



**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 August 3, 2015 and August 4, 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		
Certificate(s) of Occupancy C-2 LP 01/17/1999 Comm.of PA Dept. L&I		
Staffing Hours Resident Support: 0		Total Daily Staff: 10 Waking Staff: 8
Type of Inspection: Interim - POC		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/03/2015: Hultquist, Cliff; Cutter, Jan 08/04/2015: Hultquist, Cliff; Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16 Number of Residents Served: 10 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: 1	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 7 Have Mental Illness: 10 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 42883 - 08/03/2015 - 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 B, hired [redacted] 10, received only 9 of the required 12 hours of annual training during the 2014 training year.  
Direct care staff person C, hired [redacted] 2, received only 10 of the required 12 hours of annual training during the 2014 training year.  
Direct care staff person D, hired [redacted] 13, received only 7 of the required 12 hours of annual training during the 2014 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.

- In 2014, all staff did receive training on fire safety from Tom Bonura as well as Adult Abuse and Reporting by representative of the Agency of the Aging.
- Unfortunately, the latter was not documented.
- In the future, staff will be trained on all required topics and all training will be documented on the appropriate forms.
- All staff employee files will be reviewed to ensure they contain the necessary documents and required annual training hours.

Copy 8/29/16

Immediately – The administrator will review all staffs' current training records to include staff persons B, C and D 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.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Mary Joyce Morrey

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

Mary Joyce Morrey  
administrator

Date 12/24/15

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

DEC 29 2015

Violation Report: 42883 - 08/03/2015 - Hultquist, Cliff  
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 D, hired [redacted] 13, did not receive training in the following topics during the 2014 training year:

- Medication self-administration.
- Instruction 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.

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 - Staff person D 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.

- 1. The administrator works alongside staff persons regularly, therefore these topics are reviewed and discussed as needed.
- 2. Forms have been developed to document all required training.
- 3. Staff will document any training they receive and sign off as completed.

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.

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: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Morneo Mary Joyce Morneo

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Morneo Administrator

Date 12/24/15

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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 - 08/03/2015 - Hultquist, Cliff  
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 person D, hired [redacted] 13, did not receive annual training in the following topics during the 2014 training year:

- 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 (35 P.S. §§ 10225. 101-10225.5102).
- Falls 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.

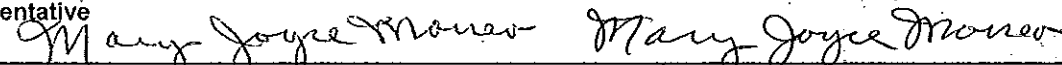
- 1. In 2014, all staff did receive training on fire safety from [redacted] as well as Adult Abuse and Reporting by representative of the Agency of the Aging.
- 2. Unfortunately, the latter was not documented.
- 3. In the future, staff will be trained on all required topics and all training will be documented on the appropriate forms.

Immediately - Staff person D 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.

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: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mary Joyce Morreo Administrator	12/24/15

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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 - 08/03/2015 - Hultquist, Cliff  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

DEC 29 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION  
On 8/4/15, there was a 1/8" hole in the center of a 12"x12" section of missing plaster from the ceiling in resident #4's bedroom.

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

1. The Home does make the effort to provide the utmost safe and aesthetically pleasing environment in the residents' rooms and other areas of the Home.
2. Some time ago, condensation of AC vents resulted in some water damage in areas of the Home's ceiling.
3. The vents were insulated, however, this specific area was not repaired correctly.
4. All staff is to periodically inspect all areas of the Home and report any problems or concerns to the administrator.

Immediately - The administrator will check bedroom walls; floors and ceilings at least weekly to ensure all are clean and in good repair and free of hazards. *5/24/14*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morone* Administrator Date *12/24/15*

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<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 42883 - 08/03/2015 - Hultquist, Cliff  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

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2a. DESCRIPTION OF VIOLATION  
 The most recent medical evaluation for resident #3 was completed 9/19/13.

WEST REGION FIELD OFFICE  
 Human Services Licensing

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 resident has a medical evaluation completed on 9/18/14 as well as one done on 9/23/15 by Dr. [REDACTED]
2. In the future, all medical evaluations as well as other important documents will be filed upon arrival and/or completion.

Within 15 days of receipt of the plan of correction: The administrator will review all 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, an in-person medical evaluation will be immediately scheduled. Documentation of the review shall be kept. *5/01/14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/02/2014	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morreo* *Mary Joyce Morreo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morreo* Administrator Date *12/24/15*

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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
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DEC 29 2015

Violation Report: 42883 - 08/03/2015 - Hultquist, Cliff  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 8/3/15, the home's menu indicated the lunch meal was barbeque chicken; however, staff person D prepared and served turkey. No notice was provided to the residents in advance of the meal.

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 will post on the weekly menu that these shall be subject to change as to the availability of items.
2. We strive to provide the freshest ingredients available to provide the best meals we can afford and appropriate for Holidays.
3. All residents inquire and are made aware of what their lunch as well as their dinner will be, and they are made aware of the options available.
4. All staff has a specific list pertaining to each resident's likes/dislikes/allergies.
5. All residents know to inform staff of what they prefer, and staff is caters to their needs.
6. Due to the visit by the inspectors, the administrator was not able to leave the premises to purchase the items that were to be served on this day.

