



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MORKEL INC
LEGAL ENTITY

To operate SUNSET RIDGE PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 466 HIGH STREET, DERRY, PA 15627
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 3, 2017 until May 3, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428831

Robert E. Robinson

ISSUING OFFICER

Jay Bank

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/14



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

NOV 03 2017

Ms. Mary Joyce Morreo
President
Morkel, Inc.
466 High Street
Derry, Pennsylvania 15627

RE: Sunset Ridge Personal Care Home
Certificate #: 428831

Dear Ms. Morreo:

As a result of the Department of Human Services' (Department) licensing inspections on April 10, 2017 and August 31, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #428830 dated March 15, 2017 to March 15, 2018 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 15, 2017 to March 15, 2018 is **NOT** reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
82(c)	II	13	\$5	\$65	5 calendar days from mailing date of this letter
26(a)	III	13	\$3	\$39	15 calendar days from mailing date of this letter

Ms. Mary Joyce Morreo			2			
103(f)	III	13	\$3	\$39	15 calendar days from mailing date of this letter	
225(a)	III	13	\$3	\$39	15 calendar days from mailing date of this letter	
225(c)	III	13	\$3	\$39	15 calendar days from mailing date of this letter	
227(a)	III	13	\$3	\$39	15 calendar days from mailing date of this letter	

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Bureau Director
 Bureau of Human Services Licensing
 Department of Human Services
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Ms. Mary Joyce Morreo

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Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
 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

A copy of 55 Pa. Code Chapter 2600 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.

A copy of Code Chapter 2600 is kept on the bulletin board in the Entrance area of the Home in a plastic sleeve attached with a push pin. On the day of inspection, it had fallen down into a box setting below the bulletin board.

The copy of Code Chapter 2600 was immediately put back in place, and has been in place since the inspection.

The Home will make sure it is in place by a daily check of items on the bulletin board.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Moore, administrator</i>	Date <i>7-23-2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/16/17
 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

The above plan of correction was approved by *g.w.*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Culler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 11:15 a.m., the following private resident information was unattended, unlocked and accessible in paper bags in the living room:
* A list of visitation medication, including Trazadone and Haloperidol, from Torrance State Hospital for resident #1.
* A social security card, medical evaluation, medication list and contract for discharged resident #2.

At approximately 11:35 a.m., there was an opened letter from the Social Security Administration including the amount of resident #4's income laying unattended, unlocked and accessible on a table in the diningroom.

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.

The private information for residents #1 and #2 was in a bag marked to be shredded; this bag had been left in the living room accidentally.

The private information regarding resident #4 must have been left in the dining room by the resident. The home only receives this information when they are payee for a resident. Sunset Ridge is not a payee for any of its current residents.

The Home will make every effort not to leave private information in areas accessible to residents. All staff has been instructed about this matter.

All residents have been asked to always keep their mail and private papers in a secure place in their rooms.

See page 3^a of 25

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morneg administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

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

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *JW.*
- Not Implemented

RECEIVED

OCT 15 2017

Page 3 of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 11:15 a.m., the following private resident information was unattended, unlocked and accessible in paper bags in the living room:
* A list of visitation medication, including Trazadone and Haloperidol, from Torrancia State Hospital for resident #1.
* A social security card, medical evaluation, medication list and contract for discharged resident #2.

At approximately 11:35 a.m., there was an opened letter from the Social Security Administration including the amount of resident #4's income laying unattended, unlocked and accessible on a table in the diningroom.

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 designated staff person will check the home daily to ensure all resident records and information are kept in an area that is locked. Documentation of the checks shall be kept.

Within 6 days of receipt of the plan of correction: All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in an area that is locked. Documentation of the education shall be kept.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Monroe Administrator* Date *10-14-2017*

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted for a trial visit on [redacted] 2016; however, only 2 pages of this contract, dated [redacted] 2016, was available for review in the record. Resident #1 moved into the home as a permanent resident on [redacted] 2017; however a resident-home contract was not completed.

Resident #5, admitted [redacted] 2017, does not have a resident-home contract completed.

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

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

Resident #1 was at the Home on several trial visits. The folder given to the inspector was from one of his trial visits. He does have another folder which has been located and filed in the proper place. This file has been checked to insure that it contains all this residents pertinent papers.

Resident #5 does have a contract; it has been located and properly filed. This resident did not have a preadmission screening. After the inspection, the Home realized it had not been returned from the case manager who brought Resident #5 for placement. The Administrator has completed the preadmission screening form; however it was late.

The Home will check all new resident files to ensure they are completed properly.

The Home will require any representative placing a resident to complete all papers in advance of leaving the resident at the Home.

see page 4^a of 25

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo Administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

OCT 15 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted for a trial visit on [redacted]/2016; however, only 2 pages of this contract, dated [redacted]/2016, was available for review in the record. Resident #1 moved into the home as a permanent resident on [redacted] 2017; however a resident-home contract was not completed.
Resident #5, admitted [redacted] 2017, does not have a resident-home contract 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 designated staff person will review all resident records to ensure each resident has a written resident-home contract in place within 24 hours of admission. Any resident without a contract will have one completed immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Moore</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Moore Administrator</i>			Date <i>10-14-2017</i>

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	

RECEIVED

JUL 23 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home has not conducted a quality management review during 2016 or thus far in 2017.

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.

The Home does have a Quality Management Plan for 2017. It is currently being developed and to date has several entries.

The Quality Management Plan will now be a top priority each year for the Home. It will be completed officially and on paper.

The Administrator and staff interact daily, many problems are discussed and changes are implemented as needed. The Home will document the important problems and changes.

See page 5 of 25

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/26/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Marreo, administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

RECEIVED

OCT 15 2017

Page 5 of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500

2800.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home has not conducted a quality management review during 2016 or thus far in 2017.

