



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 23, 2016 and March 8, 2016, 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: Sunset Ridge Personal Care Home		Region: WEST
Legal Entity Name: MORKEL INC		
Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627		
Certificate(s) of Occupancy C-2 LP 01/17/1999 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2016: Hultquist, Cliff; Cutter, Jan 03/08/2016: Hultquist, Cliff; Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 16 Number of Residents Served: 13 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 5 Have Mental Illness: 13 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 2/23/16, the most recent licensing inspection summary, dated 1/2/14 and 3/5/14 was not posted 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. Copies the most recent summaries have been made and posted on the residents' common bulletin board.
2. In the future, recent summaries will be copied and posted upon their arrival.

Immediately: The administrator or designated staff person will check the home weekly to ensure all required postings to include the current license inspection summary are posted in a conspicuous and public place in the personal care home. *see 2/23/16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morree, administrator</i>	Date <i>7-17-2016</i>
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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 - 02/23/2016 - Hultquist, Cliff
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 in 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 Home reviews the topics on its Quality Management Plan throughout the year.
- 2. The Home has a form/checklist to document any discussion or review covered by the administrator and staff.
- 3. All staff will be reeducated to document any review on the corresponding form.
- 4. The QMP for 2016 addressing the topics required by DHS has been updated.

Immediately: The administrator or designated person will devise and implement a quality management review tracking system to ensure a quality management plan review is conducted at least annually. Documentation of review shall be kept. *2/23/16*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morrow, administrator* Date *2-17-2016*

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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 - 02/23/2016 - Hultquist, Cliff
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME
 WEST REGION FIELD OFFICE
 Human Services Licensing

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
 Direct care staff person A, hired on [redacted] 13, received only 2 hours of annual training during the 2015 training year.

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 staff is to complete the training required by DHS.
2. All staff files will be reviewed (most new hires do not show up after the first day and training required for the first day).
3. The 12 hours of annual training will be documented and copies of related certificates will be filed.
4. Staff person A is no longer an employee of the Home and quit abruptly.

Within 15 days of receipt of the plan of correction: The administrator will review all current staff training records to ensure all direct care staff persons have completed the required 12 hours of training relating to their job duties during the 2015 training year. Any direct care staff persons identified through this review process as not having had the required 12 hours of training during the 2015 training year will immediately receive additional training to total 12 hours. Documentation of training shall be maintained in the staff record and shall be available to the Department upon request. *SA 8/14/14*

As part of the 2016 quality management review process the administrator will review the 2016 annual staff training plan to ensure all staff persons receive at least 12 hours of annual training which includes training in the required topics specified under 2600.65(f) and 2600.65(g) to successfully provide essential resident care services. Documentation of the review shall be kept. *SA 8/14/14*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Norman Administrator* Date *7-17-2016*

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
 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
 On 2/23/16 and 3/8/16, there were numerous cigarette butts covering the ground below the entire length of the rear deck 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 cigarette butts were collected and disposed of following inspection.
2. All residents have been reeducated to dispose of cigarettes in the proper container.
3. Staff is to periodically check the grounds to ensure the Home's smoking policy is being observed.
4. This problem has been less of an issue since certain residents have left the Home.

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 *sr 2/23/16*

Immediately - The administrator will monitor the exterior conditions of the home at least weekly to ensure cigarette butts are disposed in designated fireproof receptacles. *sr 2/23/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Maryjoyce Moore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Maryjoyce Moore, administrator</i>	Date <i>7-17-2016</i>
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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

On 2/23/16 and 3/8/16, the nonskid strips were worn on the ramp off the back deck, posing a fall risk.

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 nonskid strips were damaged due to winter conditions.
2. The Home plans to clean and repair the deck this summer.
3. Since the strips do not withstand harsh weather, a special paint (non-skid, with sand) will be applied to the ramp.

Immediately: Non-skid strips will be installed on the ramp off of the home's back deck. *SR 8/14/16*

Immediately -The administrator will conduct an assessment of the homes interior stairs, exterior steps and ramps to ensure nonskid surfaces are in place and no hazards exist. If through this review process interior stairs, exterior steps and ramps are identified as not having nonskid surfaces, nonskid surfaces will be installed immediately. *SR 8/14/16*

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 *7-17-2016*

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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
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
 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
 On 2/23/16, the bedside lighting for residents #2 and #4 was inoperable.

