



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED.**  
**MAILING DATE: August 23, 2016**

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 Human Services' licensing inspection on February 20, 2015, 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 "Susie Pollock".

Susie Pollock  
Human Services Licensing Supervisor

Enclosure  
Licensing 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 Morreo		Region: WEST
Legal Entity Name: MORKEL INC		
Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 01/17/1999 L&I		JUL 13 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/20/2015: Rosol, Jennifer; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 13	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 7	
Area:	Have Mental Illness: 14	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 3	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0 .		

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 12:30 p.m., resident #5's Torrance State Hospital Social Service Assessment which included the resident's date of birth, social security number and diagnoses, was unlocked and accessible, on top of a box in the living 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.

1. All effort is made to keep all resident files secure and confidential.
2. On the morning of inspection, the Home's administrator was reviewing this packet of paperwork from Torrance, of which this page was a part.
3. This page was inadvertently left beside the chair where the administrator was seated.
4. All staff receives training on the confidentiality policy for residents and resident records prior or within first day of work.
5. In the future, all documents will be placed in a secure place upon their arrival.

Immediately - A designated staff person will monitor the home daily to ensure all resident records are confidential, kept safe and locked. *8/15/14*

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 *07-04-15*

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

The above plan of correction is approved as of *8-15-14*  
(Date)

Plan of correction implementation status as of *8-15-14*  
(Date)

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

The above plan of correction was approved by *SNP*  
(Initials)

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home did not conduct a quality management review for the year 2014.

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. Home has a Quality Management Plan that is reviewed with staff persons regularly and when these topics need addressed as they arise in the Home.
- 2. Home has a checklist that staff persons sign after the review of any topic on the QMP.
- 3. These documents are kept in the Homes Policies and Procedures Manual.
- 4. Copies of these documents will be added to the Home's staff Manual.
- 5. All staff will be trained to know where these documents are located in order to assist in providing them to inspectors.

(Copies enclosed)

Immediately – The administrator will conduct a quality management review which includes all of the required topics of 2600.26b. Documentation of the review shall be kept to include the date of the review, the persons involved in the review, findings of the review and follow-up action planned based on the findings. 6/15/14

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 *07-04-15*

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

The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
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

Direct care staff person C, hired [redacted] 12, did not have a criminal background check completed until 2/20/15.

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. It is the Home's policy that no direct staff person begin working until a criminal background check is completed and is in accordance with the Older Adult Protective Services Act.
2. Direct staff person C's criminal background check was completed before her first day of work, however, it was misplaced. Therefore another check was conducted in order for her file to be complete.
3. In the future, Home staff will ensure that all important documents are filed correctly in each staff person's employee file and employee files are filed correctly in the Home's main file cabinet.

Immediately - The administrator will review the records of all current staff members to ensure a PA State Police criminal history background check has been completed and is in the staff person's file and shall be available to the Department upon request. *8/10/16*

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>07-04-15</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>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing**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**

Direct care staff person C, hired [REDACTED], did not successfully complete and pass the Department-approved direct care training course and passing of the competency test. Staff person C provided unsupervised ADL services to the residents to include the following dates:  
3:00 p.m. - 11:00 p.m. Shift

- 2/9/15
- 2/11/15
- 2/12/15
- 2/13/15
- 2/14/15
- 2/15/15
- 2/16/15
- 2/17/15
- 2/18/15
- 2/19/15

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 13 2015

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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.

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 C completed the training on 8/4/15. *so 8/15/14*

Immediately - The administrator will review all newly hired direct care staff training records to ensure all new direct care staff persons have completed the required training in accordance with regulation 2600.65d to include the Department-approved direct care training course and passing of the competency test and documentation of this training is kept in the staff person's file and shall be available to the Department upon request. *so 8/15/14*

\* Please see page 7<sup>A</sup> of 38 for Plan of Correction *so 8/15/14*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morneo Administrator* Date *07-04-15*

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

The above plan of correction is approved as of <u>8-15-14</u> (Date)	Plan of correction implementation status as of <u>8-15-14</u> (Date)
The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Sno</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

1. All direct care staff persons are required to complete the training specified by the DPW regulations in order to work unsupervised.
2. Staff person C completed all the training required and has a training checklist documenting their date of completion, however it was not located at the time of inspection.
3. All staff employee files will be reviewed to ensure they contain the necessary documents.
4. In the future, Home staff will ensure that all important documents are filed correctly in each staff person's employee file and employee files are filed correctly in the Home's main file cabinet.
5. All staff will be trained as to the location of these documents in order to assist during Home's inspections.
6. The Home will forward copies of these documents when they are located. A copy of the Home's Staff training checklist is included.