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.
Within 7 days of receipt of the plan of correction and at least annually thereafter: A quality management review will be conducted which includes all topics specified in 2800.26b. The review will be documented in writing including the date of the review, who was in attendance and the topics discussed.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/28/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Monroe Administrator* Date *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The records for residents #1 and #5 do not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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

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

Resident rights and complaint procedures are a part of the Home's contract. Signatures are only required on page 6 and 10 of the contract. These have been signed by Resident #1 and Resident #5.

The contract used by the home was obtained on the Pennsylvania Department of Human Services web site. On this contract, there is no indication a signature is required on Page #8 (Resident Rights) or on Page #9 (Complaint Procedures). If these signatures are required, they will be added to the contract.

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, administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

The above plan of correction was approved by *MJ*
(initials)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(d) - A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

2a. DESCRIPTION OF VIOLATION

The home rules were not included in the resident-home contracts and were not posted.

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.

Some contracts for residents who have been in the Home for several years do include the Home's Rules. Somehow in the past few years the copy of the Home's Rules was not included in the residents contracts.

A copy of the Home's Rules is now included in all resident's contracts. A copy is also displayed on the Home's bulletin board.

Resident files will be checked quarterly by the staff to ensure files are maintained complete with all necessary documents.

Residents will be notified 30 days in advance of any changes in the Home's Rules.

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

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 *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

The above plan of correction was approved by JW.
(Initials)

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

One half of a 32 ounce bottle of Lysol toilet bowl cleaner, with a manufacture's label indicating "if ingested contact poison control or physician immediately", was unlocked and accessible to residents under the sink in the bathroom located in the hallway across from the kitchen.

The kitchen was unattended between 10:45 a.m and 10:55 a.m. The following poisons were unlocked and accessible to residents under the kitchen sink:

- 3/4 of a 901ml bottle of Cascade rinse aid.
- 8.45 ounce bottle of DG/home rinse aid.
- 1/2 of a tub containing 50 Cascade dishwasher packs.

These materials had manufacturer's labels indicating "if ingested contact poison control or physician immediately".

Not all residents of the home, including residents #1 and #5, have been assessed capable of safely using or avoiding poisonous materials.

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.

The kitchen is off limits to all residents, the two doors leading into it are kept locked from the inside. In addition, a padlock has been placed on the cabinet door under the sink to ensure inaccessibility to poisonous materials.

No cleaning materials are allowed to be stored in the bathrooms. Staff has been informed and will keep being reminded not to store or leave unattended any cleaning products in the bathrooms.

See page 7 of 25

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/26/2016		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Joyce Morrey</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Joyce Morrey, administrator</i>	<i>7-21-2017</i>

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

The above plan of correction is approved as of 10/16/17
(Date)

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

Plan of correction implementation status as of 10/16/17
(Date)

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

RECEIVED

OCT 15 2017

Page 8 of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.82(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

One half of a 32 ounce bottle of Lysol toilet bowl cleaner, with a manufacture's label indicating "if ingested contact poison control or physician immediately", was unlocked and accessible to residents under the sink in the bathroom located in the hallway across from the kitchen.

The kitchen was unattended between 10:45 a.m and 10:55 a.m. The following poisons were unlocked and accessible to residents under the kitchen sink:

- 3/4 of a 901 ml bottle of Cascade rinse aid.
- 8.45 ounce bottle of DG/home times aid.
- 1/2 of a tub containing 50 Cascade dishwasher packs.

These materials had manufacturer's labels indicating "if ingested contact poison control or physician immediately".

Not all residents of the home, including residents #1 and #5, have been assessed capable of safely using or avoiding poisonous materials.

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 designated staff person will check all areas of the home daily, on each shift, to ensure all poisonous materials are kept locked and inaccessible to residents at all times. Documentation of checks shall be kept.

Within 5 days of receipt of the plan of correction: All staff persons will be educated that poisonous materials shall be kept locked and inaccessible to residents at all times. Documentation of the education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Thomas*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Thomas Administrator* Date *10-14-2017*

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

RECEIVED

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Culler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The toilet paper holder in the bathroom next to the kitchen is broken and only one side of it attaches to the wall.

There are rips which measure the entire width in both seats of the glider on the back porch. Residents were unable to sit on either seat without falling through.

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.

The toilet paper holder was repaired in April and has broken again. The Home has purchase a floor model toilet paper holder in hope of a functioning solution to this problem.



The two gliders were left on the back deck awaiting pickup by a metal recycler.

In the future all broken items will be kept in the basement until they are picked up.

See page 9^a of 25

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morrae, administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

The above plan of correction was approved by JW.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *JW.*

RECEIVED

OCT 15 2017

Page 9 of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PGH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The toilet paper holder in the bathroom next to the kitchen is broken and only one side of it attaches to the wall.

There are rips which measure the entire width in both seats of the glider on the back porch. Residents were unable to sit on either seat without falling through.

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 toilet paper holder in the bathroom next to the kitchen shall be repaired or replaced.

Immediately: The glider on the back porch shall be disposed of or moved to an area where it is inaccessible to residents.

Immediately: A designated staff person will check all furniture and equipment daily to ensure they are in good repair, clean and free of hazards. Any furniture or equipment that is found to be hazardous to residents shall be removed or reported to the administrator immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #6 does not have a source of lighting that can be turned on/off at bedside
Resident #10 does not have a functional source of lighting that can be turned on/off at bedside.

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

Resident #6 and #10 do have lamps at their bedside, however the lamps were not operable because of a problem with the electrical outlet behind the nightstands.

The outlet was replaced shortly after inspection.

In the future, residents will temporarily be given a battery operated light source when an outlet is not operating.

