

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORKEL, INC.

LEGAL ENTITY

To operate SUNSET RIDGE PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 466 HIGH STREET, DERRY, PA 15627

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 14, 2011 until March 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428830

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 1 8 2011

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Mary Joyce Morreo, President
Morkel, Inc.
Sunset Ridge Personal Care Home
466 High Street
Derry, Pennsylvania 15627

Dear Ms. Morreo:

As a result of the Department of Public Welfare's licensing inspection on January 21, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Melusky', written over the printed name.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUNSET RIDGE PERSONAL CARE HOME, 466 HIGH STREET DERRY, PA 15627		CURRENT LICENSE NUMBER 428830	
INSPECTION DATES (Include all dates of the inspection) 01/21/2011		REGIONAL REPRESENTATIVE Michael Marini, Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Mary Joyce Morreo</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Morreo</i>	DATE 2/24/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J. J. [Signature]</i>	DATE 3-2-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
44g The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the	The current personal care home complaint hotline telephone number was not posted.	1/21/2011 4-1-11	<ol style="list-style-type: none"> 1. The number has been updated and all necessary numbers have also been posted. 2. Staff will be instructed to remove any old numbers. 3. The administrator will check ix per month to ensure all required phone numbers are listed/ posted. 3-2-11 JJP 	3-2-11 JJP

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar, hand rail or assist bar accessible by the shower in the large bathroom.	2/28/2011	<ol style="list-style-type: none"> 1. A grab bar will be installed by the shower. 2. Grab bars will be installed anywhere they are necessary. 	3-2-11 <i>JYP</i>

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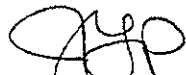
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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	On 1/21/11, the home had 14 residents, but only 32 gallons of emergency drinking water.	1/30/2011 4-1-11	<ol style="list-style-type: none"> 1. The home has replenished the necessary amount of emergency drinking water 2. The drinking water will be checked periodically to ensure necessary amount is available in case of an emergency. 3. If new resident(s) are admitted, drinking water will be added to the emergency drinking water supply. 4. Drinking water will be rotated and used before expiration date. New water will be bought to replace that which is used. 3-2-11 JJP 	3-2-11 JJP

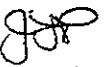
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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures were not posted in a conspicuous and public place in the home.	1/24/2011 4-1-11	<ol style="list-style-type: none"> 1. The home's EPP is posted on the general bulletin board. 2. A separate bulletin board has been set up to display important policies and procedures so that they are clearly visible to all residents, staff and visitors. 3. The administrator will inspect the bulletin boards at least 1x monthly to ensure all required items are posted. 	3-2-11 <i>JYP</i>

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	During the fire drill on 4/27/10 there were 13 residents in the home but only 12 residents were evacuated. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/13/2010</td><td>10:10 AM</td><td>2:50</td><td>No</td></tr> <tr><td>Feb</td><td>02/23/2010</td><td>03:35 PM</td><td>1:55</td><td>No</td></tr> <tr><td>Mar</td><td>03/26/2010</td><td>01:20 PM</td><td>1:45</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2010</td><td>07:10 PM</td><td>2:15</td><td>No</td></tr> <tr><td>May</td><td>05/18/2010</td><td>06:20 AM</td><td>2:48</td><td>No</td></tr> <tr><td>Jun</td><td>06/19/2010</td><td>10:55 AM</td><td>2:00</td><td>No</td></tr> <tr><td>Jul</td><td>07/17/2010</td><td>04:35 PM</td><td>1:55</td><td>No</td></tr> <tr><td>Aug</td><td>08/14/2010</td><td>06:50 PM</td><td>2:15</td><td>No</td></tr> <tr><td>Sep</td><td>09/25/2010</td><td>11:15 PM</td><td>2:38</td><td>No</td></tr> <tr><td>Oct</td><td>10/29/2010</td><td>04:35 PM</td><td>1:55</td><td>No</td></tr> <tr><td>Nov</td><td>11/21/2010</td><td>12:12 PM</td><td>1:58</td><td>No</td></tr> <tr><td>Dec</td><td>12/13/2010</td><td>07:05 PM</td><td>2:05</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/13/2010	10:10 AM	2:50	No	Feb	02/23/2010	03:35 PM	1:55	No	Mar	03/26/2010	01:20 PM	1:45	No	Apr	04/27/2010	07:10 PM	2:15	No	May	05/18/2010	06:20 AM	2:48	No	Jun	06/19/2010	10:55 AM	2:00	No	Jul	07/17/2010	04:35 PM	1:55	No	Aug	08/14/2010	06:50 PM	2:15	No	Sep	09/25/2010	11:15 PM	2:38	No	Oct	10/29/2010	04:35 PM	1:55	No	Nov	11/21/2010	12:12 PM	1:58	No	Dec	12/13/2010	07:05 PM	2:05	No	2/11/2011	<ol style="list-style-type: none"> 1. One resident in shower room did not evacuate 2. Residents will be discouraged from showering when administrator is planning to conduct a fire drill. 3. Administrator will use different reasons to discourage residents from showering so that they won't suspect a fire drill is planned and will take place at that time. 	3-2-11 
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225a 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.	The home did not complete an initial assessment for resident #1 (admitted 9/1/10) or resident #2 (admitted 8/16/10).	2/12/2011	<ol style="list-style-type: none"> 1. The assessments have been completed for these residents. 2. All files will be reviewed to ensure all paperwork is present and up-to-date. 3. Files will be reviewed periodically to ensure they are always up-to-date. 	<p style="font-size: small; text-align: center;">Plans have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">3-2-11 <i>[Signature]</i> Date Initials (DPW)</p>