



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 19, 2018**

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

RE: Sun Valley Acres, LLC  
Certificate #: 447940

Dear Ms. Dennis:

As a result of the Department of Human Services' licensing inspection on November 15, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written over a horizontal line.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



RECEIVED

DEC 21 2017

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Violation Report: 44794 - 11/15/2017 - McConnell, Deb  
PCH Name: SUN VALLEY ACRES

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

2a. DESCRIPTION OF VIOLATION  
The medical evaluation for resident #1, dated 7/11/17, does not include an assessment of the resident's ability to self-administer medications or a list of the resident's medications, as indicated in support plan, dated 5/30/17. These sections were blank.

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

- ① we were doing giving the resident his medications as per his prescriber. But the Administrator did not check the proper boxes on his medical evaluation we corrected the paper work ASAP.
  - ② The New Administrator will do a tracking Log for 6 months to ensure that all paperwork is filled out correctly.
  - ③ The New Administrator just finished her administrative schooling Oct, 2017
- By 1/31/18 - The administrator will review medical evaluations for all current residents to ensure they are complete.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janis Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janis Young*      Date *12-18-2017*

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

The above plan of correction is approved as of 12/27/17 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 12/27/17 (Date)

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

*12/27/17*

DEC 21 2017

DEPT. OF HUMAN SERVICES  
Human Services Licensing

Violation Report: 44794 - 11/15/2017 - McConnell, Deb  
PCH Name: SUN VALLEY ACRES

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 initial assessment for resident #1, dated [redacted] 17, is blank in the section of understanding instructions. Also, the assessment indicates the resident has no problem with communicating needs; however, the resident is totally deaf and communicates through sign language, writing and limited lip-reading.

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

- ① we were meeting the needs of Resident prior to coming we install a strobe light in [redacted] room for fire drills. put up sign language posters in common areas, And office, med room, dining rm. Also peer dose signing <sup>All</sup> staff carries pen & pad to also communicate with resident.
- ② New Administrator filled out the initial Assessment where it was need. ASAP. Areas indicated were corrected to include resident's hearing needs. <sup>on 12/17/17</sup>
- ③ The Administrator will do a tracking log for 6 months to ensure that all charts are filled out correctly, including review of assessments of all current residents. <sup>on 12/17/17</sup>
- ④ The Administrator just finish up Administration school, end of Oct, 2017

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janis Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janis Young*      Date *12-18-2017*

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

The above plan of correction is approved as of <u>12/17/17</u> (Date)	Plan of correction implementation status as of <u>12/17/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44794 - 11/15/2017 - McConnell, Deb

PCH Name: SUN VALLEY ACRES

POST GRADUATE FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 5/30/17, for resident #1, does not address how the home will meet the resident's needs for securing and using transportation, managing finances, shopping, laundry and medication administration, as indicated in the assessment, dated 5/30/17.

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

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

① we were doing ALL of the Above But the Administrator didnt follow up with doing paper work. New Administrator MADE corrections ASPP.

② Then doing a monthly Tracking Log to ensure that All paper work is correctly filled out.

③ New Administrator just finished going to Administration ~~Center~~ School. 10-29-2017

By 11/31/18 - The administrator or designee will review the support plans for all current residents to ensure they are accurate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Janis L Yang*

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

Janis L Yang

Date 12-18-2018

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

The above plan of correction is approved as of

12/21/17  
(Date)

Plan of correction implementation status as of

12/21/17  
(Date)

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

The above plan of correction was approved by

*JL*  
(Initials)