

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

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, 2013 until March 15, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 14 2013

Ms. Mary Joyce Morreo, Owner/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 (Department) licensing inspection on December 18, 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.

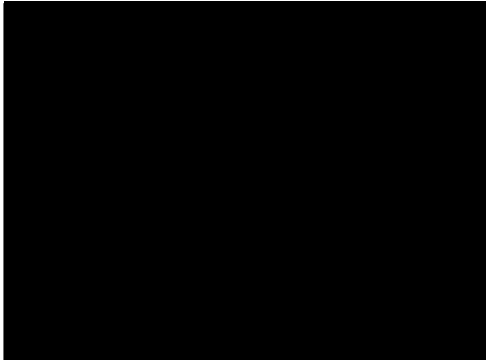
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: SUNSET RIDGE PERSONAL CARE HOME		License Number: 428830
Address: 466 HIGH STREET, DERRY, PA 15827		County: Westmoreland
Adminstrator: Mary Joyce Morleo	Region: WEST	
Legal Entity Name: MORTEL INC	RECEIVED	
Legal Entity Address: 466 HIGH STREET, DERRY, PA 15827	JAN 09 2013	
Certificate(s) of Occupancy C-2 LP 01/17/1999 Labor & Industry	WEST REGION FIELD OFFICE Human Services Licensing	
Staffing Hours Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/18/2012: Glidden, Michelle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 15 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	

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JAN 09 2013

Violation Report: 42883 - 12/18/2012 - Glidden, Michelle

PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for resident #1. This resident's rent rebate addendum, dated 10/2/12, does not include the home's intended use for rent rebate revenues collected.

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.

1. The rent rebate form for resident #1 has been completed to include the home's intended use for revenues collected.
2. The home uses the revenue from all rent rebates for:
 - purchase games, puzzles, puzzle books, magazines, DVDs, prizes for BINGO and other competitions
 - for excursions
 - bring groups for entertainment
 - in general, for entertaining residents and enriching their lives
3. A general rebate form has been completed (listing the above uses) for the use for all new future residents.
4. Copies of this form will be attached to all the "blank" personal care home resident-home contracts filed for future use.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morris*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morris Administrator</i>	Date <i>1/5/2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/11/13</u> (Date)	Plan of correction implementation status as of <u>2/11/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PGH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home has not conducted a quality management review since 2010.

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.

1. Topics in the home's QM Plan are frequently discussed/reviewed between staff and administrator due to their relevance in the daily activities and operation of the home.
2. The staff has been instructed to log/document these reviews on the QM Plan Review form.
3. The will check this form periodically to ensure the home and the staff are reviewing the QM Plan.

By 3/11/13 - A quality management review will be conducted which will cover all of the required topics of 2600.266. The review will be documented in writing including the date of the review, who conducted the review, how the review was done, the findings and any follow-up action planned. ms 2/11/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Moroz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Moroz Administrator* Date *1/5/2013*

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(Date)

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(Initials)

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(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress *ms*
- Not Implemented

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 3/22/12, does not have a criminal background check.

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.

1. The home's policy requires all staff persons to have their criminal background completed prior to start date.
2. A criminal background check was conducted for staff person A, however, it was not filed and subsequently misplaced.
3. Copies of criminal background checks and other important required forms and documents will be made immediately after these are acquired and will be filed in the home's main file.
4. A checklist that includes all the documents, forms and information that are required for each staff person is to be completed prior to or on start date. This checklist is to be kept in file.
5. The search for staff person A is ongoing and a copy will be forwarded to DPW.

staff person A has been terminated.
ms 2/11/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morre

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morre Administrator

Date 1/5/2013

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, 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 services with reasonable skill and safety.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 3/22/12, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Staff person B, hired 7/18/12, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

1. Verification of High school diplomas for both staff persons has been requested.
2. The home policy on new staff persons will not permit any new hire to work without documentation of their H.S. diploma, GED diploma, or active status on the PA nurse aid registry.
3. This documentation must be filed and verified on the staff person's checklist to ensure all employee files contain all the required information.

Staff person A has been terminated. Staff person B's high school diploma has been obtained. MS 2/11/13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/05/2012 et. al.

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morred

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morred Administrator

Date 1/5/2013

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3/11/13
(Date)

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2/11/13
(Date)

- Fully Implemented
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- Not Implemented

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MS
(Initials)

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Training

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide Unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired 7/18/12, provides unsupervised ADL services; however, he/she has not completed the Department-approved direct care training course and passing of the competency test.

