

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: _____

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, 2012 until November 20, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2012

Ms. Mary Ellen Farber, CEO/Administrator
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 (Department) licensing inspection on September 25, 2012 and September 26, 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 Human Services 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 a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32192 - 09/25/2012 - Riel, Becky
 PCH Name: SUNNY CREST HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 receives 6 units of Novolog Flexpen with additional units based on a sliding scale. If the resident's blood sugar is between 141-180, 2 units in addition to the straight order of 6 units is to be given. If the blood sugar is between 181-210, 3 units in addition to the straight order of 6 units is to be given.

- On 9/14/2012 @ 11:30am, the resident's blood sugar was 150, whereas needing 8 units of insulin according to the doctor's order. Only 6 units were documented as being given.
- On 9/19/2012 @ 7:30am, the resident's blood sugar was 141, whereas needing 8 units of insulin according to the doctor's order. Only 6 units were documented as being given.
- On 9/16/2012 @ 11:30am, the resident's blood sugar was 200, whereas needing 9 units of insulin according to the doctor's order. Only 8 units were documented as being given.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator shall retain Med-Tech staff in the following:

- Proper use of Sliding Scale Chart*
- Proper dialing of Insulin Pen (By demonstration)*
- Review proper recording of medication refusal in How to properly record if a resident refuses the prescribed units of insulin as dictated by the sliding scale.*
- Spot Check MAR weekly for compliance*

Documentation of staff training shall be kept. -EE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/06/2011	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ellen Farber*

Printed Name and Title of Legal Entity Representative: *Mary Ellen Farber* ^{CEO} Administrator Date: *11/30/12*
 (Required on EVERY Page)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-30-12</u> (Date)	Plan of correction implementation status as of <u>11-30-12</u> (Date)
The above plan of correction was approved by <u>EE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented