



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Ms. Mary Joyce Morreo, Owner/Administrator
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' annual licensing inspection on May 26, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SUNSET RIDGE PERSONAL CARE HOME		License Number: 42883
Address: 466 HIGH STREET, DERRY, PA 15627		County: Westmoreland
Administrator: Mary Joyce Morreo		Region: CENTRAL
Legal Entity Name: MORTEL INC		
Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627		
Certificate(s) of Occupancy C-2 LP 01/17/1999 Labor an Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 14 Waking Staff: 11		
Type of inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/26/2016: Bomberger, Cybil		
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: 14 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: 12 Are 60 Years of Age or Older: 6 Have Mental Illness: 13 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.25(g) - A copy of the signed contract shall be given to the resident and a copy shall be filed in the resident's record.

2a. DESCRIPTION OF VIOLATION
The record for Resident #2 does not include a copy of the resident/home contract.

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 contract has been filed in the corresponding record/file.
2. The Home will file all relevant and required resident forms in their files upon completion.
3. All resident files will be reviewed to ensure they are accurate and complete. (checklist will be used)
4. The Home has been in an ongoing task to hire additional staff persons, currently this has not been successful.

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* Date *8-1-16*

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

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

Plan of correction implementation status as of 8/8/16
(Date)

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

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
The home did not conduct a quality management review during 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 the Quality Management Plan throughout the year.
2. The Home has a form/checklist to document any discussion/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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Joyce Morreo</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mary Joyce Morreo	8-1-16

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

The above plan of correction is approved as of 8/18/16
(Date)

Plan of correction implementation status as of 8/5/16
(Date)

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

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
 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

Direct care staff person A received only 8 hours of annual training in training year from 1/1/15 through 12/31/15.

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. This person works alongside the administrator and often reviews these topics. Other subjects 2600 65(F) and 2600 65 (G) have been covered to complete her required hours.
2. All staff will complete at least 12 hours of annual training including those recommended and required by the DHS.

The administrator will conduct an audit of the trainings completed by all staff for the 2016 training year. Any trainings that have been missed by a staff member shall be rescheduled.

Staff member A shall complete 3 extra training hours (15 total) during the 2016 training year to account for the training hours missed during training year 2015.

BAS 8/8/16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Marce* Date *8-1-16*

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

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 (Initials)

Plan of correction implementation status as of 8/8/16
 (Date)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

The annual training provided to direct care staff person A in training year 2015 did not include any training in the topics of this regulation.

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 A has now completed a review of these required subjects. (form follows)
- 2. The Home has developed this form to ensure all staff is aware that when these topics arise, they will document these reviews throughout each year.

The administrator will conduct an audit of the trainings completed by all staff for the 2016 training year. Any trainings that have been missed by a staff member shall be rescheduled.

BAS 8/10/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date *8-1-16*

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The above plan of correction is approved as of

8/1/16
(Date)

Plan of correction implementation status as of

8/1/16
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.55(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 Person A did not receive training in Emergency preparedness procedures, Resident rights, the Older Adult Protective Services Act, Falls and accident prevention, and New populations during training year 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. Staff person A has now completed a review of these required subjects. (form follows)
- 2. The Home has developed this form to ensure all staff is aware to document the reviews throughout each year.

The administrator will conduct an audit of the trainings completed by all staff for the 2016 training year. Any trainings that have been missed by a staff member shall be rescheduled.

BAS 8/8/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Mary Joyce Morreo</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Joyce Morreo</i>	<i>8-1-16</i>

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(Date)

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

Plan of correction implementation status as of 8/8/16
(Date)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A half full gallon bottle of Xtreme Blue Windshield Washer Fluid was located on the ground at the rear of the home next to the basement door. The bottle had a manufacture's label indicating "call poison control." and was unlocked and accessible to residents. Residents of the home, including Residents #1 and #3, have not been assessed capable of recognizing and using poisons safely.

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 washer fluid had been left there on the previous day by a non-staff person who had come to get items stored in the Home's basement. They forgot to take it. It was not noticed by the Home's staff persons.
2. The Home's staff will check the Home's grounds each day during their shift to ascertain the premises are safe and in proper condition.

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) <i>Mary Joyce Morrao</i>	Date <i>8-1-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

Plan of correction implementation status as of 8/8/16
(Date)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

On 5/26/16, a pipe located above the home's boiler was leaking water.

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. An employee from Gregory and Martin, the Home's heating and AC company, came on May 27th to inspect the pipe and found no leakage.
2. This area is being monitored to watch for any problems.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 8-1-16

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

The above plan of correction is approved as of

8/8/16
(Date)

Plan of correction implementation status as of

8/8/16
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2606
 2606.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The refrigerator located in the kitchen of the home measured 45 degrees Fahrenheit.

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 refrigerator in the Homes kitchen was defrosted (it forms ice in the freezer and it affects the temperature in the refrigerator).
2. All the ice was removed. The coils were also vacuumed.
3. All staff persons are to check and monitor the thermometers in all of the Home's refrigerators and freezers to ensure the temperatures are appropriate and safe.