*Mary Joyce Monroe*  
 Administrator  
 08-04-15

RECEIVED  
 JUL 13 2015  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

*Susie Pollock (Sup)*  
*Susie Pollock - 8/15/16*  
 Regional Licensing Approval of Plan of Correction

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff person B did not received annual training in training year 2014.  
 Staff person C received only 10 hours of annual training in training year 2014.

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. Staff person B did receive annual training, however documentation of these was not located at time of inspection. Staff person C also received her annual training.
2. These documents are to be located and filed in each staff person's employee file.
3. All additional annual training is to be documented on the checklist in each employee file.
4. Employee files will be reviewed regularly to ensure annual training hours have been completed.
5. All staff will be trained/retrained in the topics in Regulation 55 Pa.Code 2600 2600065(f).

Immediately – The administrator will review all staffs' current training records to include staff persons B and C to ensure all direct care staff has received the required 12 hours of annual training during the 2015 training year to include training in accordance with regulation 2600.65f and regulation 2600.65g. Documentation of training shall be kept in the staff person's file and shall be available to the Department upon request. *SP 8/19/16*

By 10/1/16 – The administrator will monitor all direct care staff training through the quality management review process to ensure all direct care staff receive the required 12 hours of annual training to include training in accordance with regulation 2600.65f and regulation 2600.65g. *8/16/16*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Monroe Administrator* Date *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

### 1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

### 2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not receive training in the following topics during training year 2014:

- Medication self-administration training
- Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- Personal care service needs of the resident
- Safe management techniques
- Care for residents with mental illness or mental retardation

Direct care staff person C did not receive training in the following topics during training year 2014:

- Medication self-administration training
- Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- Personal care service needs of the resident
- Safe management techniques
- Care for residents with mental illness or mental retardation

On 2/20/15, the home served 14 residents with mental illness and 3 residents with intellectual disability.

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

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 C received the required training in July 2015.

- 1. Employee files will be reviewed regularly to ensure annual training hours have been completed.
- 2. All staff will be trained/retrained in the topics in Regulation 55 Pa.Code 2600.2600065(f).
- 3. An additional checklist with required annual training topics in this regulation will be created and added to each staff person's employee file to ensure these are completed annually.
- 4. In the future, Home staff will ensure that all important documents are filed correctly in each staff person's employee file and employee files are filed correctly in the Home's main file cabinet.
- 5. All staff will be trained as to the location of these documents in order to assist during Home's inspections.

Immediately - Staff person B will receive training in all required topics of regulation 2600.65f if not yet received in 2016. Documentation of training shall be kept in the staff person's file and shall be available to the Department upon request. *5/21/16*

Immediately - The administrator will review all staffs' current training records to ensure all direct care staff has received the required training in accordance with regulation 2600.65f during the 2015 training year or thus far in 2016. Documentation of training shall be kept in the staff person's file and shall be available to the Department upon request. *6/11/16*

By 10/1/16 - The administrator will monitor all direct care staff training through the quality management review process to ensure all direct care staff receive the required training in accordance with regulation 2600.65f. *6/11/16*

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 *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
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

Direct care staff persons B and C did not receive training in the following topics during training year 2014:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- Emergency preparedness procedures and recognition and response to crises and emergency situations
- Resident rights
- The Older Adult Protective Services Act
- Fall and accident prevention

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 persons B and C received fire safety training by a fire safety expert on 3/10/14. *9/24/14*

- 1. On March 10<sup>th</sup>, 2014 fire safety expert [redacted] conducted the Home's annual fire safety training and fire drill. All staff persons were present.
- 2. The Home has requested a copy from [redacted] and will send a copy as soon as it arrives.
- 3. Inspector said she would check with [redacted] to confirm the fire safety training.