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 bedside lighting was fixed on the day of inspection.
2. Residents have been encouraged to report any problems with the lighting fixtures in their rooms (as well as any other problems).
3. Staff will inspect the power strips, lamps, and light bulbs in each bedroom during their weekly cleaning to ensure everything is safe and functional.

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. *so all 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 Morrea*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morrea, administrator* Date *7-17-2016*

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET/RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

A fire drill was not held in July, August, September, October, November, and December of 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 Home held fire drills during these months, however the log was not filed properly.
2. A separate folder is now used for fire drill logs to ensure they are filed correctly and available when required for review/inspection.
3. All staff has been trained these forms so that they are not misplaced and are filed correctly.
4. A copy of the fire drill will follow.

Immediately: The administrator or designated staff person will conduct at least two unannounced fire drills a month for the next six months. All fire drills shall be documented on the home's fire drill record, to include the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was activated. Documentation of fire drills shall be kept. *5/21/16*

Immediately: All staff and residents will be educated on the home's fire drill and evacuation procedures to include an unannounced fire drill shall be conducted monthly and fire safety inspection and drill shall be conducted by a fire safety expert annually. Documentation of education shall be kept. *5/21/16*

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

Signature of Legal Entity Representative

(Required on EVERY Page) *Mary Joyce Marra*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Mary Joyce Marra, Administrator*

Date *7-17-2016*

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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 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
A fire safety inspection and fire drill conducted by a fire safety expert was not completed in 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 Home conducts a yearly fire safety inspection and fire drill with [REDACTED]
2. A fire safety inspection and fire drill was conducted in 2015.
3. It was also done in 2016 (March 22) and scheduled for April in 2017.
4. The Home will immediately file all paperwork/forms related to its yearly safety inspection and fire drill upon their completion to ensure they are not misplaced and available when required.
5. The Home takes any drill very seriously,

Immediately: The administrator or designated person will devise and implement a fire safety tracking system to ensure a fire safety inspection and drill is conducted by a fire safety expert at least annually. The tracking system will be reviewed at least biannually and as part of the quality management review process. Documentation of review shall be kept. *gr 8/19/16*

Immediately: All staff and residents will be educated on the home's fire drill and evacuation procedures to include an unannounced fire drill shall be conducted monthly and fire safety inspection and drill shall be conducted by a fire safety expert annually. Documentation of education shall be kept. *gr 8/19/16*

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 Moran*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Moran administrator* Date *7-17-2016*

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The above plan of correction is approved as of <u>8-19-16</u> (Date)	Plan of correction implementation status as of <u>8-19-16</u> (Date)
The above plan of correction was approved by <u>Smo</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smo</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #10 was not dated so it is unable to be determined if it was completed within 60 days prior to admission or within 30 days after admission. Resident #10 was admitted on [REDACTED] 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. The medical evaluation for resident #10 was done by a doctor at a rehabilitation facility in Monroeville. [REDACTED] was brought by a medical cab and [REDACTED] paperwork came along with [REDACTED]. The medical evaluation had several items missing besides the date, it was very poorly done.
2. The facility in Monroeville was called, they stated they could not do anything since this resident was no longer at their facility.

Immediately: Resident #10 will be scheduled for an in-person medical evaluation. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form and maintained in the resident's record and shall be available to the Department upon request. *sf 2/11/16*

Within 15 days of receipt of the plan of correction: The administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed timely and in its entirety to include height, weight, pulse rate and blood pressure. The medical evaluation shall be maintained in each resident's record. Any missing contents required under regulation 2600.141(a)(2) will be immediately returned to the physician for completion. Documentation of review shall be kept. *sf 2/11/16*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a written policy and procedures to ensure all residents receive an in-person medical evaluation 60 days prior to or within 30 days after admission with the results of the evaluation documented on the Department-approved DME. The written policy and procedures shall be kept. *sf 2/11/16*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/02/2014 <i>et al</i>	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 *7-17-2016*

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the home on [redacted] 16. The resident's undated medical evaluation is incomplete and only includes a mobility assessment. All other sections of the form are blank.

The medical evaluation, dated 10/31/15, for resident #6 does not include the resident's height, weight, and temperature.

