

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

September 25, 2025

[REDACTED], OWNER/ADMINISTRATOR
WENDY JO PEACE
P.O. BOX 536, 429 UNION STREET
BIG RUN, PA, 15715

RE: PEACE'S PERSONAL CARE HOME
429 UNION STREET, P.O. BOX 536
BIG RUN,, PA, 15715
LICENSE/COC#: 40655

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025 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: PEACE'S PERSONAL CARE HOME License #: 40655 License Expiration: 12/14/2025
 Address: 429 UNION STREET, P.O. BOX 536, BIG RUN,, PA 15715
 County: JEFFERSON Region: WESTERN

Administrator

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

Legal Entity

Name: WENDY JO PEACE
 Address: P.O. BOX 536, 429 UNION STREET, BIG RUN, PA, 15715
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 01/11/2012 Issued By: Big Run Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 08/26/2025

Inspection Dates and Department Representative

08/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 Residents Served: 16
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/26/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2025

09/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/23/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/03/2025

Inspections / Reviews *(continued)*

09/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 8/26/25, there was no carbon monoxide alarm for the gas dryer in the upstairs bathroom.

Plan of Correction

Accept (█ - 09/18/2025)

Administrator Purchased carbon monoxide detector on the day of inspection 8-26-2025 and installed it at least 15 feet away from gas dryer. All carbon monoxide detectors will be checked monthly during monthly fire drills by the administrator or designee.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (█ - 09/25/2025)

42s - Privacy

2. 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

On 8/26/25, the home had the ability to audio monitor multiple locations throughout the home, to include the upstairs and downstairs sitting rooms.

Plan of Correction

Accept (█ - 09/18/2025)

Policy on audio monitoring was created on 9/16/2025 for residents of Peaces Personal Care Home. It is possible with the intercom system to monitor residents in common areas but will not be done to protect the residents right to privacy and will not be used. Staff will be informed that We only use our devices as an intercom system.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (█ - 09/25/2025)

93a - Handrails

3. Requirements

2600.

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

93a - Handrails (continued)

Description of Violation

There is no handrail for the approximate 7 1/2-inch step at the front main entrance of the home.

Plan of Correction

Accept (████) - 09/18/2025

On day of inspection, handle was installed by maintenance. Will be checked monthly by administrator or designee will check all outside handrails to be sure they are secure.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (████) - 09/25/2025

93b - Railings

4. Requirements

2600.
93.b. Each porch must have a well-secured railing.

Description of Violation

The upstairs deck's railing that surrounds the entire deck, is not secured. A portion of the deck's rail near the deck entrance has a movement of approximate 1-2 inches. There is a drop of approximately 7 feet from the deck to the ground.

Plan of Correction

Accept (████) - 09/18/2025

On day of inspection handle was installed by maintenance. Will be checked monthly by administrator or designee will check all outside handrails to be sure they are secure.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (████) - 09/25/2025

103e - Left Overs

5. 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 multiple unlabeled, undated containers of condiments in the resident refrigerator in the sitting room area.

Plan of Correction

Accept (████) - 09/18/2025

On 8-26-2025 staff made residents aware that any food in their fridge needs to be dated when opened. Staff will be sure when cleaning the fridge weekly that residents are continuing to do so and anything not marked will be marked at that time. Weekly documentation will be done to be sure it's done.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (████) - 09/25/2025

103i - Outdated Food

6. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were multiple unlabeled, undated containers of ice cream in the resident freezer in the sitting room area.

Plan of Correction

Accept (█) - 09/18/2025

On 8-26-2025 staff made residents aware that any food in their fridge needs to be dated when opened. Staff will be sure when cleaning the fridge weekly that residents are continuing to do so and anything not marked will be marked at that time. Weekly documentation will be done to be sure it's done.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (█) - 09/25/2025

130f - Testing Smoke Detectors

7. Requirements

- 2600.
- 130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home's smoke detectors in the attic did not work. This area is used for storage.

Plan of Correction

Accept (█) - 09/18/2025

On day of inspection, smoke detector in attic was not working. We had recently had some HVAC work done and it must have gotten bumped because when I changed the battery it still did not work. Here, it was unplugged from the electrical interconnection it worked once plugged back in. Administrator or designee will monitor all fire alarms during monthly fire drills to be sure all are working.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (█) - 09/25/2025

183b - Meds and Syringes Locked

8. 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

On 8/26/25, at approximately 4:00 pm., medications for multiple residents were unlocked, unattended, and accessible, sitting on top of and inside of the unlocked medication cart in the medication/office room.

Plan of Correction

Accept (█) - 09/18/2025

Med cart was locked on day of inspection. Staff will be re-educated to lock med cart and door when not administering medications. Training will be done by September 30, 2025

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented (█) - 09/25/2025

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 8/26/25, at approximately 4:00 pm., the prescribed narcotic medication, Clonazepam, for resident #1 was unlocked, unattended, and accessible on the medication cart in the medication/office room. The home's narcotic policy on the safe storage, indicates the narcotic medications will be stored under double lock.

Plan of Correction

Accept ([redacted] - 09/18/2025)

Med cart was locked on day of inspection. Staff will be re-educated to lock med cart and door when not administering medications. Training will be done by September 30, 2025

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented ([redacted] - 09/25/2025)

227c - Support Plan Revision

11. 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 #3 was admitted on [redacted] and the initial support plan was finalized [redacted] However, the resident's annual support plan indicates it was finalized [redacted] and the administrator and resident signed the support plan on [redacted]

Plan of Correction

Accept ([redacted] - 09/18/2025)

Was fixed on 8-26-2025. Administrator will check all Rasps to make sure Rasps are completed and correct.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented ([redacted] - 09/25/2025)