Immediately - Staff persons B and C will receive training in all required topics of regulation 2600.65g if not yet received in 2016. Documentation of training shall be kept in the staff person's file and shall be available to the Department upon request.

Immediately - The administrator will review all staffs' current training records to ensure all direct care staff has received the required training in accordance with regulation 2600.65g during the 2015 training year or thus far in 2016. Documentation of training shall be kept in the staff person's file and shall be available to the Department upon request. *9/24/14*

By 10/1/16 - The administrator will monitor all direct care staff training through the quality management review process to ensure all direct care staff receive the required training in accordance with regulation 2600.65f.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/10/2013		
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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 *07-04-15*

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

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

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

At 10:54 a.m., the indoor temperature in the back activity room was 57.7°F. At 2:45 p.m., it was 65.3°F.

At 11:05 a.m., the indoor temperature in resident #6's bedroom was 66.2°F.

At 11:25 a.m., the indoor temperature in the dining room was 66.5°F.

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. Every effort is made to maintain an ideal air temperature through all seasons. (Home has a central air conditioning system).
2. February 20<sup>th</sup> was the coldest of several extremely cold days of last winter's cold spell. The Home does not feel this was a fair citation.
3. All A.C. vents in the residents' rooms will be covered with magnetic covers before winter.
4. All areas through which cold air leaks in will be sealed.

By October 2016 – A designated staff person will monitor the home on a daily basis to ensure the temperature in the home is at least 70 degrees Fahrenheit.

By October 2016 – The home's furnace will be cleaned and inspected to ensure optimum functioning.

By October 2016 – The home will be weather-proofed to ensure the temperature of the home can be maintained at a temperature of at least 70 degrees Fahrenheit even during extremely cold days.

By October 2016 – The administrator will monitor the home at least weekly to ensure the temperature of the home is at least 70 degrees Fahrenheit.

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

07-04-15

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

The above plan of correction is approved as of

8-15-16  
(Date)

Plan of correction implementation status as of

8-15-16  
(Date)

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

The above plan of correction was approved by

SW  
(Initials)

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

At 9:00 a.m., there were approximately 30 cigarette butts scattered on the ground around a coffee can overflowing with cigarette butts to the right of the main entrance of the home.

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 has a smoking policy for both residents and staff persons.
2. The front entrance may be used by staff but they have been repeatedly instructed not to dispose of cigarettes improperly/ unsafely.
3. The Home will purchase another cigarette dispenser for this staff designated smoking area.
4. All current and future staff will be retrained/trained not dispose of cigarettes in other than the appropriate place.

Immediately - A designated staff person on each shift will monitor the exterior conditions of the home to ensure cigarette butts are disposed in designated fireproof receptacles. *8/15/14*

Immediately - The administrator will monitor the exterior conditions of the home at least weekly to ensure cigarette butts are disposed in designated fireproof receptacles. *8/15/14*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morra Administrator* Date *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 10:02 a.m., the kitchen trash can was uncovered and 3/4 full of trash.

At 10:25 a.m., the 1st floor bathroom trash can was uncovered and 1/2 full of trash.

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. New kitchen trash can has been purchased.
2. All trash cans in bathroom and powder rooms are covered.
3. All staff is to check and remove trash from all trash cans regularly throughout their shift and dispose of it in the laundry room's main trash can which then is to be taken to the dumpster at the end of their shift.

Immediately - The administrator will monitor the home at least weekly to ensure trash in kitchens and bathrooms are kept in covered trash receptacles. *8/15/14*

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 *07-04-15*

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

The above plan of correction is approved as of *8-15-14*  
 (Date)

Plan of correction implementation status as of *8-15-14*  
 (Date)

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

The above plan of correction was approved by *SM*  
 (Initials)

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are two sagging ceiling tiles with water stains which measured approximately 38"x23" wide above the sink in the common shower 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.

