

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

June 10, 2026

[REDACTED]  
ANTHONY J PERONI  
[REDACTED]

RE: PERONI PERSONAL CARE HOME  
111 EASY STREET  
UNIONTOWN, PA, 15401  
LICENSE/COC#: 42627

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2026 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: [REDACTED]  
 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: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 03/05/2026

**Inspection Dates and Department Representative**

03/05/2026 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: 26  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 5 Have Physical Disability: 0

**Inspections / Reviews**

03/05/2026 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/09/2026

Inspections / Reviews *(continued)*

05/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/29/2026

05/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/03/2026

06/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at approximately 2:10 pm, resident [REDACTED] had an unwitnessed fall in [REDACTED] bedroom. Resident [REDACTED] was transported by paramedics to the hospital, and was admitted with the diagnosis of a broken [REDACTED]. However, the home did not report this incident to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/29/2026)

P-O-C WRITTEN INCIDENT REPORT

IMMEDIATE- ALL ADMINISTRATORS.. [REDACTED] AND [REDACTED] HAD A MEETING ON 5-1-2026, TO GO OVER THE IMPORTANCE OF MAKING SURE ALL INCIDENT REPORTS ARE SUMMITTED WITH IN 24 HRS OF THE INCIDENT OCCURRING

MONITORING- ALL ADMINISTRATORS WILL WORK TOGETHER AND COMMUNICATE ALL REPORTED INCIDENTS TO ENSURE THEY ARE BEING SENT IN THE CORRECT TIMEFRAME AND CORRECT NUMBER. STAFF WILL REPORT ALL INCIDENTS TO [REDACTED] UNLESS UNAVAILABLE THAN THEY WILL BE REPORTED TO [REDACTED] OR [REDACTED]

[REDACTED] WILL SUBMIT ALL INCIDENT REPORTS

LONGTERM- ALL ADMINISTRATORS WILL WORK TOGETHER AND COMMUNICATE ALL REORTED INCIDENTS TO ENSURE THEY ARE BEING SENT IN THE CORRECT TIMEFRAME AND CORRECT NUMBER.

ALSO ON 5-26-2026 I [REDACTED] HELD A STAFF MEETING WITH STAFF TO GO OVER THE IMPORTANCE OF REPORTING ANY AND ALL REPORTABLE INCIDENTS TO [REDACTED] WHEN I AM UNAVAILABLE THE STAFF WILL REPORT TO [REDACTED] OR [REDACTED]

Licensee's Proposed Overall Completion Date: 05/27/2026

Implemented [REDACTED] - 06/10/2026)

190b - Insulin Injections

2. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Resident [REDACTED] has a prescription for [REDACTED] sub-q once a week on Wednesday. This medication was administered to the resident by non-licensed staff members A, B, and C on the following dates: [REDACTED] and [REDACTED]. Staff members A, B, and C do not have the required waiver from the Department granting eligibility to administer [REDACTED].

Plan of Correction

Accept [REDACTED] 05/29/2026)

P-O-C INSULIN INJECTIONS

IMMEDIATE- [REDACTED] CALLED THE DIABETIC INSTRUCTOR (SET UP DIABETIC CLASS FOR [REDACTED] INJECTIONS), PHARMACY (FOR OTHER OPTIONS), AND THE HOUSE DOCTOR (SCRIPT FOR ORAL MEDICATION)

**190b Insulin Injections (continued)**

██████████ AND ██████████ HAVE A CERTIFICATE IN ██████████ INJECTIONS, RESIDENT ██████████ IS NOW ON ORAL MEDICATION  
██████████ AND ██████████ ARE NOT RN OR LPN SO WE WANT THROUGH THE ██████████ EDUCATION AND ADMINISTRATION ON 3 26 2026

MONITORING ANY RESIDENT THAT COMES TO OUR FACILITY WITH A ██████████ INJECTION ON THEIR MED LIST (OR F ANY CURRECT RESIDENT HAS A ██████████ INJECTION ADDED) WE WILL SEE IF ANY ORAL MEDICATIONS CAN BE AN OPTION FROM OUR HOUSE DOCTOR.

IN THE EVENT THAT ORAL MEDICATION IS NOT AN OPTION EITHER ██████████ ██████████ OR ██████████ ██████████ (NURSE) WILL ADMINISTER THE ██████████ WEEKLY INJECTION. ALL ADMINISTRATORS WILL WORK TOGETHER TO ENSURE IF ANY PLANS OR VACATIONS ARE TAKING PLACE THAT ONE OF US IS ALWAYS AVAILABLE IF A RESIDENT HAS A ██████████ WEEKLY INJECTION.

LONGTERM ANY RESIDENT THAT COMES TO OUR FACILITY WITH A ██████████ INJECTION ON THEIR MED LIST (OR IF ANY CURRECT RESIDENT HAS A ██████████ INJECTION ADDED) WE WILL SEE IF ANY ORAL MEDICATIONS CAN BE AN OPTION FROM OUR HOUSE DOCTOR.

IN THE EVENT THAT ORAL MEDICATION IS NOT AN OPTION EITHER ██████████ ██████████ OR ██████████ ██████████ (NURSE) WILL ADMINISTER THE ██████████ WEEKLY INJECTION. ALL ADMINISTRATORS WILL WORK TOGETHER TO ENSURE IF ANY PLANS OR VACATIONS ARE TAKING PLACE THAT ONE OF US IS ALWAYS AVAILABLE IF A RESIDENT HAS A ██████████ WEEKLY INJECTION.

(IN THE FUTURE IF WE HAVE RESIDENTS THAT REQUIRE THE WEEKLY INJECTION AND ORAL MEDICATION CAN NOT BE AN OPTION WE WILL HAVE A FEW OF THE MED TECHS TAKE THE GLP 1 INJECTION CLASS INADDITION TO THE STANDARD DIABETIC COURSE IF THE EVENT ALL ADMINISTRATORS HAVE A WORK EVENT)

ALSO ON 5 26 2026 ██████████ HELD A STAFF MEETING AND WANT OVER WITH THE STAFF THAT ONLY ██████████ (RN), ██████████ OR LYNEETE WENE WILL BE ABLE TO ADMINISTER GLP 1 WEEKLY INJECTIONS

• WE WERE NOT AWARE THAT THERE IS A WAIVER FOR THE GLP 1 WEEKY INJECTIONS....BUT ON 5 27 2026 ██████████ PRINTED OFF THE WAIVER AND ██████████ FILLED IT OUT, ██████████ EMAILED THE WAIVER

Licensee's Proposed Overall Completion Date: 05/27/2026

Implemented (██████████) - 06/10/2026)