See page 10⁹ of 25

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

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 *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

The above plan of correction was approved by JW.
(Initials)

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 15 2017

Page 10^a of 25

Violation Report: 42883 - 04/10/2017 - Gutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #8 does not have a source of lighting that can be turned on/off at bedside
Resident #10 does not have a functional source of lighting that can be turned on/off at bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Immediately then weekly thereafter: A designated staff person will check resident bedrooms to ensure each resident has an operable source of lighting that can be turned on/off from bedside.

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 *10-14-2017*

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

RECEIVED

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(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

There was no thermometer in the tall white freezer or the refrigerator in the pantry.

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.

All refrigerators and freezers have thermometers; however on inspection day they could not be found.

Every effort is being made to maintain thermometers in a consistent location. Thermometers are located in the back of the lowest shelf on the left hand corner of all refrigerators and freezers.

See page 11^a of 25

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/26/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morris, Administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

The above plan of correction was approved by JN.
(Initials)

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *JN.*

RECEIVED

OCT 15 2017

Page 11^a of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2800

2800.103(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

There was no thermometer in the tall white freezer or the refrigerator in the pantry.

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: Thermometers shall be placed in the tall white freezer and the refrigerator in the pantry.

Immediately: A designated staff person will check all refrigerators and freezers daily to ensure each refrigerator and freezer contains a thermometer and each refrigerator measures 40 degrees Fahrenheit or less and each freezer measures 0 degrees Fahrenheit or less. Documentation of checks shall be kept.

Within 5 days of receipt of the plan of correction: All staff persons will be educated that each refrigerator and freezer must have a thermometer and that each refrigerator must measure 40 degrees Fahrenheit or less and each freezer must measure 0 degrees Fahrenheit or less. Documentation of staff education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/29/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morra*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morra administrator*

Date
10-14-2017

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

RECEIVED

JUL 23 2017

Page 12 of 25

Violation Report: 42883 - 04/10/2017 - Culler, Jan
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

Resident #5 was admitted 2/9/2017; however, his/her medical evaluation was not completed until 3/22/2017.

[Redacted] Withdrawn SRP

[Redacted]

[Redacted] Withdrawn SRP

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.

The Annual Medication Evaluation is a consistent problem with certain doctors. Resident #5 had a recent evaluation before being admitted to the home. The family was informed the resident needed a new evaluation for the Home, however they were late in getting it done.

The Home will require that all pertinent documents (MA 51, if applicable), DME and preadmission screening forms be completed before a resident is admitted.

[Redacted]

The Home's staff will now review all DMEs returned, the forms will be sent back until they are completed correctly. The Home sends a letter with DMEs stating that all sections must be completed; however some doctors do not follow these directions.

See page 12^a of 25

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Joyce Morreo, administrator Date 7-23-2017

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

The above plan of correction is approved as of 10/16/17 (Date)

Plan of correction implementation status as of 10/16/17 (Date)

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

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

RECEIVED

OCT 15 2017

Page 12⁹ of 26

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
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

Resident #5 was admitted 2/8/2017; however, his/her medical evaluation was not completed until 3/22/2017

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.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a current medical evaluation completed in its entirety and present in the resident's record. Any medical evaluations that are incomplete shall be immediately returned to the physician for completion.

Within 5 days of receipt of the plan of correction: The administrator will develop and implement a tracking system to ensure each resident has a medical evaluation completed in its entirety within 60 days prior to admission or within 30 days of admission.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morris Administrator* Date *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's menus were not dated and were only identified as Menu C and Menu D. It was not possible to determine what was being served for breakfast, lunch and dinner on any given day.

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.

Menus are now being posted with specific dates above them. Every effort is made to follow the menus. If a menu change must occur, the changes are posted on the dry erase board in the dining room.

See page 13^a of 25

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Warner administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

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

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *JW.*

RECEIVED

OCT 15 2017

Page 13^a of 25

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
FCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2800.162(e) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home's menus were not dated and were only identified as Menu C and Menu D. It was not possible to determine what was being served for breakfast, lunch and dinner on any given day.

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: Dates shall be added to the home's posted menus to identify which day/week they are for.

Immediately: A designated staff person will check the home at least weekly to ensure the current week's menu and the upcoming week's menu are posted in a conspicuous and public place in the home and include dates.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo administrator*

Date *10-14-2017*

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)

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

At approximately 1:30 PM, the following medications were unlocked and accessible on the unattended medication cart in the dining room:

- *bottle of Super Saw Palmetto 480mg softgels prescribed for discharged resident #9
- *Amonium Lactate 12% lotion prescribed for resident #1
- *bottle of Aspirin 81mg tablets

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.

The medication cart is in the kitchen (inaccessible to residents), not the dining room. Two of the unopened medications, Super Saw Palmetto and Aspirin, were left on top of the medicine cart as a reminder to ask the pharmacy if they could be returned.

The Amonium Lactate lotion was used by Resident #1 and had been inadvertently left sitting on top of the medicine cart instead of inside.

The home has found a simple way to dispose of medications left in the Home. The Greensburg Police Station has a "drop box" for unwanted medications. In the future the Home will not leave medications left by past residents in the Home.

See page 14 of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morreo, administrator</i>	Date <i>7-23-2017</i>
---	--------------------------

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *96.*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

OCT 15 2017

Page 14^a of 26

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 59 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

At approximately 1:30 PM, the following medications were unlocked and accessible on the unattended medication cart in the dining room:

- *bottle of Super Saw Palmetto 480mg softgels prescribed for discharged resident #9
- *Amonium Lactate 12% lotion prescribed for resident #1
- *bottle of Aspirin 81mg tablets

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.

The medications were removed from the top of the medication cart.

Immediately: A designated staff person will check all medication storage areas daily, including medication stored in the refrigerator, to ensure all medication is kept in an area or container that is locked.