1. These ceiling tiles have been replaced.
2. All staff persons have been informed to notify the Home's administrator of any conditions that need addressed and repaired.

Immediately - The administrator will check the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. *See 8/15/14*

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 *07-04-15*

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

The above plan of correction is approved as of <u>8-15-14</u> (Date)	Plan of correction implementation status as of <u>8-15-14</u> (Date)
The above plan of correction was approved by <u>SMR</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMR</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #8's bedside lamp was broken.  
  
The living room lamp on the back table does not have a lamp shade.

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 #8's lamp has been replaced.
2. Lamp shade in living room has been replaced.
3. All staff has been instructed to ensure all equipment is in safe and working condition.
4. Residents have been instructed to report when anything in their room is not functioning.

Immediately - The administrator will check the home at least weekly to ensure all furniture, including lamps, and equipment are in good repair, clean and free of hazards. Any equipment in disrepair shall immediately be removed from service until repairs can be made. *see 4/15/14*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morrao Administrator* Date *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit does not include scissors.

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. Scissors have been replaced to first aid kit.
2. Additional scissors have been purchased.
3. All staff has been informed to put replenish and return all items to first aid kit.

immediately - A designated staff person will check the contents of the first aid kit at least twice weekly to ensure all required items in accordance with regulation 2600.96a are present. ~~So 8/15/14~~

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Mary Joyce Mervao*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Mary Joyce Mervao Administrator*

Date *07-04-15*

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

The above plan of correction is approved as of 8-15-14  
(Date)

Plan of correction implementation status as of 8-15-14  
(Date)

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

The above plan of correction was approved by SW  
(Initials)

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
There was a rusty nail protruding two inches out of the wooden railing at the front entrance of the home.

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. Rusty nail has been removed.
- 2. All efforts will be made to check and repair all unsafe equipment.

Immediately - The administrator will check the exterior of the building and building grounds, to include handrails, at least weekly to ensure exterior conditions are in good repair and free of hazards. *see 8/15/14*

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) <i>Mary Joyce Morreo Administrator</i>	Date <i>07-04-15</i>
--	-------------------------

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

The above plan of correction is approved as of 8-15-14  
(Date)

Plan of correction implementation status as of 8-15-14  
(Date)

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

The above plan of correction was approved by smo  
(Initials)

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

At 11:00 a.m., there was approximately 2-3" of snow on the back deck and ramp leading from the activity room. This exit path is identified as an emergency exit route.

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 was short on staff on the night before inspection.
2. Additional staff will be called in when staff on duty requires assistance in maintaining clear and safe emergency exit routes.

During ice and snow conditions, designated staff persons will check all exit passageways at least hourly to ensure they are free and clear of ice, snow or any obstructions. *see 8/15/14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/10/2013		
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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 *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #6 has a source of light that can be turned on/off from bedside; however, it is not operable.

Resident #7 does not have a source of light that can be turned on/off from bedside.

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. All equipment in residents' rooms, including light sources, have been checked/replaced to ensure that they are in working condition.
2. Staff is to check all equipment regularly to ensure working order.
3. Residents have been instructed to report if any equipment in their rooms is missing or inoperable.

Immediately - A designated staff person will check the home at least twice weekly to ensure each resident has an operable source of lighting that can be turned on/off at bedside and there is a lampshade on each lamp.

8/16/14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *07-04-15*

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

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

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

At 9:45 a.m., there was a chair blocking egress from the TV/Activity room emergency exit. A sign was posted on the chair stating, "Use other door - will not shut right!" This exit path is identified as an emergency exit route.

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 back activity room has two exit doors. This one had accumulated ice and was not closing properly.
2. This door was blocked to ensure that the temperature in the room was appropriate.
3. This was a temporary measure. As soon as staff was available to correct the problem the chair was removed.

Immediately - All staff persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed and all doors are able to close completely and at no time will exit doors be put out of service. Documentation of training shall be kept.

Immediately - A designated staff person on each shift will check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed and all doors are able to close completely. At no time will exit doors be put out of service. Any locked or obstructed routes shall be immediately corrected.

