



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to SUN VALLEY ACRES LLC  
LEGAL ENTITY

To operate SUN VALLEY ACRES  
NAME OF FACILITY OR AGENCY

Located at 108 SCHRADER AVENUE, PO BOX 139, GLEN CAMPBELL, PA 15742  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 July 20, 2017 until July 20, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447940**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DIRECTOR

**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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 20 2017

Ms. Evelyn Dennis,  
Owner/Director  
Sun Valley Acres, LLC  
108 Schrader Avenue, P.O. Box 139  
Glen Campbell, Pennsylvania 15742

RE: Sun Valley Acres, LLC  
License #: 447940

Dear Ms. Dennis:

As a result of the Department of Human Services' annual licensing inspection on April 21, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to <https://www.surveymonkey.com/r/BHSL> Inspection.

Ms. Evelyn Dennis

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosures

License

License Inspection Summary

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

PCH Name: SUN VALLEY ACRES		License Number: 44794
Address: 108 SCHRADER AVENUE PO BOX 139, GLEN CAMPBELL, PA 15742		County: Indiana
Administrator: Linda Miller		Region: WEST
Legal Entity Name: SUN VALLEY ACRES LLC		
Legal Entity Address: PO BOX 139 108 SCHRADER AVENUE, GLEN CAMPBELL, PA 15742		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 04/17/1979 Labor & Industry		JUN 22 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Provisional, Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/21/2017: Park, Beth; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 30 Number of Residents Served: 26 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b> Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 15 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 44794 - 04/21/2017 - Park, Beth  
 PCH Name: SUN VALLEY ACRES

WESTINGHOUSE FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance. There was no carbon monoxide detector near the gas clothes dryers in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.  
 Also, the carbon monoxide detector in the furnace room was 15 inches from the furnace.

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.*

CARBON MONOXIDE ALARM WAS MOVED IN FURNACE AREA  
 to be 15 feet from FURNACE ON 4-22-17

CARBON MONOXIDE ALARM WAS INSTALLED IN HALLWAY  
 15 feet from GAS DRYER ON 4-22-17

ALARM LOG STARTED TO BE DONE WEEKLY BY 1st SHIFT  
 FOR PROPER WORKING ORDER

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LINDA MILLER ADMINISTRATOR	Date 6-12-2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/26/17</u> (Date)	Plan of correction implementation status as of <u>6/26/17</u> (Date)
The above plan of correction was approved by <u>LM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>LM</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44794 - 04/21/2017 - Park, Belh  
PCH Name: SUN VALLEY ACRES

JUN 22 2017

WEST VIRGINIA DEPT OF OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in bathroom #2 did not have a lid.

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.

STAFF WAS ALREADY ENROUTE TO PURCHASE NEW GARBAGE CAN AS IT HAD BEEN REPORTED TO OWNER THAT THE LID BROKE.

NEW CAN WAS IN BUILDING BEFORE END OF DAY 4/21/17

STAFF ARE ALL AWARE OF REGULATION 2600 85(D)

Within 15 days of receipt of the plan of correction: a designated staff person will check trash in kitchens and bathrooms weekly to ensure that it is kept in a covered receptacle. *per 6/26/17*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *LINDA L MILLER ADMINISTRATOR* Date *6-12-17*

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The above plan of correction is approved as of 6/26/17  
(Date)

Plan of correction implementation status as of 6/26/17  
(Date)

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

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

JUN 22 2017

WEST PENNSYLVANIA OFFICE  
Human Services Licensing

Violation Report: 44794 - 04/21/2017 - Park, Beth  
PCH Name: SUN VALLEY ACRES

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The front corner of the building, opposite of the main entrance, which is along an evacuation route, does not have a source of lighting to provide for safe evacuation of residents at night.

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 new light was purchased AND installed on  
Corner of Building that lights up the Area And  
will provide safe evacuation for residents at night  
ON 4/24/2017

Within 15 days of receipt of the plan of correction: a designated staff person will check the home's internal and external lighting, including along all evacuation routes, at least weekly, to ensure residents can safely move through and evacuate the home at all times. *pl. 6/26/17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda L Miller*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) LINDA L Miller Administrator      Date 6-12-2017

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- Not Implemented

RECEIVED

JUN 22 2017

WEST VIRGINIA UNIVERSITY OFFICE  
Human Services Learning

Violation Report: 44794 - 04/21/2017 - Park, Beth  
PCH Name: SUN VALLEY ACRES

1. REGULATION 55 Pa.Code §2600  
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION  
There is no handrail at the two and a half inch step down from the kitchen door.

