF THE FOLLOWING MONTH 10-01-2025

LONGTERM- [REDACTED] WILL CONTINUE TO CHECK ALL EXHAUST FANS MONTHY AND ADD IT ONTO THE MONTHLY WALK THROUGH CHECK LIST WHICH WILL START THE FOLLOWING MONTH WHICH WILL BE 10-01-2025

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ([REDACTED] - 10/02/2025)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 8/21/25, the home served 25 residents, requiring a minimum of 75 gallons of drinking water for a 3-day emergency supply. At the time of inspection, the home had no emergency drinking water available in the home. The home has a contract with [REDACTED], dated 8/21/25, indicating emergency drinking water could be provided to the home in an emergency; however, the letter does not include the following:

- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency

Plan of Correction

Directed ([REDACTED] - 09/15/2025)

PLAN OF CORRECTION FOOD/WATER 3 DAY SUPPLY

IMMEDIATE-[REDACTED] IMMEDIATELY CALLED [REDACTED] FOR THEM TO STATE THAT THEY WOULD IMMEDIATELY DELIVER WATER SUPPLY IN THE EVENT OF AN EMERGENCY FROM THE DATE OF 08-21-2025 AND THERE AFTER EVEN DURING A NATURAL DISASTER THE PCH WILL BE PRIORITY

MONITORING-[REDACTED] ANNUALLY WILL MAKE SURE THERE IS A COPY OF THE WATER SUPPLY AGREEMENT IN A SEPARATE FILE FOLDER

LONGTERM-[REDACTED] WILL MAKE SURE THERE IS THE AGREEMENT FOR [REDACTED] AND OR ANY OTHER COMPANY WITH AN AGREEMENT FOR DELIVERY OF WATER IMMEDIATELY EVEN IN THE EVENT OF A NATURAL/REGIONAL DISASTER AND ENSURE THEY CAN MAKE THE PCH A PRIORITY...IN THE EVENT THEY CAN'T IN THE FUTURE WE WILL MAKE SURE WE HAVE 1 GALLON OF WATER PER RESIDENT AND HAVE THEM DELIVERY WATER FOR 1-2 DAYS WITHIN 24 HRS

DIRECTED: By 9/30/25: The administrator shall ensure at least 1 gallon of emergency drinking water is present in the home for each resident per day for a 3 day supply or the administrator shall obtain documentation from a local bottled water supplier indicating they would provide emergency drinking water, which must indicate the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours-per-day and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency. [REDACTED] 9/15/25

Proposed Overall Completion Date: 09/13/2025

Directed Completion Date: 09/30/2025

Implemented ([REDACTED] - 10/02/2025)

126a - Furnace Inspection

8. Requirements

2600.

126a - Furnace Inspection (continued)

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 does not have documentation indicating the home's furnaces have been inspected by a professional furnace cleaning company or by a trained maintenance staff person within the past year.

Plan of Correction

Directed () - 09/15/2025

PLAN OF CORRECTION FURNACE INSPECTION

IMMEDIATE- IMMEDIATELY CALLED AND GOT THE CURRENT FURNACE INSPECTION EMAILED FROM WHEN THERE WERE HERE ON 08-22-2025

MONITORING- WILL MAKE A SEPARATE FILE FOLDER FOR THE MOST CURRENT ANNUAL FURNACE INSPECTION TO MAKE SURE ITS ALWAYS IN THE FACILITY (DIRECTED: Beginning on 10/1/25: The administrator shall review the file folders quarterly to ensure timely furnace inspections are conducted at least annually in accordance with 2600.126a. 9/15/25).

LONGTERM- WILL CONTINUE TO MAKE SURE ANNUALLY THERE IS A CURRECT COPY IN THE FILE FOLDER AND WILL ALSO PUT IN CALENDAR TO CALL ANNUALLY FOR FURNACE AND AIR CONDITIONER MAINTENANCE

Proposed Overall Completion Date: 09/15/2025

Directed Completion Date: 09/30/2025

Implemented () - 10/02/2025

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on however, resident #2's previous medical evaluation was completed on

Plan of Correction

Accept () - 09/10/2025

PLAN OF CORRECTION ANNUAL MEDICAL EVALUATION

IMMEDIATE- IMMEDIATELY SET UP ALERTS ON CALENDAR FOR EACH EVALUATION 30

141b1 - Annual Medical Evaluation (continued)

DAYS PRIOR TO DUE DATE

MONITORING- [REDACTED] WILL CONTINUE TO KEEP ADDING ALERTS ON [REDACTED] CALENDAR AND SCHEDULE VISITS WITH THE PCH TO GET IT FILLED OUT AND SIGNED IN THE NEEDED TIME FRAME

LONGTERM- [REDACTED] WILL CONTIUNE TO KEEP ADDING ALERTS (30 DAYS PRIOR) ON [REDACTED] CALENDAR AND SCHEDULING VISITS WITH HOUSE DR. TO ENSURE ALL MEDICAL EVALUATIONS ARE FILLED OUT AND SIGNED IN THE NEEDED TIME FRAME

Licensee's Proposed Overall Completion Date: 09/09/2025

Implemented ([REDACTED] - 10/02/2025)