Within 5 days of receipt of the plan of correction: All staff persons will be educated on safe medication storage procedures including storing medications in an area or container that is locked.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morra administrator* Date *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

At 10:45 a.m., the Levemir Flextouch pen, prescribed for resident #8, was unlocked and accessible in the refrigerator in the kitchen.

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.

The Home has purchased a small box and padlock. The unopened Levemir Flextouch Pen is being kept in this box. The pen in use is kept in the medicine cart as recommended.

See page 15^a of 25

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 administrator* Date *7-23-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

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

Plan of correction Implementation status as of 10/16/17
(Date)

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

RECEIVED

OCT 15 2017

Page 15 of 25

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

At 10:45 a.m., the Lavenir Flextouch pen, prescribed for resident #8, was unlocked and accessible in the refrigerator in the kitchen.

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 designated staff person will check all medication storage areas daily, including medication stored in the refrigerator, to ensure all medication is kept in an area or container that is locked.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The bottle of Promethazine-Codeine Syrup in the medication cart, prescribed for resident #6, was last refilled on 9/25/2013. This medication has expired.

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.

The Home regularly checks the medicine cart for any medications that should not be stored in it. The Home's staff does not understand how this medication was overlooked. It was disposed of immediately following the inspection.
A designated staff person qualified to administer medication g.u. 10/16/17
The Home will thoroughly check the medicine cart biweekly and dispose of any medicines not in use or expired, except for medicines that have been placed on HOLD by a resident's doctor.
that are discontinued, for residents who have been discharged. g.u. 10/16/17

see page 16^a of 25

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo, administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *g.u.*
- Not Implemented

RECEIVED

OCT 15 2017

Page 16 of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Cods §2800
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The bottle of Promethazine-Codine Syrup in the medication cart, prescribed for resident #6, was last refilled on 8/25/2013. This medication has expired.

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.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated that only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Documentation of the education shall be kept.

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 *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

A bottle of Super Saw Palmetto 480 mg. softgels, prescribed for resident #9, who was discharged, was still present 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.

Resident #9 left the home for an appointment and never returned; the resident was kept at inpatient [redacted]. The OTC medicine was later found in the resident's room. It was disposed of at the Greensburg Police Station.

In the future any medications left at the Home by a former resident will be disposed by taking them to the "Drop Box" at the Greensburg Police Station.

See page 17^a of 25

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 *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

RECEIVED

OCT 15 2017

Page 17 of 26

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

A bottle of Super Saw Palmetto 480 mg. softgels, prescribed for resident #9, who was discharged, was still present 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.

Immediately and weekly thereafter: A designated staff person will check all resident medications at least weekly to ensure that no discontinued, expired or discharged resident's medications are stored in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Joyca Norman

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Joyca Norman administrator

Date

10-14-2017

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)

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

The above plan of correction was approved by

(Initials)

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Micazole Cream Suppositories; however, this medication was not included on the April 2017 medication administration record (MAR).

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.

The Pharmacy neglected to list the medicine on the April Medication Record (MAR) for Resident #7. The Home's staff neglected to note its absence.

The Home's staff makes every effort to check that the MARS for each resident is complete and current.

See page 18^a of 25

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 Morrow</i>
--	--------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Joyce Morrow, administrator</i>	<i>7-23-2017</i>

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JN.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

OCT 15 2017

Page 18^a of 25

Violation Report: 42883 - 04/10/2017 - Cutlar, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Micazole Cream Suppositories; however, this medication was not included on the April 2017 medication administration record (MAR).

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

Resident #7's Micazole has been discontinued.

Immediately and monthly thereafter: A designated staff person qualified to administer medications will check resident MARs and physician orders to ensure each resident MAR contains all currently prescribed medications in accordance with 2600.187a.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Marreo administrator* Date *10-14-2017*

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

Residents #1 and #5 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

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

Resident #1 and Resident #5 were educated on their right; it is documented in their file.

In the future all resident files will be checked quarterly to ensure no documents are missing from the file.

See page 19^g of 25

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 *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

RECEIVED

OCT 15 2017

Page 19 of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code 52600

2800.191 - 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

Residents #1 and #5 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

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

Immediately: A designated staff person will review all resident records to ensure each resident has received education on the right to refuse a medication if the resident believes there may be a medication error. Any resident who does not have documentation of this education in the resident record will immediately be educated on this resident right and have documentation of this education kept in the resident record.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Moore administrator* Date *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

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

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

The Home has been printing its activity calendar on a commercial calendar. This was suitable at past inspections. This calendar was posted at the time of the inspection.
The Home plans and offers different activities, however most get little participation (one or two residents). Bingo generally has the best participation with up to six residents.

See page 20 of 25

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary-Joyce Mower, Administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

JM

RECEIVED

OCT 15 2017

Page 20^a of 25

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

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

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

Immediately: The home shall post a current weekly activity calendar in a public and conspicuous place in the home.

Immediately: A designated staff person will check the home at least weekly to ensure a current weekly activity calendar is posted in a conspicuous place in the home.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo administrator* Date *10-14-2017*

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

RECEIVED

JUL 23 2017

Page 21 of 26

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

A preadmission screening form was not completed for resident #5, admitted [redacted] 2017.

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 Preadmission Screening Form has been completed for Resident #5. The form supplied to the Resident's case manager was not returned to the home when the resident was placed on February 9, 2017.

The Home's administrator has completed a Preadmission Screening Form for Resident #5 and it has been placed in the resident's file.

All resident's files will be checked quarterly to ensure they are complete and current. In the future, new resident files will be checked by two staff people to confirm that all documents are present and complete.

See page 21^a of 25

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo, administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

- Fully implemented
- Partially Implemented - Adequate Progress

The above plan of correction was approved by *J.M.*
(Initials)

- Partially Implemented - Inadequate Progress *J.M.*
- Not Implemented

OCT 15 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
FCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.224(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
A preadmission screening form was not completed for resident #5, admitted [redacted] 2017.