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 hand RAIL HAS BEEN PLACED AT AREA DESCRIBED ABOVE.

This Building has been in COMPLIANCE with this AREA since being built and has operated AS A PCH in the past 5 years with no violation of AREA before.

I Agree the hand RAIL will MAKE it SAFER for OUR Residents.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda L Miller*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) LINDA L Miller Administrator      Date 6-12-17

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Plan of correction implementation status as of 6/26/17  
(Date)

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(Initials)

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

Violation Report: 44794 - 04/21/2017 - Park, Beth  
 PCH Name: SUN VALLEY ACRES

JUN 22 2017

WEST HUNTSFIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There was an unsealed and undated bag of fish sticks in the upright freezer in the storage room.

There were multiple bags of undated food in the freezer which were removed from their original packaging to include the following:

- \* fish sticks
- \* tater tots
- \* corn dogs
- \* chicken patties

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.

Food by dev ARRIVED ON 4-7-17 food WAS IN BULK IN CARD BOARD BOXES it WAS DIVIDED INTO portion STORAGE BAGS it WAS A OVER SIGHT ON OUR PART THAT WE DID NOT LABEL BAGS WITH DATE ON 4-21-17 when the inspectors pointed this out we immediately DATED the BAGS. IN the future we will DATE immediately.

A Food Storage TRAINING WAS held ON 4/24/2017 ON 2600-103 Regulation

Within 15 days of receipt of the plan of correction: a designated staff person will check all food storage areas, at least weekly, to ensure no outdated or spoiled food is used and the home's system for dating stored food is followed. *pu. 6/26/17*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) LINDA L Miller Administrator Date 6-12-2017

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Violation Report: 44794 - 04/21/2017 - Park, Beth  
PCH Name: SUN VALLEY ACRES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

According to staff interviews, resident #2 is routinely left in his/her room and not evacuated from the home during fire drills.  
According to staff and resident interviews, residents are only evacuated to the dining room, which is not a designated fire safe area, during sleeping hour fire drills.

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 WAS EDUCATED ON THE IMPORTANCE OF EVACUATING THE BUILDING AND EVEN THOUGH [REDACTED] IS ON HOSPICE [REDACTED] IS NOT ACTIVELY DYING AND DOES NOT QUALIFY FOR A WAIVER [REDACTED] VERBALIZED UNDERSTANDING AND WILL BE EXPECTED TO PARTICIPATE IN FUTURE DRILLS.

AN INSERVICE WAS HELD 6/9/2017 ON EMERGENCY PREPAREDNESS AND FIRE DRILLS

OVERNIGHT DRILL WAS DONE 4/25/17 AT 1AM AND ALL RESIDENTS WERE EVACUATED TO DESIGNATED AREA TIME 3min 9 SECONDS

Within 15 days of receipt of the plan of correction: all residents will receive education on the requirement that all residents are to evacuate the building to a public thoroughfare or to a fire-safe area in the time established by a fire safety expert within the past year during each fire drill.

Within 30 days of receipt of the plan of correction: the home shall conduct 2 unannounced fire drills in which all residents evacuate the building to a public thoroughfare or to a fire-safe area in the time established by a fire safety expert within the past year. Documentation of all fire drills shall be kept 6/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Lindal Miller*

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

LINDAL MILLER

ADMINISTRATOR

Date 6-12-17

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6/26/17  
(Date)

Plan of correction implementation status as of

6/26/17  
(Date)

The above plan of correction was approved by

*LM*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *LM*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44794 - 04/21/2017 - Park, Beth  
PCH Name: SUN VALLEY ACRES

WEST HENRIETTA 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 #1 was admitted on [redacted] 2016; however, the resident's medical evaluation was completed on 12/3/2015.

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.

Appointment was made immed, at-ly for RESIDENT to HAVE A CURRENT MEDICAL EVALUATION. [redacted] WAS SEEN ON 4/24/2017 AND A MA 51 WAS DONE ALONG WITH A DME.

All other Residents Files checked to verify DATRS ARE IN COMPLIANCE by Administrator LINDA L Miller

Within 30 days of receipt of the plan of correction: all staff persons responsible for the completion of resident medical evaluations will receive education on the requirement for initial medical evaluations to be completed within 60 days prior to admission or 30 days after admission. *PL 6/26/17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda L Miller*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *LINDA L Miller Administrator*      Date *6-12-2017*

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(Initials)