



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 1, 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 January 2, 2014 and March 5, 2014 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" followed by a stylized flourish or initials.

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



RECEIVED  
WEST REGION FIELD OFFICE  
Human Services Liaison  
JUL 18 2014

Violation Report: 428832-01/01/2014 - McConnell, Deb  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
On 2/5/14, protective services staff notified staff person A, the home's administrator, of the allegation that resident #1 was sexually abused by an unknown male resident in the home on the weekend of 2/1/14. The home did not report the allegation to the Department.

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.

When an allegation of abuse, sexual or other, whether founded or unfounded, is made, the home will report the allegation to the personal care home regional office. Staff has been instructed that if they are made aware of any allegations of any type of abuse, they must contact the administrator immediately or let her know about the allegations.

In order to prevent, as much as possible, the chance of a recurrence of this reporting mistake of sexual abuse, an inservice has been scheduled with [redacted] of the Westmoreland County Area Agency on Aging for Friday, July 25, 2014 at 2pm. All staff will attend. They will be encouraged to ask questions if they are unclear about anything.

8-20-14 The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16(c), 7-21-14.

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 *07-17-14*

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

The above plan of correction is approved as of <u>7-21-14</u> (Date)	Plan of correction implementation status as of <u>7-21-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 42883 - 01/01/2014 - McConnell, Deb  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST VIRGINIA STATE UNIVERSITY  
 HEALTH SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 4/15/13; however, a resident-home contract 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.

Resident #1 has a contract signed on the day she was admitted. It is in her file along with all her other required documents but could not be located at the time of inspection.

The Home is in the process of relocating resident files. All the residents' required documents will be kept in a separate secure location readily accessible to staff and authorized personnel. All documents will be filed chronologically. This change will aid the Home in keeping the required paperwork of the current residents from being misplaced or misfiled with other paperwork.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Mary Joyce Morrec, Administrator

Date 7/10/14

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The above plan of correction is approved as of <u>7-31-14</u> (Date)	Plan of correction implementation status as of <u>7-31-14</u> (Date)
The above plan of correction was approved by <u>8</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

Violation Report: 42883 - 01/01/2014 - McConnell, Deb  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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 #1 was admitted to the home on 4/15/13; however, an initial medical evaluation 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.

• Resident #1's DME was completed by her PCP, Dr. [REDACTED], of Lehigh Valley Hospital. However, it was not located at the time of inspection.

• The Home is in the process of relocating resident files. The residents' required documents will be kept in a separate secure location readily accessible to staff and authorized personnel. All documents will be filed asap. This change will aid the Home in keeping the required paperwork of the current residents from being misplaced or misfiled with other paperwork.

8-30-14. The Administrator or designated staff person will review all resident files to ensure each resident has had an in-person medical evaluation completed in accordance to regulation 2600.14(A)(1).

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 7/10/14

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Violation Report: 42883 - 01/02/2014 - McConnell, Deb  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #2, admitted on 4/1/12, has not had a medication evaluation completed since 4/27/12.

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 had a MA51 completed every year in April since he came to the Home. He needs such an evaluation in order to continue to receive the PCH supplement. The MA51 done 4-23-13 was not properly filed.  
 - This evaluation is now filed along with the current MA51 done of 4/1/14 and a DME completed on 4/24/14.  
 - The Home is in the process of relocating resident files. All the residents required documents will be kept in a separate, secure location readily accessible to staff and authorized personnel. All documents will be filed a sep. This change will assist the Home in keeping the required paperwork of the current residents from being misplaced or misfiled with other paperwork.

8-30-15 - The administrator or designated staff person will review all resident records to ensure all residents have had an in-person medical evaluation completed within the past year.

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 7/10/14

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Violation Report: 42883 - 01/01/2014 - McConnell, Deb  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 3/5/14, at 9:40 a.m., Resident #6's prescribed Acetaminophen, 325mg, every six hours as needed for pain, was unlocked and accessible on the table in the dining room.

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 had just given the medicine to the resident and was marking the pack and the MAR sheet when she was interrupted by a telephone call. The inspectors arrived at this time.
- All staff has been retrained to return all medication packs, tubes, bottles and containers to the medication cart (and locked) immediately after dispensing any to the resident.
- All staff has been instructed to allow the answering machine to take any incoming calls when they are performing a task that requires their full attention and follow through.

8-30-15 - The Administrator or designated staff person will check the home daily to ensure all medications are stored in accordance with regulation 2600.183(b).

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joya Morreo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Mary Joya Morreo, Administrator      Date 7/10/14

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 (Date)

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 (Initials)

Plan of correction implementation status as of 7-31-14  
 (Date)

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

Violation Report: 42883 - 01/02/2014 - McConnell, Deb  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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 VIRGINIA DEPARTMENT OF  
 HUMAN SERVICES LICENSING

2a. DESCRIPTION OF VIOLATION  
 Resident #2, admitted on 4/1/12, has not had an annual assessment completed since 5/1/12.

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's annual assessment was completed on 2/16/14.  
 This form and all other required documents are complete and filed.

• All resident files are in the process of being checked to ensure all required documents are current, complete and filed properly.

8-30-15 - The Administrator will develop a policy and procedure to ensure each resident has an assessment completed in accordance with regulation 2600.225(c). 7-31-14

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 *7/10/14*

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 (Initials)

Violation Report: 42883 - 01/01/2014 - McConnell, Deb  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WISCONSIN DEPARTMENT OF  
 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 4/15/13; however, an initial support plan was not completed.

Resident #4 was admitted to the home on 9/2/13; however, an initial 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.

- Resident #1 did have a support plan completed. It has been located and is filed properly.
- Resident #4 has an initial support completed 1-25-14
- All resident files are in the process of being checked to ensure all required documents are present, complete and filed.
- The Home is in the process of relocating resident files. All the residents' required documents will be kept in a secure, separate location readily accessible to staff and authorized personnel. All documents will be filed a.s.a.p. This change will aid the Home in keeping the required paperwork from being misplaced or mixed with other paperwork.

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 7/10/14

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