



MAY 08 2014

Ms. Mary Joyce Morreo, President  
Morkel, Inc.  
466 High Street  
Derry, Pennsylvania 15627

RE: Sunset Ridge Personal Care Home  
License #: 428830

Dear Ms. Morreo:

As a result of the Department of Public Welfare's licensing inspection on December 10, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 15, 2014 to March 15, 2015 was issued on December 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is stylized and includes a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

|   |   |  |
|---|---|--|
| PCH Name: SUNSET RIDGE PERSONAL CARE HOME   |   | License Number: 42883                        |
| Address: 466 HIGH STREET, DERRY, PA 15627   |   | County: Westmoreland                         |
| Administrator: Mary Joyce   |   | Region: WEST                                 |
| Legal Entity Name: MORTEL INC   |   |  |
| Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627  |   |  |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>01/17/1999<br>L&I   |   |  |
| <b>Staffing Hours</b>   |   |  |
| Resident Support: 0   | Total Daily Staff: 15   | Waking Staff: 11                             |
| Type of Inspection: Ind - Full  | BHA Docket Number:  | Notice: Unannounced                          |
| <b>Reason(s) for Inspection(s)</b><br>Renewal, Indicator  |   |  |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>12/10/2013: Miller-Linhart, Alden  |   |  |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |   |  |
| <b>Other Details</b>  |   |  |
| Partial or Full Triggers: 224a, 225a  |   | Random Indicators: 20b5,25h, 60c, 103i, 223a |
| <b>Resident Demographic Data as of Inspection Dates</b>   |   |  |
| Licensed Capacity: 16<br>Number of Residents Served: 15<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 13<br>Are 60 Years of Age or Older: 8<br>Have Mental Illness: 13<br>Have an Intellectual Disability: 2<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |  |

MAR 20 2014

Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 12/1/2010, did not receive training in emergency preparedness and response to crises or fall and accident prevention during training year 2012.

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.

Staff person A did receive training in this area, but the trainings were not documented. Some were covered by [redacted] in his fire training on 3/30/2012.

In the future all required topics will be reviewed and documented accordingly and filed in each employee's folder.

Staff person A completed fire safety, emergency preparedness, residents rights and Depression and Anxiety training in 2013. Immediately Staff person A will complete training in fall prevention and OAPSA.

By 5/15/14 AND QUARTERLY HEREFTER - The administrator will review each staff person's training plan for 2014 to ensure trainings are completed.

By 5/15/13 - The administrator will review each staff person's training plan for 2014 to ensure all required trainings under 2600.65g are included.

By 5/15/13 - The administrator will review all staff trainings for 2013 to ensure all staff have completed required trainings under 2600.65g. Any staff person without documented training will be immediately trained in the required topic. On 4/18/14

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

03-20-2014

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

The above plan of correction is approved as of

4/18/14  
(Date)

Plan of correction implementation status as of

4/18/14  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 20 2014 Page 3 of 10

Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Aiden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.98(b)(3) - The living rooms and lounge areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.

2a. DESCRIPTION OF VIOLATION

The small living room next to the dining area had office supplies, magazines, and boxes of supplies on the furniture and the floor, which made the area too cluttered for use and creating a tripping/fall hazard.

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.

- All the boxes of Holiday decorations, papers, magazines, etc. have been cleared from this area. The basket of dog toys is now under the desk and magazines are in the end tables.
- In the future, every effort will be made to keep this area free of clutter and any hazards.
- Help from the residents has been enlisted to always put magazines away and take their personal belongings to their rooms.

By 5/15/14 - The administrator will monitor the home at least weekly, including the living room, to ensure common areas are kept clear of clutter so that seating is useable and floors are clear.

*D. J. [Signature]*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Joyce Morneau Administrator* Date *03-20-2014*

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Plan of correction implementation status as of 4/18/14 (Date)

- Fully Implemented
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The above plan of correction was approved by [Signature] (Initials)

RECEIVED

MAR 20 2014

Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services

1. REGULATION 55 Pa.Code §2600  
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from sidewalks, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION  
On 12/10/2013, at 9:40 a.m., the exit from the television room was snow covered with approximately 2 inches of snow.

On 12/10/2013, at 9:40 a.m., the ramp for the evacuation of residents who use assistive devices was covered with approximately 2 inches of snow.

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.