The medical evaluation, dated 1/26/16, for resident #11, admitted on [redacted] 16, does not include the resident's height, weight, pulse rate, and blood pressure.

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. *Immediately: Resident #5's medical evaluation will be sent back to the physician for completion in its entirety. se 01/11/16*

1. DMEs often require one or more times back to the doctor's office to be completed properly.
2. The items left blank most often are the ones listed in this citation.
3. A letter is now being sent along with the DME form to physicians' offices explaining the necessity of having everything filled out.
4. When this does not occur, the incomplete form will be sent back to the doctor's office for completion.
5. The Home will require this form for new residents to be done properly prior their admittance.

Immediately: Resident #6's medical evaluation will be sent back to the physician for completion to include height, weight and temperature. The medical evaluation shall be maintained in each resident's record and shall be available to the Department upon request. *se 01/11/16*

Immediately: Resident #11's medical evaluation will be sent back to the physician for completion to include height, weight, and pulse rate and blood pressure. The medical evaluation shall be maintained in each resident's record and shall be available to the Department upon request. *se 01/11/16*

Within 15 days of receipt of the plan of correction: The administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed timely and in its entirety to include height, weight, pulse rate and blood pressure. The medical evaluation shall be maintained in each resident's record. Any missing contents required under regulation 2600.141(a)(2) will be immediately returned to the physician for completion. Documentation of review shall be kept. *se 01/11/16*

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

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Mauer

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Mauer administrator

Date

7-17-2016

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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
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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 #16, admitted to the home on [redacted] 11, did not have a medical evaluation completed in 2014 or 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. Resident #16 needs to have an MA51 as well as the DME completed yearly. These have always been completed. These DMEs were misfiled.
2. All resident files will be reviewed on the anniversary date of admittance and 6 months later to ensure all files are complete.

Immediately: Resident #16 will be scheduled for an in-person medical evaluation. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form and maintained in the resident's record and shall be available to the Department upon request. *sf 4/14/14*

Within 15 days of receipt of the plan of correction: The administrator will review all current resident records to ensure an in-person medical evaluation has been conducted by a physician, physician's assistant, or certified registered nurse practitioner within the last 12 months. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form. Any resident identified through this review as not having had an in-person medical evaluation completed within the past 12 months will immediately have an in-person medical evaluation scheduled. Documentation of the review shall be kept. *sf 4/14/14*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a written policy and procedures to ensure all residents receive an in-person medical evaluation at least every 12 months with the results of the evaluation documented on the Department-approved DME. The written policy and procedures shall be kept. *sf 4/14/14*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/02/2014 *etal*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Marrow Administrator* Date *7-17-2016*

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
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

On 2/23/16 and 3/8/16, only one week's menu was posted which was not dated.

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 weekly menus. These various weekly menus are rotated based on the availability of food items.
2. As from now, the date will be posted and 2 weeks of menus will be posted on the residents' bulletin board.

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 2/16/16*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morne administrator* Date *7-17-2016*

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 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Maalox suspension 30 ml (take by mouth four times daily as needed); however the medication was not available in the home on 3/8/16.

Resident #10 is prescribed Hydroxyzine Pamoate 50 mg capsule (take 1 capsule by mouth every four hours as needed); however the medication was not available in the home on 3/8/16.

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 PRN was ordered and delivered.
2. Resident #10's medication was a PRN. The prescription did not allow refills. The Home requested the pharmacy to remove this medication from the MAR. Unfortunately this was not done.
3. Staff will review the each month's MAR sheets upon arrival.
4. MAR forms will be checked to ensure there are no clerical or computer errors.

Immediately: The home will contact resident #10's physician and verify and obtain a new prescription of Hydroxyzine Pamoate 50mg if still prescribed. If the medication is no longer prescribed, the home will request a discontinue order from the residents physician. The prescription orders shall be kept in the resident's record and shall be available to the Department upon request. *g 3/14/16*

Immediately: The administrator or designated staff person qualified to administer medications will verify all resident prescription orders and medications on hand, for accuracy and at least monthly thereafter, to ensure all prescribed medication, to include PRN's available in the home for administration. *g 3/14/16*