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

07-04-15

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

The above plan of correction is approved as of

8-15-16  
(Date)

Plan of correction implementation status as of

8-15-16  
(Date)

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

The above plan of correction was approved by

SRM  
(Initials)

003

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 There was no fire drill conducted during the month of January 2015.

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 fire drill for January 2015 was conducted on February 4<sup>th</sup>, 2015,
2. The Home was under the impression that there was a 5 day grace period for monthly fire drills.
3. The Home will conduct one or more fire drills within the days of every month.

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) <i>Mary Joyce Morreo Administrator</i>	Date <i>07-04-15</i>
--	----------------------

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

The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date)  <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

According to staff person A, the home's administrator, the home permits smoking on the deck; however, the home's written fire safety policy and procedures related to smoking does not include the location of the designated smoking area.

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 smoking and fire safety policies have been updated to include the designated smoking area.
2. The location is specified in the contract each resident signs upon admission.

Immediately – The home's fire safety policy and procedures shall be revised to include the designated smoking area.

Immediately – All residents and staff persons will be educated on the home rules and the home's policies and procedures for smoking including the designated smoking area and safe method of discarding cigarette butts. Documentation of training shall be kept.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morrea Administrator* Date *07-04-15*

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>Smc</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Sup</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 18 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - 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.

2a. DESCRIPTION OF VIOLATION

The home had the current week menu posted; however, did not have the menu posted one week in advance in a conspicuous and public place in the home.

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 now has a current and an advance menu posted on the bulletin board.
2. In the future, the Home will make every effort to assure the current and future menus are posted.

Immediately - A designated staff person will check the home weekly to ensure the current week's menu and the following week's menu are posted in a conspicuous and public place in the home. *sp 8/13/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Mary Joyce Marneo*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Mary Joyce Marneo Administrator*

Date

*07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 13 2015

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- (1) Vehicle registration.
- (2) Valid driver's license for each vehicle operator.
- (3) Vehicle insurance.
- (4) Current inspection.
- (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION

The home has a copy of the vehicle insurance for its 2008 Toyota; however, the insurance expired on 1/30/15. According to staff person A, the home's administrator, this vehicle is used to transport residents to medical appointments.

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 new insurance card has been placed in the vehicle.
- 2. In the future, the Home will place all pertinent paperwork in this vehicle before the current ones expire.

Within 30 days of receipt of the plan of correction - The administrator will check all of the documents required in accordance with regulation 2600.171c at least every 6 months to ensure the documents are current, valid and present in the home or vehicle. *sr 8/18/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Monro*

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

*Mary Joyce Monro Administrator*

Date *07-04-15*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(Date)

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

The above plan of correction was approved by *srp*  
(Initials)

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 13 2015

**1. REGULATION 55 Pa.Code §2600**

WEST REGION FIELD OFFICE  
 Human Services Licensing

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 is prescribed Clozapine 100 mg-take 1 tablet by mouth every morning and 3 tablets at bedtime; however, this medication is not included on the resident's February 2015 medication administration record (MAR).

Resident #2 is prescribed Hydrocodone-Apap 5-325-take 1 tablet by mouth every 6 hours as needed for pain; however, this medication is not included on the residents February 2015 MAR.

Resident #2 is prescribed Metformin 1000 mg-take 1 tablet by mouth once daily for diabetes; however, this medication is not included on the resident's February 2015 MAR.

Resident #2 is prescribed Metformin 500 mg-take 1 tablet by mouth at bedtime for diabetes; however, this medication is not included on the resident's February 2015 MAR.

Resident#2's February 2015 MAR does not include a diagnosis or purpose for the following medications:

- Lyrica 75 mg
- Aspirin 325 mg
- Simvastatin 80 mg
- Benzotropine 2 mg
- Repaglinide 1 mg
- Doc-Q-Lace 100 mg
- Sertraline 25 mg
- Risperidone 3 mg
- Mupirocin 2%
- Buspirone 10 mg
- Hydroxyzine 25 mg

Resident #4's February 2015 MAR does not include a diagnosis or purpose for the following medications:

- Lactulose 10 gm/15 ml
- Acetaminophen 500 mg

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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 pharmacy that supplies the MARs to the Home omitted listing 4 medications and all diagnoses from resident #2's February MARs.
- 2. The pharmacy corrected the MARs and it was delivered on February 20, 2014 and in use on the 21<sup>st</sup>.
- 3. The Home will double check all paperwork from the pharmacy to assure it is correct and complete.