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.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each newly admitted resident has a preadmission screening completed in its entirety and is present in their record.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo administrator* Date *10-14-2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human 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

An initial assessment has not been completed for resident #1, admitted [redacted] 2017, and resident #5, admitted [redacted] 2017.

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.

The Initial Assessment for Resident #1 and Resident #5 shall be completed by July 31, 2017. They are being worked on but are not finished.

In the future new residents will have the Initial Assessment completed within the specified 15 days.

See page 22^a of P 25

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/26/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Mower Administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

The above plan of correction was approved by JW.
(Initials)

Plan of correction implementation status as of 10/16/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *JW.*

RECEIVED

OCT 15 2017

Page 22 of 25

Violation Report: 42883 - 04/10/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code 52600

2800.225(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 [redacted] /2017, and resident #5, admitted [redacted] 2017.

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: An assessment shall be completed for residents #1 and #5.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has an assessment, completed in its entirety, within 15 days of admission. A copy shall be present in each resident record.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each newly admitted resident has an assessment completed in its entirety within 15 days of admission. A copy shall be present in each record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/26/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morra*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morra administrator* Date *10-14-2017*

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

RECEIVED

JUL 23 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42883 - 04/10/2017 - Culler, Jan
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 #6 was completed on 3/11/2015.

The most recent assessment for resident #7 was completed on 10/23/2011.

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.

The Annual Assessments for Resident # 6 and Resident #7 will be completed by August 15, 2017.

In the future all residents will have an updated Assessment completed annually as required.

See page 23^a of 25

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/26/2016		
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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
Mary Joyce Morreo Administrator	7-23-2017

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

The above plan of correction is approved as of 10/16/17
(Date)

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

Plan of correction implementation status as of 10/16/17
(Date)

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

RECEIVED

OCT 15 2017

Page 23⁹ of 25

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
FCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500

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 #6 was completed on 3/11/2018.

The most recent assessment for resident #7 was completed on 10/23/2011.

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 new assessment shall be completed for residents #6 and #7.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a current assessment, completed in its entirety, at least annually. A copy shall be present in each resident record.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each resident has an assessment, completed in its entirety, at least annually. A copy shall be present in each resident record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2016		
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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 *10-14-2017*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
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

An Initial support plan has not been completed for resident #1, admitted [redacted] 2017, and resident #5, admitted [redacted] 2017.

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.

The Initial Support Plan for Resident #1 and Resident #5 is currently in progress and will be completed by August 15, 2017.

In the future all new residents will have an Initial Support Plan completed within the specified 30 day period.

See page 24⁹ of 25

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/26/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Mordee, administrator* Date *7-23-2017*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

OCT 15 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
FCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 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 completed for resident #1, admitted 1/12/2017, and resident #5, admitted 2/9/2017.

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 support plan shall be completed for residents #1 and #5.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a support plan, completed in its entirety, within 30 days of admission. A copy shall be present in each resident record.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each newly admitted resident has a support plan completed in its entirety within 30 days of admission. A copy shall be present in each record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morris*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morris administrator* Date *10-14-2017*

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

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

JUL 23 2017

Violation Report: 42883 - 04/10/2017 - Culler, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2800.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 There were no photographs in the records of residents #1 and #5.

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

Resident #1 and Resident #5 have photographs in their resident file and in the MARS Binder. They had been taken at the time of inspection, but not placed in the file or binder.

In the future all residents will have a current picture in their file. Photographs in resident's files and in the MARS Binder will be checked to ensure that they have been taken within the specified 2 year period.

See page 25^a of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morran, Administrator</i>	Date <i>7-23-2017</i>
---	--------------------------

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

The above plan of correction is approved as of 10/16/17
 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

The above plan of correction was approved by JW.
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *JW.*
- Not Implemented

RECEIVED

OCT 15 2017

Violation Report: 42883 - 04/10/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800
2800.252 - Each resident's record must include the following information: (1) through (28)

2a. DESCRIPTION OF VIOLATION
There were no photographs in the records of residents #1 and #6.

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: Current photographs shall be added to the records of resident #1 and resident #6. The photographs shall include the date they were taken.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each record includes all required items in accordance with 2800.252, including a photograph which is no more than 2 years old.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morren administrator* Date *10-14-2017*

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 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

SEP 25 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 9:40 a.m. the following confidential resident information was unattended, unlocked and accessible on top of the medication cart in the kitchen:

- * A folder labeled "Lab Requisitions" with lab orders for residents #1, #2 and #3.
- * A folder labeled "Pharmacy" with pharmacy delivery logs for medications received for residents #1, #3 and #4.
- * Patient discharge instructions for resident #5.
- * A medical evaluation, dated 8/29/2017, for resident #1.

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.

These records were in the kitchen which is off limits to residents. They had been on the cart for several years. The records are now stored in the medicine cart which is always locked except when in use. From this time on, all resident records will be in the locked medicine cart or in the office. Staff has been alerted to be on the look out for mail which some residents often leave laying around. Staff has been instructed to return it to the resident & tell them to keep it in their room.

See page 2^a of P15

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, administrator</i>	<i>9-22-17</i>

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

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u><i>ML</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>ML</i> <input type="checkbox"/> Not Implemented

OCT 15 2017

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
 PCN Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 85 Pa.Code §2800

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:40 a.m. the following confidential resident information was unattended, unlocked and accessible on top of the medication cart in the kitchen:

- A folder labeled "Lab Requisitions" with lab orders for residents #1, #2 and #3.
- A folder labeled "Pharmacy" with pharmacy delivery logs for medications received for residents #1, #3 and #4.
- Patient discharge instructions for resident #5.
- A medical evaluation, dated 8/29/2017, for resident #1.

