

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORKEL, INC.

To operate SUNSET RIDGE PERSONAL CARE HOME

Located at 466 HIGH STREET, DERRY, PA 15627

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 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 15, 2012 until March 15, 2013,  
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

APR 17 2012

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

Ms. Mary Joyce Morreo, Administrator  
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 March 5, 2012 and March 7, 2012 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 'Ronald Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
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) 03/05/2012, 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
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, administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Morreo</i>	DATE <i>03/20/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/26/12</i>


REGULATION 55 Pa.Code §2600	VIOLATION	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
<p>54a</p> <p>Direct care staff persons shall have the following qualifications:</p> <p>(1) Be 18 years of age or older, except as permitted in subsection (b).</p> <p>(2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care</p>	<p>Staff person A, hired 1/1/12, does not have a high school diploma, GED, or active registration status on the Pennsylvania nurse aide registry and has been providing direct care services.</p> <p align="center"><b>RECEIVED</b></p> <p align="center">MAR 22 2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p><i>March 31, 2012</i></p> <p>1. Staff person A does not have a high school diploma or GED. She is not providing direct care now (She was grandfathered when she worked here before). She was advised this year &amp; retrained. We did not realize she would require a H.S. diploma since she had worked at the home for many years. Staff person A is resigning at the end of March.</p> <p>2. The Home will review all staff employee files to ensure all documents required are present.</p> <p>3. The Home will be more thorough with the documentation for all staff presently employed and for any staff person hired in the future.</p>	<p align="center"><i>[Signature]</i> 3/26/12</p>


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) 03/05/2012 , 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY  <i>Mary Joyce Morreo</i>	DATE  <i>03/20/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  	DATE  <i>3/26/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	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.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 18px; margin: 5px 0 0 0;">MAR 22 2012</p> <p style="font-size: 12px; margin: 0;">Western Field Office Adult Residential Licensing</p> </div>		


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) 03/05/2012, 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Brown</i>	DATE 03/20/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	On half bottle of Pine Sol Cleaner, 1 gal bottle of Clorox Bleach, 2 bottles of Lysol Cleaner, and 1 gal bottle of floor stripper, with a manufacturer's label indicating "if swallowed contact poison control of physician", was unlocked and accessible to residents in the closet in the first floor shower room. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.  <b>RECEIVED</b>  MAR 2 2012  Western Field Office Adult Residential Licensing	March 10, 2012  1. All staff will be retrained on the importance of maintaining all chemicals and cleaning agents safely locked away and inaccessible to the Home's residents.  2. Staff is now required to check this closet to be sure it is locked each time that they go into the shower room on their shift.  3. A sign has been placed on the door stating "Employees Only" as an additional precautionary effort.	 3-26-12

By 3/31/12 Administrator will monitor home at least weekly to ensure poisonous materials are locked.

**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) 03/05/2012, 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Monroe</i>	DATE 03-20-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-26-12

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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The last fire drill and fire safety inspection observed by a fire safety expert was conducted on 3/26/12.  <b>RECEIVED</b>  APR 2 2012  Western Field Office Adult Residential Licensing	March 30, 2012  By 4/15/12	1. a fire drill + safety inspection has been scheduled with a fire safety expert, [redacted]; it is to be held on Friday, March 30, beginning at 1:30 pm. 2. The due date of the fire safety inspection + fire drill will always be recorded on the home's main calendar to assure that they are always completed on schedule, at least annually. Administrator will send copy of fire inspection, and fire drill report to	Steps have been taken to correct violation; full compliance is not verifiab 3-26-12 Date Initials (DP)


DPW, attention Janine Wenzig. *J* 3-26-12

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) 03/05/2012, 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Malone</i>	DATE 03-20-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-26-12

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<p>Resident #1, admitted on 10/28/11, did not have an initial medical evaluation completed.</p> <p>Resident #2, admitted 12/29/11, did not have an initial assessment completed.</p> <p><i>withdrawn 3/26/12</i></p> <p align="center"><b>RECEIVED</b></p> <p align="center">MAR 26 2012</p> <p align="center">Western Field Office Adult and Juvenile Licensing</p>	03-31-2012	<p>1. Resident #1 has an RA &amp; S1 medical evaluation dated 10/26/11. However there was not a medical evaluation on the DRW medical evaluation form. One has been requested from the resident's PCP.</p> <p>2. The Home will check &amp; verify that all residents have a completed DRW medical evaluation form that is current on their resident file.</p> <p>3. We believe this is an error and the next violation is for Resident #3 who is the one admitted on 12/29/11. Resident #2 has been a resident since 2004. Resident #3 did have an initial assessment in [redacted] file. A copy is included.</p>	<i>[Signature]</i> 3-26-12