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</i>	Date <i>8-1-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

Plan of correction implementation status as of 8/8/16
 (Date)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybill
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The last drill conducted during sleeping hours was on 10/8/15.

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. A fire drill (during sleeping hours) was held on May 30th and one will be conducted in October of 2016. Additionally in April 2017, so they are 6 months apart.
2. The Home, erroneously was under the impression that the "sleeping hours" fire drill had to be conducted in different quarters of the year.
3. In the future, the Home will follow the instructions specified by DHS and other relevant instructions to ensure the safety of the residents and staff.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Joyce Morreo</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Joyce Morreo</i>	<i>8-1-16</i>

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

The above plan of correction is approved as of 8/18/16
(Date)

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

Plan of correction implementation status as of 8/18/16
(Date)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 1/14/16, does not include Height, Temperature, Immunization History, and Medication Regimen.

The medical evaluation for resident #3, dated 1/25/16, does not include Blood Pressure, Height, Temperature, and Pulse Rate.

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 items are often omitted on the DME's. When the Home returns these forms to the corresponding physician's office, they often reply that they cannot complete the forms because the resident is not present to do the measurements.
2. A letter is now been sent accompanying the DME form to the physician's office explaining the necessity and the crucial importance of having these forms accurately completed.

The administrator of the home will immediately review each medical evaluation upon receipt by the physician to identify and correct any missing information.

BAS 8/8/16

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) <i>Mary Joyce Morreo</i>	Date <i>8-1-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

Plan of correction implementation status as of 8/8/16
(Date)

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

Violation Report: 42883 - 05/26/2016 - Bomberger, Cybil
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16 at 9am, the Acetaminophen prescribed for Residents #4 and #5 were located on the kitchen table of the home. These medications were unlocked and accessible to residents.

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 medications were left on the counter pending documentation on the MAR's and placement in the medicine cart.
2. All medications are delivered by the pharmacy into the Home's kitchen which is off limit to the residents.
3. In the future, staff has been trained to not leave any medications laying on the counter and to lock them up and retrieve them when ready to document.

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* Date *8-1-16*

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

The above plan of correction is approved as of 8/18/16
 (Date)

Plan of correction implementation status as of 8/18/16
 (Date)

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

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

Violation Report: 42683 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

An initial assessment has not been completed for Resident #1 (admitted 2/29/16), Resident #3 (admitted 3/2/16), and Resident #4 (admitted 1/28/16).

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. Initial assessments for residents #1, #3 and #4 will be completed by August 8, 2016.
2. In the future the initial assessment for new residents will be completed within the 15 day time frame.

The administrator will review the records for each current resident of the home to assure that an initial assessment has been completed.

BAS 8/8/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Joyce Monner

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

Mary Joyce Monner

Date *8-1-16*

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

The above plan of correction is approved as of

8/8/16
(Date)

Plan of correction implementation status as of

8/8/16
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Violation Report: 42883 - 05/28/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #2 was completed on 1/31/11.

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 has an evaluation of several pages developed by his case manager every year. Previously, this was used in place of the RASP for this resident. The Home was told by a DPW staff person that this plan was better than any plan the Home would develop.
- 2. In the future, the Home will complete an assessment for each and every resident.
- 3. The assessment for resident #2 will be completed by August 8, 2016.

225c The administrator will review the last completed Assessment for each current resident of the home to assure that plans are completed within the specified timeframes.

BAS 8/8/16

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) <i>Mary Joyce Morreo</i>	Date <i>8-1-16</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><i>8/8/16</i></u> (Date)	Plan of correction implementation status as of <u><i>8/8/16</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 06/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

An initial support plan has not been developed for Resident #1 (admitted 2/29/16), Resident #3 (admitted 3/2/16), and Resident #4 (admitted 1/28/16).

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. Residents #1, #3 and #4 will have an initial support plan developed by August 15, 2016.
2. In the future, the initial support plan for new residents will be completed within the 30 day time frame.

The administrator will review the records for each current resident of the home to assure that an initial support plan has been completed.

BAS 8/8/16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Joyce Monroe</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Joyce Monroe</i>	<i>8-1-16</i>

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- Not Implemented

Violation Report: 42983 - 05/26/2016 - Bomberger, Cybil
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for Residents #1, #2, #3, and #4 do not include descriptions of the residents' hair color, eye color, and identifying marks.

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. Color photos of the residents are included in their file (record) to show eye and hair color.
2. In the future, the resident's eye and hair color and any identifying marks will be noted on the resident's transfer sheet (Emergency Medical Plan).

The administrator will review all current resident records and update the content to include any missing information used to identify each resident.

BAS
8/8/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 8-1-16

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

The above plan of correction is approved as of

8/8/16
(Date)

Plan of correction implementation status as of

8/8/16
(Date)

The above plan of correction was approved by

BAS
(Initials)

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