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 designated staff person will check the home daily on each shift to ensure all resident records and information are kept in an area that is locked. Documentation of the checks shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in an area that is locked. Documentation of the education shall be kept.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morreo administrator</i>	Date <i>10-14-2017</i>
--	---------------------------

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

SEP 25 2017

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At 10:05 a.m., there was rotted escarole on the bottom shelf of the refrigerator section of the refrigerator/freezer in the pantry. The pungent odor of rotted escarole was pervasive throughout the refrigerator.

At 10:30 a.m., there were soiled men's briefs in the sink of the bathroom next to the kitchen. There were yellow feces stains covering the briefs and a very pungent odor of feces in the bathroom and adjacent hallway.

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.

Refrigerator will be checked and food that is not good will be disposed of each day. This is usually done and definitely will be done in the future.
The home usually does not have a problem with soiled clothing left unattended. Residents do have accidents but they are instructed to put badly soiled clothing in a plastic bag and give it to the aide on duty. Such bags are kept in the vanities in each bathroom. These instructions have been reinforced with the residents. They will again be reminded if it seems they are not following this disposal method.

See page 3rd of 15

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo, administrator* Date *9-22-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

RECEIVED

OCT 15 2017

Page 3 of 15

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNBET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At 10:05 a.m., there was rotted escarole on the bottom shelf of the refrigerator section of the refrigerator/freezer in the pantry. The pungent odor of rotted escarole was pervasive throughout the refrigerator.

At 10:30 a.m., there were soiled men's briefs in the sink of the bathroom next to the kitchen. There were yellow feces stains covering the briefs and a very pungent odor of feces in the bathroom and adjacent hallway.

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 designated staff person will check the home daily including all bathrooms and food storage areas, to ensure sanitary conditions are maintained.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morris - Administrator* Date *10-14-2017*

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 - 08/31/2017 - Cutter, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

SEP 25 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was a large "X" shaped crack in the window on the right in the pantry which extended the entire length of the window from top to bottom.

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.

This window was a double pane & only the outside pane was cracked. It had been taped. It will be repaired by October 4 if the window company keeps its promise within 2 weeks.

The home does make repairs when it feels what needs repaired or replaced is a danger to residents. This window was in an area off limits to residents which is kept locked. The home did not feel it was a danger to residents.

See page 4^a of 15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morreo administrator</i>	Date <i>9-22-17</i>
--	------------------------

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

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u>JM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>JM</i>

RECEIVED

OCT 15 2017

Page 4 of 10

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was a large "X" shaped crack in the window on the right in the pantry which extended the entire length of the window from top to bottom.

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 cracked window in the pantry will be replaced.

Immediately then monthly thereafter: A designated staff person will check the home to ensure all windows, including windows in doors are in good repair. Any windows not in good repair shall be reported to the administrator immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Morra

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Morra Administrator

Date

10-14-2017

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)

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

The above plan of correction was approved by

(Initials)

SEP 25 2017

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
There has not been a fire drill conducted in the home since April 4, 2017.

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.

The home does have fire drills + the info is put on the calendar in the kitchen to be recorded later. This was not done for awhile
In the future the home will immediately record the info on the fire drill log, a drill was done on August 31 at 7:15 pm + the info was recorded by 7:30 pm
This will continue to be done

See page 5^a of 15

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

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 administrator* Date *9-22-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

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

Plan of correction implementation status as of 10/16/17
(Date)

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

RECEIVED

OCT 15 2017

Page 6 of 15

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
There has not been a fire drill conducted in the home since April 4, 2017.

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 home shall conduct an unannounced fire drill and document the drill on the fire drill record in accordance with 2600.132c.

Within 30 days of receipt of the plan of correction: The home shall conduct an additional unannounced fire drill and document the drill on the fire drill record in accordance with 2600.132c.

Immediately: The administrator shall review the fire drill record at least monthly to ensure an unannounced fire drill is conducted at least monthly and properly documented on the fire drill record.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Moser Administrator* Date *10-14-2017*

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)

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

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

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

SEP 25 2017

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 #6's most recent medical evaluation was completed on 1/25/2016.

Resident #7's most recent medical evaluation was completed on 8/16/2017; however, the previous medical evaluation was completed on 9/23/2015.

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.

The residents do have medical evaluations done each year
Most of the residents need MA-SI's & the DME is done at the same time
Resident # 7 did have a DME in 2016. It will be found and put in her record. (The administrator remembers taking this form back to Mr. Sutton's office to have some things filled in)
Resident #6 had a MA-SI + DME completed September 2017. It has been put in her file. This resident did have an MA-SI completed in August 2016 according to the Area Agency on Aging. The Act Team of Western services of Pennsylvania takes care of all Resident #6 medical needs. The home has asked this agency to see if these forms can be found in their records.
In the future, resident files will be checked to ascertain that all required documentation is present.

See page 6 of 15

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo administrator* Date *9-22-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

The above plan of correction was approved by J.M.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *J.M.*
- Not Implemented

RECEIVED

OCT 15 2017

Page 6 of 16

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800
2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #6's most recent medical evaluation was completed on 1/28/2016.

Resident #7's most recent medical evaluation was completed on 8/18/2017; however, the previous medical evaluation was completed on 9/23/2015.

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.

Immediately: A new medical evaluation shall be completed for resident #6.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a current medical evaluation, completed in its entirety, at least annually. A copy shall be present in each resident record.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Marren Administrator* Date *10-14-2017*

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 - 08/31/2017 - Cutler, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #9's Ventolin HFA 90 mcg inhaler, with instructions to inhale two puffs by mouth every 6 hours as needed, expired on 4/26/2017.

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.