- Staff works hard to keep all areas of agress dear and safe during all times of the year.
- On this day and time it was not possible to keep up all the snow shoveling.
- The main focus was on the front entrance and driveway so it was dear and safe.
- In the future we will call in additional help to assist in snow removal.

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 *03-20-2014*

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(Date)

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(Date)

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(Initials)

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MAR 20 2014

Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
POH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident #1 shares a room with another resident; however, there is only one chair in the bedroom.

Resident #2 share a bedroom with another resident; however, there is only one chair in the bedroom.

Resident #3 shares a room with another resident; however, there is only one chair in the bedroom.

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.

- All rooms have two folding chairs, but they are often taken to the living/activity area.
- Additional chairs have been purchased for the activity room.
- Residents have been instructed to keep their chairs in their rooms and staff persons to return them if found outside of their rooms.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Mary Joyce Marreo

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

Mary Joyce Marreo Administrator

Date

3-20-2014

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(Date)

Plan of correction implementation status as of

4/18/14  
(Date)

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(Initials)

Fully Implemented S

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

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Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.132(b) - 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.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and drill observed by a fire safety expert was conducted on 3/30/2012.

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 Home neglected to have a fire safety expert on a supervised fire drill in 2013.
- This was completed on 3/10/2014 and the documentation is being sent with this report.
- The Home will focus to complete a fire safety inspection and supervised fire drill every year.

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

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Mary Joyce Morneau Administrator*      *03-20-2014*

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(Date)

Plan of correction implementation status as of 4/18/14  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 20 2014

Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's evacuation times exceeded 2 minute and 30 sec during two fire drill conducted during 2013. The fire drill conducted on 5/25/2013 at 12:35 a.m. had an evacuation time of 2 minutes and 46 seconds, and the fire drill conducted on 8/20/2013 at 5:25 a.m. had an evacuation time of 2 minutes and 34 seconds.

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 time given to the Home by the fire safety inspector is 3 minutes.
- The Home has used the services of [redacted] for several years. He has specified that 3 minutes is the appropriate limit for the evacuation of the Home in the case of an emergency.
- If, at any time, a fire drill should take longer than 3 minutes, it will be repeated.

Fire Safety expert specifies 3 minutes as an acceptable evacuation time as indicated in fire drill and fire safety inspection letter dated 3/10/14.

*[Signature]*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Morros*

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

Mary Joyce Morros Administrator

Date

03-20-2014

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(Date)

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*[Signature]*  
(Initials)

MAR 20 2014

Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted 3/14/2013, does not have a medical evaluation.

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.

- Resident #2 did have a medical evaluation but it was done on the old DPW form. (The evaluation was requested of the resident's doctor in Pittsburgh, who said he had the forms we sent twice ... but then sent a completed old form).
- Resident now has a new doctor and the Home has requested her to complete an DME and send it by 3/31/2014.
- Every effort will be made to keep track of the required forms needed in the residents' records and to follow up when needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Mary Joyce Morrow

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

Mary Joyce Morrow Administrator

Date

03-20-2014

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2  
(Initials)

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Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There is no preadmission screening form for resident #2, who was admitted to the home on 3/14/2013.  
There is no preadmission screening form for resident #4, who was admitted to the home on 12/3/2012.

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.

- Resident # 2 and # 4 did have their pre-admission screenings. They had not been placed in the pertinent folders.
- The residents' folders will be checked regularly to assure all needed documents are accurate and in place.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Joyce Marrae Administrator* Date *03-20-2014*

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Violation Report: 42883 - 12/10/2013 - Miller-Linhart, Alden  
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

The home has not completed an initial assessment for resident #2 who was admitted to the home on 3/14/2013.

The home has not completed an initial assessment for resident #5, who was admitted to the home on 9/2/2013.

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.

- Resident #2 has an initial assessment completed on 12/16/2013. Resident #5 has an initial assessment completed on 12/19/2013.
- The completion of the necessary forms for all residents will be a priority so that they are completed on time, within 15 days of admission to the home.

By 5/15/14 -

The administrator will review all resident records to ensure a current assessment is present in the record.

By 5/15/14 -

The administrator will develop a tracking system to ensure all resident assessments, including initial assessments, are completed timely.

*J-4/18/14*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/18/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Morrae*

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

Mary Joyce Morrae Administrator

Date

03-20-2014

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4/18/14  
(Date)

Plan of correction implementation status as of

4/18/14  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
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