**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) 03/05/2012 , 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Doreen</i>	DATE 03-20-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-26-12


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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #3's last medical evaluation was completed on 3/18/09.  Repeated Violations: 02/08/2011	March 31 2012	<p>1. We believe this violation concerns Resident #2 since [redacted] is the one whose last DPW medical evaluation was completed on 03/18/09</p> <p>2. Resident #2 has an MA 51 medical evaluation completed on 09-19-2011. However this resident does not have a current medical evaluation on the DPW medical evaluation form. One has been requested from [redacted] PCP</p> <p>3. The Home will check that all residents have a current, completed DPW medical evaluation form in their file</p> <p>4. The Home will add the annual due date for each resident's DPW medical evaluation to their calendar to ensure that all are completed in a timely manner</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-26-12</u> Date Initials (DP)</p>


**RECEIVED**

MAY 7 2012

Western Field Office  
Adult Protective Services Licensing

**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) 03/05/2012 , 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Monro</i>	DATE 03-26-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-26-12

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
161b When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.	The home did not have an alternative menu posted.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div>  <div style="text-align: center; font-size: 0.8em;">Westmoreland Office Adult Protective Services Licensing</div>	<i>March 15 2012</i>	<ol style="list-style-type: none"> <li><i>1. The Home has posted alternative choices on the menu</i></li> <li><i>2. The Home will include alternative choices on all future menus.</i></li> <li><i>3. At this Home, when a resident misses a meal, the meal is saved on a non-plastic plate &amp; heated in the microwave when the resident arrives back from the appointment. They do not have to use an alternative menu at this time</i></li> </ol>	 <i>3-26-12</i>

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) 03/05/2012 , 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joya Mauer</i>	DATE 03-20-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-26-12

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
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home had one menu posted on the bulletin board in the hallway that was not dated. The menu indicated week C, therefore, it was undetermined if the menu was a current week's menu or the upcoming week's menu.  <b>RECEIVED</b>  MAR 20 2012  Western Field Office Adult Residential Licensing	03-15-2012	1. The Home has changed the way the menu is displayed. The date is now posted above the menu - the current week - the next week 2. All future menus posted will always display the current date. All menus are displayed on the main bulletin board of the Home	<i>[Signature]</i> 3-26-12

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) 03/05/2012 , 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Thomas</i>	DATE 03-20-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident #4 was completed on 1/31/11.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">                         M:      2012                           Western Field Office                          Adult Residential Licensing                     </div>	03-06-2012  1. Resident #4's assessment has been completed & filed. A copy is included in this mailing. 2. The Home will check & verify that all residents have the current required forms in their resident files. 3. The Home will add the annual due dates of each resident's assessment to the Home's main calendar to ensure that these are completed in a timely manner, at least annually and if a resident has a significant change in condition.	<div style="font-size: 1.5em; font-weight: bold;">d</div> 3-26-12

*On 3-26-12*

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) 03/05/2012 , 3/7/12		REGIONAL REPRESENTATIVE D. McConnell, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mary Joyce Moore</i>	DATE 03-20-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The support plan for resident #1, dated 11/26/11, and resident #2, dated 1/27/12, did not address the resident's need for glucose monitoring 4 times a day as indicated on the medication administration record.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">MAY 2012</div> Western Field Office Adult Residential Licensing	March 15, 2012  1. The support plan for resident #1 has been updated to address [redacted] need for glucose monitoring four times each day. We believe there was an error in the second item in this violation. It must be for resident #3 who is the one whose support plan is dated 01/27/12. This resident's support plan has been updated to include the need for glucose monitoring (Resident #2 does not monitor [redacted] sugar)  2. The Home will review the support plans of all residents who monitor glucose levels to assure their needs are being addressed.  3. The administrator will be attending two courses on developing assessment support plans in April. The administrator does not desire that glucose monitoring had to turn the support plan. It is on the MARS [redacted] the sliding scales. Sliding scales are also placed on the refrigerator in [redacted] kitchen.	<div style="text-align: center; font-size: 1.5em;">J</div> 3-26-12