Within 15 days of receipt of the plan of correction: The administrator will review and update the home's procedures for the safe storage, access, security, distribution and use of medications to include a system to ensure all prescribed medications, to include PRN's, are available in the home for administration. *g 3/14/16*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Mornea administrator* Date *7-17-2016*

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

Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
PUNISHED 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

The following residents have not been educated to the residents' right to refuse medication if the resident believes there may be a medication error:

- * Resident #1, admitted [redacted] 16
- * Resident #10, admitted [redacted] 15
- * Resident #14, admitted [redacted] 14

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 of the Home's residents are informed on their rights on medication. This form is an addendum to their contract.
2. These forms were not filed.
3. The Home will ensure all required documents and forms are in order and filed 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 and shall be available to the Department upon request. *see attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Marrao

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Marrao administrator

Date

7-17-2016

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(Date)

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(Initials)

Plan of correction implementation status as of _____

(Date)

Fully Implemented

Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 (Administrative Services Division)

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
 On 2/23/16 and 3/8/16, the home did 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 conducts weekly activities. This schedule is consistent.
2. Calendar has been updated.

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. *y ahlu*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morsar administrator* Date *7-17-2016*

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 - 02/23/2016 - Hultquist, Cliff
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME
 WCSI Regional 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 #5 was admitted to the home on [redacted] 16; however, the preadmission screening was completed on [redacted] 16.

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.

- In reference to resident # 5, a representative from WCSI case management agency, a human services agency, agreed to complete the preadmission screening.
- They did not follow thru, however the Home agreed to accept this person.

Immediately: The administrator will review all resident records to ensure all residents have had a preadmission screening completed within 30 days prior to admission, which includes the date and signature of the staff person completing the screening and a determination of whether the home can meet the resident's needs. If through this review process a resident is identified as not having had a preadmission screening completed, a comprehensive preadmission screening will be completed immediately to ensure the home can meet the care needs and services the resident requires. Documentation of this review shall be kept. *sr 2/17/16*

Immediately: The administrator will devise and implement a new resident admission checklist which includes completion of the preadmission screening within 30 days prior to admission to ensure the resident's care needs can be safely met by the home. Once completed, the new resident admission checklist shall be kept in the resident's record and available to the Department upon request. *sr 2/17/16*

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 *7-17-2016*

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

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

- Resident #2 was admitted to the home on [redacted] 15; however an assessment was not completed.
- Resident #4 was admitted to the home on [redacted] 16; however an assessment was not completed.
- Resident #5 was admitted to the home on [redacted] 16; however an assessment was not completed.
- Resident #6 was admitted to the home on [redacted] 15; however an assessment was not completed.
- Resident #9 was admitted to the home on [redacted] 15; however an assessment was not completed.
- Resident #10 was admitted to the home on [redacted] 15; however an assessment was not completed.

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

Immediately: A comprehensive assessment shall be completed for residents #2, #4, #5, #6, #9 and #10. The assessment shall be kept in the resident's record and available to the Department upon request. *4-14-14*

1. Resident #6 has an initial assessment completed.
2. Initial assessments for residents #2, 4, 5, 9 and 10 will be completed by July 31, 2016.
3. In the future, the initial assessments for new residents will be completed within the 15 day time frame.

Immediately: The administrator will review all resident records for residents to ensure a comprehensive assessment has been completed within 15 days of admission, which accurately identifies the residents' current care needs and diagnoses. If any resident is identified through this review process as not having had a comprehensive assessment completed within 15 days of admission, an assessment will be completed immediately upon discovery. Documentation of this review shall be kept. *4-14-14*

Immediately: The administrator will devise and implement a new resident admission checklist which includes completion of an initial resident assessment to ensure a comprehensive initial assessment is completed within 15 days of admission for direct care staff to utilize as a tool to successfully provide essential resident care services. Once completed, the new resident admission checklist shall be kept in the resident's record and available to the Department upon request. *4-19-14*

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) *Marc Soyce Marced*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Marc Soyce Marced Administrator* Date *7-17-2016*

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

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME
WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION
Resident #3, admitted on [redacted] 04, did not have an assessment completed in 2013, 2014 or 2015.
The most recent assessment for resident #7 was completed on 7/28/14.
The most recent assessment for resident #12 was completed on 10/1/14.
Resident #13, admitted on [redacted] 13, did not have an assessment completed in 2014 or 2015.
Resident #14, admitted on [redacted] 14, did not have an assessment completed in 2015.
Resident #16's most recent assessment was completed on 3/16/15. The previous assessment was completed on 4/20/12. No assessments were completed in 2013 or 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. The annual assessment for these residents will be completed by July 31, 2016.
- 2. In the future, the Home will complete all assessments in the time frame specified by the Department of Human Services.