Immediately - The administrator or designated staff person qualified to administer medications will review all residents' medication administration records including residents #2 and #4 to ensure all required contents in accordance with regulation 2600.187a are present, including a diagnosis or purpose for each medication.

Within 30 days of receipt of the plan of correction - The administrator or designated staff person qualified to administer medications will develop and implement a process and procedures to ensure all prescribed medications are documented on the medication administration records in accordance with regulation 2600.187a, including a diagnosis or purpose for each medication.

With 45 days of receipt of the plan of correction - All staff persons qualified to administer medications will be educated on the policy and procedures. Documentation of training shall be kept.

SNP  
8/15/14

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morneo Administrator* Date *07-04-15*

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

The above plan of correction is approved as of 8-15-14  
(Date)

Plan of correction implementation status as of 8-15-14  
(Date)

The above plan of correction was approved by SNP  
(Initials)

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

RECEIVED

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

On 2/18/15, at 9:00 p.m., staff person A, who has not successfully completed the Department-approved medications administration course, administered the following medications to resident #4:

- Quetiapine Fumarate 300 mg
- Lamotrigine 100 mg
- Chlorpromazine 200 mg
- Lactulose 10 gm/15 ml

On 2/19/15, at 8:00 p.m., staff person A, who has not successfully completed the Department-approved medications administration course, administered the following medications to resident #2:

- Lyrica 75 mg
- Simvastatin 80 mg
- Benztropine 2 mg
- Repaglinide 1 mg
- Doc-Q-Lace 100 mg
- Risperidone 3 mg
- Mupirocin 2 %
- Buspirone 10 mg

On 2/20/15, at 8:00 a.m., staff person B, who has not successfully completed the Department-approved medications administration course, administered the following medications to resident #2:

- Lyrica 75 mg
- Aspirin 325 mg
- Benztropine 2 mg
- Repaglinide 1 mg
- Sertraline 25 mg
- Risperidone 3 mg
- Mupirocin 2 %
- Buspirone 10 mg

On 2/20/15, at 9:00 a.m., staff person B, who has not successfully completed the Department-approved medications administration course, administered the following medications to resident #4:

- Quetiapine Fumarate 300 mg
- Lamotrigine 100 mg
- Chlorpromazine 200 mg
- Lactulose 10 gm/15ml

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

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. Any staff person who administers medication is required to complete the medication administration course.
2. Staff person B passed the medication administration course and was certified to give medications by April 29<sup>th</sup>, 2014.
3. Her paperwork was not filed correctly and has been located and filed in her employee file.
4. Staff person A has a current medication administration certification valid until June 30<sup>th</sup>, 2016.

*of PCH* {  
Immediately - The administrator will review all staff person training records to ensure all staff persons administering medications are qualified to administer medications and documentation of training is present and available to the Department upon request.

Immediately - The administrator will develop and implement a system of record keeping to ensure agents of the Department, upon request, have immediate access to records including staff training.

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 *07-04-15*

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

The above plan of correction is approved as of <u>8-15-14</u> (Date)	Plan of correction implementation status as of <u>8-15-14</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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. All residents are educated on their rights concerning their medications. This form is signed at the time they sign their contract.
2. Resident #1's form was misplaced. [redacted] no longer resides in the Home.
3. All resident files will be checked to ensure all necessary paperwork is included and completed correctly.

Immediately - The administrator or designated staff person will review all current resident records to ensure all residents have been educated on the right to question or refuse medication if the resident believes there may be a medication error and the documentation of the education is in the resident's record. *sw 6/15/14*

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

*07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

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 has updated the calendar to include activities.
2. All staff has been instructed to make certain that an activity calendar is posted on the bulletin board.