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. *sc 12/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Morreo* *Mary Joyce Morreo*

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

*administrator*  
*Mary Joyce Morreo*

Date *12/24/15*

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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 - 08/03/2015 - 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 #5 is prescribed Ketoconazole 2% cream-apply to affected area as needed; however, this medication was not available in the home for administration.

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 medication was prescribed as a PRN and was finished. It was reordered and delivered by 8 pm on 8/02/15.
2. Any medication finished is reordered asap if refills are available. If refills are not on the prescription, the prescribing doctor's office is contacted to review if the medication is necessary. If the medication is no longer required, it will be remove form the MARS.
3. All staff is to notify administrator when a PRN is getting low so it can be reordered from the pharmacy.

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. *so 9/15/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Morreo - Mary Joyce Morreo*

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

*Administrator  
Mary Joyce Morreo*

Date *12/24/15*

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 - 08/03/2015 - Hultquist, Cliff  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

**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.

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WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

Resident #4's August 2015 Medication Administration Record (MAR) does not include a diagnosis or purpose for Simvastatin 10mg.

Resident #6's August 2015 MAR does not include a diagnosis or purpose for Cephalexin 500mg.

**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 – 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. *8/14/15*

1. All prescriptions are forwarded to the Home's pharmacy, however sometimes the pharmacy neglects to list a resident's diagnosis and/or the purpose of a medication.
2. MARS will be checked upon arrival before the beginning of each month to ensure that the required information is correctly listed.
3. The pharmacy and/or prescribing physician will be contacted to review any omissions.

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. *8/14/15*

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Mary Joyce Morneo Mary Joyce Morneo*

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

*Mary Joyce Morneo Administrator*

Date *12/24/15*

**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 *SN*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42883 - 08/03/2015 - Hultquist, Cliff  
 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.

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**2a. DESCRIPTION OF VIOLATION**

The home has not completed an initial assessment for resident #5, admitted [redacted] 15.

DEC 29 2015

The home has not completed an initial assessment for resident #6, admitted [redacted] 15.

WEST REGION FIELD OFFICE  
 Human Services Licensing

**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 #5 and 6 are no longer residing at the Home. They both departed as soon as their supplements were paid.
2. Assessments for these residents will be completed by January 10, 2016.
3. Every effort will be made to complete an assessment for each resident within 15 days of arrival and annually thereafter.

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.

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 completed in its entirety within 15 days of admission. Revisions to the assessment will be made, as needed. Documentation of training shall be kept.

*Handwritten mark resembling a large right curly bracket with initials 'SJ' next to it.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Joyce Morano Administrator* Date *12/24/15*

**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 - 08/03/2015 - Hultquist, Cliff  
 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.

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**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for resident #3 was completed on 01/17/13.

The most recent assessment for resident #9 was completed on 1/31/2011.

WEST REGION FIELD OFFICE  
 Human Services Licensing

**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 #3 has an assessment that was completed on 1/30/15. It was misplaced along with [REDACTED] DME from 9/18/15.
- 2. Resident #9 will have an assessment completed by 1/2/15
- 3. Every effort will be made to complete an assessment for each resident within 15 days of arrival and annually thereafter.

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.

} 4/24/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/02/2014	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morone* *Mary Joyce Morone*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morone administrator* Date *12/24/15*

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Violation Report: 42883 - 08/03/2015 - Hultquist, Cliff  
 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**

The home has not developed and implemented a support plan for resident #5, admitted [redacted] 15.

The home has not developed and implemented a support plan for resident #6, admitted [redacted] 15.

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**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.*

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1. Residents #5 and 6 are no longer residing at the Home. They both departed as soon as their supplements were paid.
2. Support plans for these residents will be completed by January 10, 2016.
3. Every effort will be made to complete support plans for each resident within 15 days of arrival and annually thereafter.

Immediately: The administrator will review all resident records to ensure a comprehensive support plan has been completed within 30 days of admission, which accurately identifies the residents current care needs and services the home will provide to meet those needs. 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. *See #13/14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/02/2014	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morneau* *Mary Joyce Morneau*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morneau Administrator* Date *12/24/15*

**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 - 08/03/2015 - Hultquist, Cliff  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

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2a. DESCRIPTION OF VIOLATION  
 Resident #9's record does not contain a support plan.

WEST REGION FIELD OFFICE  
 Human Services Licensing

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 #9 has a (very extensive) support plan that was developed by [redacted] case manager. This support plan is in [redacted] file.
2. The Home's administrator attended a training course on assessments and support plans held at DPW at which the instructor said such support plans were acceptable for the resident.
3. If now necessary, an additional support plan will be developed and implemented.

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 support plan.

8<sup>th</sup> 2/15/14

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* *Mary Joyce Morreo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morreo administrator* Date *12/24/15*

**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