Immediately: A comprehensive assessment shall be completed for residents #3, #7, #12, #13, #14 and #16. The assessment shall be kept in the resident's record and available to the Department upon request. *sr 8-15-14*

Immediately: The administrator will review all resident records to ensure a comprehensive assessment has been completed within the last 12 months that accurately identifies the resident's diagnoses. If any resident is identified through this review process as not having had a comprehensive assessment completed within the last 12 months, an assessment will be completed immediately upon discovery. Documentation of review shall be kept. *sr 8-17-14*

Immediately: The administrator will devise and implement a resident record checklist which includes completion of an annual resident assessment to ensure a comprehensive annual assessment is available to be utilized by direct care staff as a tool to successfully provide essential resident care services. Once completed, the resident record checklist shall be kept in the resident's record and available to the Department upon request. *sr 8-21-14*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/02/2014 *et al*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Macreo Administrator* Date *7-17-2016*

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #2 was admitted to the home on [redacted] 15; however, a support plan was not completed.
Resident #4 was admitted to the home on [redacted] 16; however, a support plan was not completed.
Resident #6 was admitted to the home on [redacted] 15; however, a support plan was not completed.
Resident #9 was admitted to the home on [redacted] 15; however, a support plan was not completed.
Resident #10 was admitted to the home on [redacted] 15; however, a support plan was not completed.

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

1. The support plan for resident #6 has been completed.
2. The support plans for residents #2, 4, 9, and 10 will be completed by August 31, 2016.
3. In the future, support plans will be completed in the time frame specified by the Department of Human Services.

Immediately: A comprehensive support plan shall be completed for residents #2, #4, #5, #6, #9 and #10. The support plan shall be kept in the resident's record and available to the Department upon request. *8-17-16*

Immediately: The administrator will review all resident records to ensure a comprehensive assessment has been completed within 30 days of admission, which accurately identifies the residents' current care needs and services the home will provide. If any resident is identified through this review process as not having had a comprehensive support plan completed within 30 days of admission, a support plan will be completed immediately upon discovery. Documentation of this review shall be kept. *8-17-16*

Immediately: The administrator will devise and implement a new resident admission checklist which includes completion of an initial resident support plan to ensure a comprehensive support plan is completed within 30 days of admission for direct care staff to utilize as a tool to successfully provide essential resident care services. Once completed, the new resident admission checklist shall be kept in the resident's record and available to the Department upon request. *8-17-16*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/02/2014 et al

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morrow Administrator* Date *7-17-2016*

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Plan of correction implementation status as of _____ (Date)

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Violation Report: 42883 - 02/23/2016 - Hultquist, Cliff
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST VIRGINIA STATE BOARD
 Nursing Certificate Issuance

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 record for resident #1, admitted on [redacted] 16, does not include a photo of the resident.
 The record for resident #2, admitted [redacted] 15, does not include a photo of the resident.
 The most recent photograph for resident #3, is dated 2/1/2012
 The record for resident #4, admitted [redacted] 16, does not include a photo of the resident.
 The record for resident #5, admitted [redacted] 16, does not include a photo of the resident.
 The record for resident #6, admitted on [redacted] 5, does not include a photo of the resident.
 The record for resident #8, admitted [redacted] 12, does not include a photo of the resident.
 Resident #9 does not have a resident record.
 Resident #10 does not have a resident record.
 The record for resident #11, admitted [redacted] 16, does not include a photo of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. All resident records have a current photo in place.
2. At the time of this inspection, the Home's MARS binder had a current photo of each resident next to their MAR.
3. Duplicate copies of these photos in reference to these residents had not yet been filed in their resident records (files).
4. Photos of new residents will be taken within 2 weeks and one copy will be placed in the MAR's binder and another in the resident's record (file).
5. Four of the residents listed in this citation no longer reside at Sunset Ridge (#6, 9, 12 & 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 *7-17-2016*

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