Immediately - The administrator or designated staff person will check the home weekly to ensure a current activities calendar is posted in a public and conspicuous place in the home. The activity calendar will include a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community. *sp 8/15/15*

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 *07-04-15*

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

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

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
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

Resident #4, admitted [redacted] 14, does not have a preadmission screening form 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. All residents are to have a completed preadmission screening prior to their arrival at the Home.
2. Resident #4's preadmission screening was misplaced and has been found and filed correctly in [redacted] file.
3. All resident files will be checked to ensure all necessary paperwork is included and completed correctly.

Immediately - The administrator or designated staff person will review all records of newly admitted residents to ensure a preadmission screening form has been completed and is present in each resident's file. *SP 8/13/14*

Immediately - The administrator will develop and implement a new resident documentation system to ensure all residents admitted to the home have a preadmission screening form completed and the home is capable of meeting the prospective resident's care and services. The preadmission screening form shall be kept in the resident's record and shall be available to the Department upon request. *SP 8/13/14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/10/2013		
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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 *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 13 2015

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.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #1's initial assessment, dated [redacted] 14, indicates no supervision need; however, discharge paperwork from Passavant, dated [redacted] 14, indicates the resident "was admitted to Excelsa Health Westmoreland Behavioral Health Inpatient Unit on [redacted] 13 as a result of cutting his/her wrist and neck with a personal razor".  
Resident #4, admitted [redacted] 14, does not have an initial assessment 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 no longer resides in the home. *so initially*  
An assessment was completed for resident #4 on 10/1/14.

1. The initial assessment for resident #1 was erroneous. The resident should have been more supervised.
2. The Home has decided that it is the best interest of all to not admit anyone with a history of attempted suicide.
3. The Home will be more thorough in the evaluation of future applicants.
4. Resident #4 has an initial assessment completed on October 1<sup>st</sup>, 2014 and is now filed correctly.

*8/21/14* Immediately – The administrator or designated staff person will review the assessments of all newly admitted residents to ensure each resident has a current and accurate assessment including supervision needs and the assessment is present in the resident's record.

Immediately – The administrator will develop and implement a policy and procedures for review of hospital discharge instructions upon a resident's return to the home to ensure care needs as prescribed are followed. Also, revisions to the assessment and support plan, if applicable shall be made. Staff persons involved in providing care to the residents will be educated on the newly developed policy and procedures. Documentation of education shall be kept.

Immediately – The administrator will revise the home's description of services if it will no longer serve residents with a history of suicidal ideation.

Within 30 days of receipt of the plan of correction – All staff persons involved with the completion of assessments will be educated that all residents will have an accurate assessment, including supervision needs, completed in its entirety within 15 days of admission. Revisions to the assessment will be made, as needed. Documentation of training shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/10/2013		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morano*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morano Administrator* Date *07-04-15*

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

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

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

JUL 18 2015

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

WEST REGION FIELD OFFICE  
Human Services Licensing

- (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.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 4/20/12.

The most recent assessment for resident #3 was completed on 10/23/11.

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 assessment was completed on 3-16-2015 when Home became aware [redacted] did not have a recent assessment in [redacted] file.
- 2. Resident # 3's assessment was completed on 3-9-2015 when Home became aware [redacted] did not have a recent assessment in [redacted] file.
- 3. All resident files will be checked to ensure all necessary paperwork is included and completed correctly.

Immediately - The administrator or designated staff person will review all resident records to ensure a current and accurate assessment is completed for each resident and is in the resident's record.

Within 30 days of receipt of the plan of correction - The administrator will develop and implement a tracking system to ensure each resident has an accurate assessment, completed in its entirety, at least annually.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/02/2014

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

07-04-15

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

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

JUL 13 2015

Violation Report: 42883 - 02/20/2015 - Rosol, Jennifer  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The most recent photograph in resident #3's record is dated 2/21/12.

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.

1. New photos have been taken of all residents.
2. Copies of photos have been put with their MARs sheets and their resident files.

Within 30 days of receipt of the plan of correction – The administrator will develop and implement a policy and procedures to ensure each resident record has the required contents in accordance with regulation 2600.252 to include a photograph of the resident that is no greater than two years old.

5/2/14

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 *07-04-15*

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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