The medicine cart is checked once each month. This inhaler was overlooked.
 In the future the medicine cart will be checked twice each month. The administrator will check it the first of the month & on a side in the middle of the month to make sure nothing is missed

See page 7^a of 15

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morreo administrator* Date *9-22-17*

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

The above plan of correction is approved as of 10/16/17
 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

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

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

RECEIVED

OCT 15 2017

Page 7 of 15

Violation Report: 42883 - 08/31/2017 - Cutler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #9's Ventolin HFA 90 mcg Inhaler, with instructions to inhale two puffs by mouth every 6 hours as needed, expired on 4/28/2017.

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 designated staff person qualified to administer medications shall audit the medication cart at least twice a month to ensure only current prescription, OTC, sample and CAM for individuals living in the home is present. Documentation of audits shall be kept.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated that only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Documentation of the education shall be kept.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo administrator* Date *10-14-2017*

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

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #9's August medication administration record (MAR), did not contain the initials of the person who administered the following medications on 8/28/2017, 8/29/2017 and 8/30/2017 at 8:00 p.m.:

- * Buspirone 10 mg, take one tablet twice a day.
- * Tretinoin 0.025 percent Cream, apply a pea sized amount to face at bedtime.
- * Lyrica 75 mg, take one capsule twice daily.
- * Benztropine 2 mg, take one tablet twice daily.
- * Risperidone 3 mg, take one tablet twice daily.

Resident #8's August 2017 MAR contains initials indicating Benztropine 1mg, one tablet by mouth at bedtime, was administered from 8/1/2017 through 8/30/2017 at 8:00 PM; however, this medication was not administered due to not being available in the home.

Resident #9's August 2017 MAR contains initials indicating Vitamin D2 1.25mg, one capsule by mouth once a week, was administered daily from 8/1/2017 through 8/31/2017; however, this medication is only administered once a week.

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.

Corrections have been made where possible on the MARs concerned.
In the future more care will be taken administering medication + recording the administration. The MARs will be checked against the medicines available at the beginning of each cycle to ascertain that all medicines are available that still have a current prescription.

See page 8^a of 15

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morreo administrator* Date *9-22-17*

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

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>JW.</i>

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OCT 15 2017

Page 8 of 15

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500
2500.187(b) - The information in § 2500.187(a)(13) and § 2500.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #8's August medication administration record (MAR), did not contain the initials of the person who administered the following medications on 8/28/2017, 8/29/2017 and 8/30/2017 at 8:00 p.m.:

- Buspirone 10 mg, take one tablet twice a day.
- Tretinoin 0.025 percent Cream, apply a pea sized amount to face at bedtime.
- Lyrica 75 mg, take one capsule twice daily.
- Benzotropine 2 mg, take one tablet twice daily.
- Risperidone 3 mg, take one tablet twice daily.

Resident #8's August 2017 MAR contains initials indicating Benzotropine 1mg, one tablet by mouth at bedtime, was administered from 8/1/2017 through 8/30/2017 at 8:00 PM; however, this medication was not administered due to not being available in the home.

Resident #9's August 2017 MAR contains initials indicating Vitamin D2 1.25mg, one capsule by mouth once a week, was administered daily from 8/1/2017 through 8/31/2017; however, this medication is only administered once a week.

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.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated that documentation of the administration of medication is to be made on resident MARs at the time the medication is administered. Documentation of the education shall be kept.

Within 5 days of receipt of the plan of correction: A designated staff person qualified to administer medications shall review resident MARs at least monthly to ensure the documentation of medication administration is made on resident MARs at the time the medication is administered.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morres</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morres administrator</i>			Date <i>10-14-2017</i>

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 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

SEP 25 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Benzotropine 1 mg, take one tablet daily at bedtime; however, the medication was not administered from 8/1/2017 through 8/30/2017 because it was not available 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.

When a new cycle of medicines arrives, it will be checked against the MARs - the list of medicine for each resident that the home uses to distribute each resident's medicine. This will ascertain that all medicine prescribed for a resident is available.

In this case of the medicine missing for one resident, the pharmacy had not been able to obtain a prescription to continue to send it. The resident had changed psychiatrist & the new one refused to renew the prescription. The pharmacy has gotten documentation from the new psychiatrist of this refusal. Thus it has been able to remove the medicine listed on the MARs.

See page 9 of 15

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Momeo Administrator* Date *9-23-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

RECEIVED

OCT 15 2017

Page 9 of 15

Violation Report: 42883 - 08/31/2017 - Culler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500
2600.187(d) - The home shall follow the directions of the prescriber.

Za. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Benzotropine 1 mg, take one tablet daily at bedtime; however, the medication was not administered from 8/1/2017 through 8/30/2017 because it was not available 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.

Immediately then monthly thereafter: A designated staff person who is qualified to administer medications will conduct an audit of the medication cart, resident medication administration records and physician orders to ensure all currently prescribed medications are present in the home and administered according to the directions of the prescriber.

Immediately: A designated staff person shall contact resident #8's physician to clarify if the resident's Benzotropine - 1mg is still prescribed. If not, the home shall obtain a copy of the physician's discontinue order. If the physician reorders the medication, the home shall immediately obtain the medication from the pharmacy.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo administrator* Date: *10-14-2017*

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 - 08/31/2017 - Cutter, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Residents #2, #6 and #8 have not received education on resident's right to refuse medication if the resident believes that there may be a medication error.

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

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

Resident # 2 & Resident # 6 did have this document signed
 Resident # 2 had all necessary papers completed on the day he arrived. His folder could not be found on inspection day. It was found shortly before the inspector left & one injector did glance through it
 This form for Resident # 6 was found in another file of hers
 Resident # 8 has been a resident since 2004. Somehow she had never been asked to sign this form once it became a requirement. She has now signed the right to refuse medicine form
 All resident files will be checked over to make sure all necessary forms are in their main folders

See page 10^a of 15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Moroco Administrator</i>	Date <i>9-23-17</i>
--	------------------------

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

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>JW.</i> <input type="checkbox"/> Not Implemented

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OCT 15 2017

Page 10 of 16

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION #5 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

Residents #2, #8 and #8 have not received education on resident's right to refuse medication if the resident believes that there may be a medication error.

