

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

September 11, 2026

[REDACTED] ADMINISTRATOR
JEAN MCVEY
235 NORTH GALLATIN AVENUE
UNIONTOWN, PA, 15401

RE: MCVEY PERSONAL CARE HOME
235 NORTH GALLATIN AVENUE
UNIONTOWN, PA, 15401
LICENSE/COC#: 46024

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2026 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: MCVEY PERSONAL CARE HOME **License #:** 46024 **License Expiration:** 11/14/2026
Address: 235 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401
County: FAYETTE **Region:** WESTERN

Administrator

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

Legal Entity

Name: JEAN MCVEY
Address: 235 NORTH GALLATIN AVENUE, UNIONTOWN, PA, 15401
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP **Date:** 03/04/1992 **Issued By:** Dept of L & I
Type: Other **Date:** 04/14/1992 **Issued By:** City of Uniontown

Staffing Hours

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

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/19/2026

Inspection Dates and Department Representative

08/19/2026 - 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

08/19/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/07/2026

09/08/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/10/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/11/2026

Inspections / Reviews (*continued*)

09/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103i Outdated Food**1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 8/19/26 at approximately 10:38 a.m., in the homes dry goods/pantry closet there was a 14.5 oz can of Happy Harvest Stewed Tomatoes with the "Best if Used by Date" of 8-22-22 on the bottom of the can.

On 8/19/26 at approximately 10:38 a.m., in the homes dry goods/pantry closet there was a 12 oz can of Borden Magnolia Evaporated Milk with the "Best if Used by Date" of 3-25-25 on the bottom of the can.

On 8/19/26 at approximately 10:38 a.m., in the homes dry goods/pantry closet there was a 12 oz can of DelMonte Sloppy Joe Sauce with the "Best if Used by Date" of 9-1-25 on the bottom of the can.

Plan of Correction**Accept () - 09/08/2026)**

The stewed tomatoes, evaporated milk, and sloppy joe sauce that was expired was threw out while inspector was still there. The rest of the can goods was gone through the same day. On 9/1/2026 Administrator educated and observed staff checking for dates on all perishable and non-perishable food in the fridge and cabinets to make sure nothing else was outdated and dated when it was opened. Administrator appointed a staff member to be responsible for rotating stock, checking for dented cans and expired food monthly when new order arrives. also outdated food will be discussed at the next quality management meeting 1/15/2027

Licensee's Proposed Overall Completion Date: 09/02/2026**Implemented () - 09/11/2026)****187b Date/Time of Medication Admin.****2. 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 (), however, on 8/18/26 at 8:00 p.m., the medication was not available in the home and staff person A, the homes administrator, recorded on the medication administration record that the medication was administered.

Plan of Correction**Accept () - 09/08/2026)**

The prescribed medication was delivered back to the home on 8/20/2026. On 9/14/2026 staff is going to be reeducated on medication administration documentation and medication procedures by a certified train the trainer document of the review will be kept. The trainer will monitor staff and administrator doing proper medication administration documentation and proper medication procedures on 4 residents per week for one month starting 9/08/2026 then monthly there after documentation will be kept for 2 months. The trainer will reeducate the staff again at the safe management techniques meeting on 11/18/2026 and review it again with administrator at the next quality management meeting on 1/15/2027

Licensee's Proposed Overall Completion Date: 09/03/2026**Implemented () - 09/11/2026)**

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] however, this medication was not available in the home on 8/18/26 at 8:00 p.m.

Plan of Correction**Accept ([REDACTED] - 09/08/2026)**

Resident #1 [REDACTED] was delivered back to the home on 8/20/2026 by pharmacy. Administrator and staff is going to be reeducated on proper medication administration documentation and proper medication procedures on 9/08/2026 by certified trainer. The trainer will monitor staff doing proper medication administration documentation and proper medication procedures on 4 residents per week for one month starting 9/08/2026 then monthly thereafter documentation will be kept for 2 months. The trainer will reeducate the staff again at the safe management techniques meeting on 11/18/2026 and review it again with administrator at the next quality management meeting on 01/15/2027 documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented ([REDACTED] - 09/11/2026)**225a - Assessment 15 Days****4. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED], includes diagnoses of [REDACTED], however these diagnoses are not indicated on resident #2's assessment or support plan, dated [REDACTED]

Plan of Correction**Accept ([REDACTED] - 09/08/2026)**

Administrator added resident #2 diagnosis of [REDACTED] to assessment plan on 8/26/2026 and had another staff member review it. Resident #2 new (DME) is due in [REDACTED] and administrator will make sure all diagnosis are added to RASP and will have another staff member review it. Administrator and a staff member also reviewed the rest of the resident's files to make sure all diagnosis were added to their RASP. In the future when a resident gets their annual DME administrator will make sure all diagnoses are on their new RASP and have another staff member review it to double check that nothing is missing.

Assessments and support plans will be reviewed at the next quality management meeting on 01/15/2027

225a Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented ([REDACTED] - 09/11/2026)
