



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 3 9 2016

Ms. Mary Ellen Farber, CEO/Administrator
Sunny Crest Home, Inc.
2587 Valley View Road
Morgantown, Pennsylvania 19543

RE: Sunny Crest Home
License #: 321920

Dear Ms. Farber:

As a result of the Department of Human Services' annual licensing inspection on October 17, 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 'Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SUNNY CREST HOME		License Number: 32192
Address: 2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543		County: Lancaster
Administrator: Mary Ellen Fisher		Region: CENTRAL
Legal Entity Name: SUNNY CREST HOME INC		
Legal Entity Address: 2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543		
Certificate(s) of Occupancy C-2 LP A1 08/15/2007 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Working Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2016 Heemer, Laura; McCloskey, Jason		
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: 71 Number of Residents Served: 63 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 Hoopice Residents: 0 Number of Hoopice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 35 Are 60 Years of Age or Older: 29 Have Mental Illness: 38 Have an Intellectual Disability: 37 Have a Mobility Need: 7 Have a Physical Disability: 2	

Violation Report: 32192 - 10/17/2016 - Heemer, Laura
 PCH Name: SUNNY CREST 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 home held a sleeping hours fire drill on 10/14/2015 and did not hold another sleeping hours fire drill until 5/31/2016.

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.

An unannounced, overnight, fire drill as specified in 2600.132(e) will be held in the month of November, 2016

Overnight, unannounced, fire drills as specified in 2600.132(e) will be held every four (4) months.

Administrator shall review the fire drill records on a quarterly basis to assure that sleeping hours drills have been conducted.

BAS 11/9/16

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mary Ellen Farber, CEO/PCHA	11/8/16

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

The above plan of correction is approved as of 11/9/16
 (Date)

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

Plan of correction implementation status as of 11/9/16
 (Date)

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

Violation Report: 32192 - 10/17/2016 - Heemer, Laura
 PCH Name: SUNNY CREST 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.

2a. DESCRIPTION OF VIOLATION

Resident 2's Novolog prescription states administration should follow the following guidelines:

- 5 units for blood sugar levels measured between 100 and 150
- 10 units for blood sugar levels measured over 150
- Hold blood sugar levels measured less than 100 or not eating
- Call physician if Blood sugars are less than 60 or greater than 350

The medication administration record for Resident 2 documents that insulin was administered on 10/14/16 at 12 pm, 10/15/16 at 12 pm, and 10/16/16 at 12 pm, but does not record the number of units that were administered.

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.

A field in Quick-Mar was created to document and record the number of units of insulin given on the resident's sliding scale order. This fulfills the regulation as per 2600.187 (a)

All insulin given on a sliding scale will have a documentation field that enables the recording of units given.

Continued on Page 3A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Mary Ellen Farber, CEO/PCHA			Date 11/8/16

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

The above plan of correction is approved as of <u>11/9/16</u> (Date)	Plan of correction implementation status as of <u>11/9/16</u> (Date)
The above plan of correction was approved by <u>MEF</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

2600.187(a)

Staff responsible for the administration of insulin will be educated on the new field added to the Medication Administration to record the units of insulin administered.

The administrator, or a designated staff member, will perform weekly reviews of the Medication Administration Records for those residents on a sliding scale insulin regime to assure proper documentation. This review will be conducted for a period of three weeks.

11/9/16
BAS

Violation Report: 32192 - 10/17/2016 - Heemer, Laura
 PCH Name: SUNNY CREST HOME

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

A physician's order was on file stating that Lorazepam (Ativan) is to be used pro re nata for the "gentle sedation" of Resident 3 due to the resident's agitated behaviors. Resident 3's medication administration record documents that 0.5mg of lorazepam is to be administered four times daily, as needed, for Agitation/Fast Pacing/Combative Behavior. On 3/26/16 Resident 3 shoved another resident to the floor. The home's records document that, as a result of this action, a staff member administered a Lorazepam tablet to Resident 3. During interviews, the administration stated that no other techniques to deescalate Resident 3 are used other than the administration of lorazepam.

The administration of Lorazepam prescribed for Resident 3 is for the specific and exclusive purpose of controlling the acute and episodic behaviors 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.

Administration of medication for the specific and exclusive purpose of controlling the acute and episodic behaviors of a resident will not be used.

- 1. Ongoing staff training centered on deescalation techniques will be continued. This training will be scheduled in December of 2016 and ongoing from this point.
- 2. Ongoing close review of physician's orders to prevent orders of this nature from being administered.

The home will conduct a review of the medications currently prescribed for the residents of the home to assure that the medications are prescribed for a documented diagnosis and not described for the use of controlling resident behaviors. This review shall be completed by 1/1/2017.

MAS 11/9/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>			Date
Mary Ellen Farber, CEO/PCHA			11/8/16

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