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

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

Immediately: A designated staff person will review all resident records to ensure each resident has received education on the right to refuse a medication if the resident believes there may be a medication error. Any resident who does not have documentation of this education in the resident record will immediately be educated on this resident right and have documentation of this education kept in the resident record.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Morris

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Joyce Morris administrator

Date

10-14-2017

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)

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

The above plan of correction was approved by

(Initials)

Violation Report: 42883 - 08/31/2017 - Cutler, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

A preadmission screening form was not completed for resident #2, admitted [redacted] 2017.

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.

*This screening had been completed for this resident on [redacted] 17 as well as all the other necessary forms. It was in the folder that could not be found.
 In the future, on the day a resident arrives all paper work completed will filed in the proper place*

See page 11^a of 15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morreo Administrator</i>	Date <i>9-23-17</i>
--	------------------------

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

The above plan of correction is approved as of 10/16/17
 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

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

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

RECEIVED

OCT 15 2017

Page 11 of 16

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42883 - 08/31/2017 - Culler, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 66 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
A preadmission screening form was not completed for resident #2, admitted [redacted] /2017.

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.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each newly admitted resident has a preadmission screening completed in its entirety within 30 days prior to admission and is present in their record.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo Administrator* Date *10-14-2017*

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 - 08/31/2017 - Culter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human 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
The home did not complete an initial assessment for resident #2, admitted [redacted] 2017, or resident #6, admitted [redacted] 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.

The home will complete an initial assessment for resident # 2 + resident # 6 by October 15, 2017
In the future every effort will be made to complete the RASP for each new resident in the time specified i.e. assessment within 15 days + support plan within 30 days

See page 12⁹ of 15

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/26/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Marreo administrator* Date *9-23-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

The above plan of correction was approved by JW.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *JW.*

RECEIVED

OCT 15 2017

Page 12 of 15

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.225(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

The home did not completed an initial assessment for resident #2, admitted [redacted] 2017, or resident #8, admitted [redacted] 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.

Immediately: An assessment shall be completed for residents #2 and #8.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has an assessment, completed in its entirety, within 15 days of admission. A copy shall be present in each resident record.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each newly admitted resident has an assessment completed in its entirety within 15 days of admission. A copy shall be present in each record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2016		
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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 *10-14-2017*

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 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

SEP 25 2017

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

The home has not completed an assessment in the past 12 months for resident #5, admitted [redacted]/2016. The home did not have any completed assessments for resident #5.

The most recent assessment for resident #7 was completed on 1/17/2013.

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.

The home will complete an assessment for resident # 5 and resident # 7 by October 30, 2017
 In the future all documentation for each resident will be completed within the times specified.

See page 13^a of 15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/26/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morreo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morreo administrator</i>	Date <i>9-23-17</i>
--	------------------------

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

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

RECEIVED

OCT 15 2017

Page 13^a of 15

Violation Report: 42883 - 08/31/2017 - Clutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.225(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 home has not completed an assessment in the past 12 months for resident #5, admitted [redacted] 2016. The home did not have any completed assessments for resident #5.

The most recent assessment for resident #7 was completed on 1/17/2013.

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 new assessment shall be completed for residents #5 and #7.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a current assessment, completed in its entirety, at least annually. A copy shall be present in each resident record.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each resident has an assessment, completed in its entirety, at least annually. A copy shall be present in each resident record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2016		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Joyce Morone</i>
--	--------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mary Joyce Morone administrator	10-14-2017

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 - 08/31/2017 - Cutter, Jan
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

SEP 25 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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 did not complete an initial support plan for resident #2, admitted [redacted] 2017, and resident #6, admitted [redacted] 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.

The home will complete an initial support plan for residents # 2 & 6 by October 15, 2017
In the future every effort will be made to complete the RASP for each new resident in the time specified, i.e. assessment 15 days, support plan 30 days of their arrival

See page 14th of 15

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/26/2016

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 *9-23-17*

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

The above plan of correction is approved as of 10/16/17
(Date)

Plan of correction implementation status as of 10/16/17
(Date)

The above plan of correction was approved by J.M.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *J.M.*

RECEIVED

OCT 15 2017

Page 14 of 18

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
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
The home did not complete an initial support plan for resident #2, admitted 4/21/2017, and resident #6, admitted 3/2/2016.

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.

Immediately: A new support plan shall be completed for residents #2 and #6.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a support plan, completed in its entirety, within 30 days of admission. A copy shall be present in each resident record.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure each newly admitted resident has a support plan completed in its entirety within 30 days of admission. A copy shall be present in each record.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/28/2016

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 *10-14-2017*

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

SEP 25 2017

Violation Report: 42883 - 08/31/2017 - Cutter, Jan
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
 Residents #6, #7 and #8 do not have a photograph in their record from within the past 2 years.

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.

All residents have a picture in their file as of September 2, 2017. These pictures were all taken August 31, 2017
In the future all residents will have a picture taken in August 2019, even if they have arrived the month before. In this way the home will assure that all resident pictures are current

See page 15^a of 15

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morren administrator* Date *9-23-17*

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The above plan of correction is approved as of 10/16/17
 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

The above plan of correction was approved by MJ.
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *MJ.*
- Not Implemented

RECEIVED

OCT 15 2017

Page 15 of 18

Violation Report: 42883 - 08/31/2017 - Cutler, Jan
FCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Residents #6, #7 and #8 do not have a photograph in their record from within the past 2 years.

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 photographs for Residents #6, #7 and #8 shall be updated to include the date they were taken.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each record includes all required items in accordance with 2600.252, including a photograph which is no more than 2 years old.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Joyce Morras administrator* Date *10-14-2017*

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