

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUNNY CREST HOME, INC.

LEGAL ENTITY

To operate SUNNY CREST HOME

NAME OF FACILITY OR AGENCY

Located at 2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 71

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: No Residents with mobility needs may be served - Bedrooms F1,F4,F7,F9,G2,G10

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 November 20, 2011 until November 20, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321920

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

NOV 04 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Mary Ellen Farber, CEO
Sunny Crest Home, Inc.
Sunny Crest Home
2587 Valley View Road
Morgantown, Pennsylvania 19543

Dear Ms. Farber:

As a result of the Department of Public Welfare's licensing inspection on October 6, 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'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SUNNY CREST HOME, 2587 VALLEY VIEW ROAD MORGANTOWN, PA 19543		CURRENT LICENSE NUMBER 321920	
INSPECTION DATES (Include all dates of the inspection) 10/06/2011		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
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 Ellen Farber, Administrator/CEO</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ellen Farber</i>	DATE 10/19/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Will Wolf</i>	DATE 10/26/11

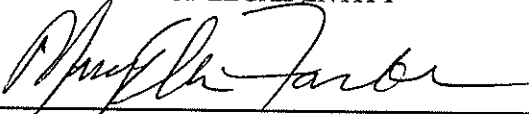
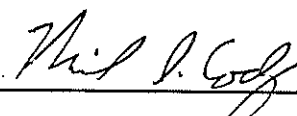
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care Staff Person A, hired 8/22/11, has a Bachelor of Science Degree from a non-U.S. University. Staff person A does not have a high school diploma, GED, or active status on the Pennsylvania nurse aide registry. Direct care staff person B, hired 5/20/11, has a high school diploma from a non-U.S Secondary School of Education. Staff person B does not have a high school diploma, GED, or active status on the Pennsylvania nurse aide registry.	10/19/2011	<p>Requests for Waivers of Regulation will be submitted to the Department of public Welfare.</p> <p>on 10/7/11 An advisement of waiver request was sent to all residents and their caregivers as well as given to Direct Care staff persons A and B.</p> <p>10/19/11 Requests for waiver of Regulation were mailed to DPH.</p> <p>Direct Care staff persons A & B are put on supervised work status until waiver is granted or 30 days. If waiver is not granted or 30 days expires Direct Care staff A & B will be dismissed.</p> <p>Future: no persons performing Direct care duties will be hired without a U.S. diploma or license or an approved waiver.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10/26/11 NJS Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Mary Ellen Farber</i>	DATE <i>10/19/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Coyle</i>	DATE <i>10/26/11</i>

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
services with reasonable skill and safety.				

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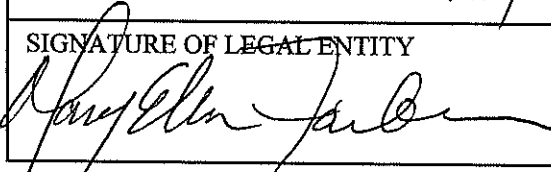
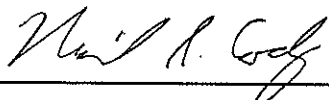
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #1's Hydrocodone tablets were discontinued on 9/28/11. During the medication review on 10/6/11, Resident #1's Hydrocodone tablets were found in the narcotic box of the F Wing medication cart.	10/19/11	<p>Plan of Action: Medications that are discontinued will be immediately removed from the med-cart and disposed of in the following manner:</p> <ul style="list-style-type: none"> - Sent back to pharmacy for disposal (non controlled medications) - crushed and put into sharps container - crushed and added to plastic baggie or water - crushed and added to plastic baggie of coffee grounds or cat litter. - Narcotics area to be disposed of by Administrator/designee and witnessed and documented with signatures. <p>A copy of the A/C order shall be given to the Administrator and Resident Care Coordinator</p> <p>In the Future: Med-Techs will continue to check the MAR against the MAR to ensure all medications being given are ordered. If a discrepancy is noted the medication will not be given until the order is clarified. The order is to be clarified immediately so medication can</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">10/26/11 Date</p> <p align="right">NSC Initials (DPW)</p>

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 10/5/11, between 3pm and 11pm, Resident #1 was administered a Hydrocodone tablet by Staff person C. Staff person C did not initial or record the date and time of administration on Resident #1's medication administration record (MAR).	10/19/11	<p>① Direct care staff person #1 will be re-trained on the process of medication administration steps.</p> <p>② Direct care staff person #1 will be routinely monitored to ensure the proper steps are being followed. Monitoring will be recorded to document and observe that administration is being properly recorded and documented on the MAR.</p> <p>③ Monitoring and Recording will be ongoing. First monitoring document copy is attached.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10/26/11 Nsc Initials (SPV)</p>

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187d The home shall follow the directions of the prescriber.	Resident #1's Hydrocodone tablets were discontinued on 9/28/11. However, Staff Person C administered the medication to Resident #1 on 10/5/11.	<i>10/19/11</i>	<p><i>- Direct Care Staff person #1 will be retrained to compare all medications to the MAR before administration, to ensure that all medications being given are ordered.</i></p> <p><i>- Direct care staff person #1 will be monitored and monitoring documented to ensure that she is following the proper steps of medication administration.</i></p> <p><i>- If Staff persons do not follow the proper steps they will be removed from Med Tech duties until Retraining occurs and the staff person is</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>10/26/11 NSC</i></p> <p><i>DEC 10/26/11</i></p>