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.

- 1. The home's policy also requires that all new staff persons complete the DPW approved direct care training course and passing of the competency test prior to working unsupervised.
- 2. Staff person B completed this course and test, however, technical difficulties on the website did not allow this certificate to print.
- 3. Staff person B has recompleted this course and test and a copy of her certification is enclosed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morres

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morres Administrator

Date 1/5/2013

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(Initials)

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JAN 09 2013

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually. WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation was completed on 3/26/09. Another medical evaluation was not completed until 7/20/12.

Resident #3's current medical evaluation was completed on 11/1/11.

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.

1. Resident #2's medical evaluation for the years 2010 & 2011 were completed but not filed correctly. Copies of these will be obtained by 1/19/2013.
2. The home's administrator will make certain that these forms are filed a.s.a.p, upon receipt, in resident files.
3. The home has relied on the Agency for resident's #3 medical evaluation. This form arrived in mid december and is now completed and filed in the resident's file. (Copies enclosed)
4. The home will no longer rely on this agency. A schedule/calendar will be made to include the dates on which medical assessments are due for each resident. This will help ensure they are completed in a correct and timely manner. This will be completed by 1/19/2013.

~~a medical evaluation for resident #3 was completed on 1/1/13.~~

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/05/2012 et. al.

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Marano

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Marano Administrator

Date 1/5/2013

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 10/2/12; however, an assessment was not completed.
Resident #4 was admitted to the home on 10/1/12; however, an assessment was not completed.

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.

1. The initial assessments for residents #1 and 4 will be completed and filed by 1/19/2013. Copies will be forwarded to DPW upon their completion.
2. The administrator will complete initial assessments for new residents within the 15 days of admission as required by this regulation.
3. The due date for these assessments will be added to the home's main schedule/calendar. (1/19/2013)
4. This will aid the administrator in the timely completion of these and all required forms and help ensure that the files of all residents are complete and up to date.

Resident #1's assessment was completed on 1/7/13.
Resident #4's assessment was completed on 1/17/13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morreo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Morreo Administrator

Date 1/5/2013

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Violation Report: 42883 - 12/18/2012 - Gidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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1. REGULATION 55 Pa.Code §2600
2600.225(c) - 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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's current assessment was completed on 3/4/11.

Resident #3's current assessment was completed on 5/20/11.

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.

- 1. The annual assessments for residents #2 & 3 will be completed and filed by 1/19/2013. Copies will be forwarded to DPW.
- 2. All resident files will be reviewed to ensure all forms are present, complete and up to date. The resident file checklist will aid in this process.
- 3. The due date for the annual assessments will be added to the home's main schedule/calendar to ensure they are completed in time and as needed.

Resident #2's assessment was completed on 1/17/13.

Resident #3's assessment was completed on 1/20/13.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/05/2012 et.al.

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Marro

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Marro Administrator

Date 1/5/2013

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - 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.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on 10/2/12; however, a support plan was not completed.
Resident #4 was admitted to the home on 10/1/12; however, a support plan was not completed.

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.

- The support plans for residents #1 and 4 will be completed and filed by 1/19/2013. Copies will be sent to DPW. They will also be implemented after completion.
- All resident files will be reviewed to ensure that all required forms are present, complete and up to date.
- Administrator will develop support plans for newly admitted residents within 30 days of admission. Admission dates and the due date of support plans will be added to home's main schedule/calendar to ensure that they are completed and implemented within 30 days.

Resident #1's support plan was completed on 1/18/13.
Resident #4's support plan was completed on 1/17/13.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/05/2012 et al.

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morro*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morro Administrator* Date *1/5/2013*

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Violation Report: 42883 - 12/18/2012 - Glidden, Michelle
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan was completed on 10/23/09. Another support plan was not completed until 3/3/11, which is the current support plan for this resident.

Resident #3's support plan was completed on 8/10/09. Another support plan was not completed until 6/5/11, which is the current support plan for this resident.

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.

1. The support plans for residents #2 & 3 will be completed upon completion of their annual assessments. (1/19/2013)
2. The administrator will develop and implement (with staff) support plans within 30 days of the completion of resident's annual assessment or upon changes in their needs
3. The annual due dates for the support plans of all of the home's residents will added to the home's main schedule/calendar to ensure they are completed on time.
4. When assessments indicate a change in the resident's needs, the 30 day due date for the development and implementation will be added to home's main schedule/calendar.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Joyce Morris*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Joyce Morris Administrator* Date *1/5/2013*

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