



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 1, 2018**

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' licensing inspection on November 20, 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 that reads "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

|   |  |  |
|---|--|--|
| PCH Name: SUNSET RIDGE PERSONAL CARE HOME   |  | License Number: 42863                                |
| Address: 466 HIGH STREET, DERRY, PA 15627   |  | County: Westmoreland                                 |
| Administrator: Mary Joyce Morrero   |  | Region: WEST   |
| <b>RECEIVED</b>   |  |  |
| Legal Entity Name: MORTEL INC   |  |  |
| Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627  |  |  |
| Certificate(s) of Occupancy   |  | JAN 16 2018  |
| C-2 LP<br>01/17/1999<br>Dept. of L & I  |  | WEST REGION FIELD OFFICE<br>Human Services Licensing |
| <b>Staffing Hours</b>   |  |  |
| Resident Support: 0   | Total Daily Staff: 14  | Waking Staff: 11                                     |
| Type of Inspection: Partial   | BHA Docket Number:   | Notice: Unannounced                                  |
| Reason(s) for Inspection(s)<br>Complaint, Incident, Fine  |  |  |
| On-Site Inspections Dates and Department Representatives On-Site<br>11/20/2017: Cutler, Jan; Roser, Ashley  |  |  |
| Off-Site Inspection Dates and Inspectors, if Applicable   |  |  |
| Other Details   |  |  |
| Partial or Full Triggers:   | Random Indicators:   |  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |  |
| Licensed Capacity: 16<br>Number of Residents Served: 14<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 11<br>Are 60 Years of Age or Older: 5<br>Have Mental Illness: 14<br>Have an Intellectual Disability: 2<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |  |

JAN 16 2018

Violation Report: 42883 - 11/20/2017 - Cutter, Jan  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGIONAL HEALTH SERVICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 7/25/2017, was completed by a registered nurse who is not a physician, a physician's assistant or a certified registered nurse practitioner. In addition, this medical evaluation does not include the ability to self-administer medications or a mobility needs assessment. These sections of the form are 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.

Resident #1 was asked to make an appointment for completion of the DME several months ago. [redacted] finally went for an appointment December 28, 2017. [redacted] was given the DME form to be given to [redacted] doctor but did not give it to [redacted] doctor. This resident was given notice to leave on [redacted] 2017; no placement has been found for [redacted]. A DME will be requested from [redacted] doctor this week & hopefully obtained as soon as possible. From now on a new resident will be required to submit a pre admission screening, an MA-51 if applicable and a new DME before being admitted to Sunset Ridge P.C.H. This is the policy that will be followed from now on at this home.

Immediately: Resident #1 shall have a medical evaluation completed by a physician, physician's assistant or a certified registered nurse practitioner. *ju. 2/9/18*

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 medical evaluation, completed in its entirety, and present in each record. *ju. 2/9/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Mary Joyce Mares*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Mary Joyce Mares, administrator*

Date

*1-15-18*

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

The above plan of correction is approved as of 2/9/18 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 42883 - 11/20/2017 - 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

Staff person A administered Carvedilol 6.25 mg to resident #2 and Clonidine Hydrochloride 0.1 mg to resident #3 at approximately 6:00 pm on 11/4/17. However the medication administration records (MARs) for resident #2 and resident #3 both include the initials of staff person B as having administered these medications.

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 was an emergency situation + hopefully will never occur again. It was a mistake to let an uncertified person give these and a further mistake to mark them as having been given by another. These boxes should have been marked with an 'A'. It seemed a plausible solution at the time*

*The home will train more aides to be certified to give medications as soon as possible. One aide has already passed the skills test, multiple choice exam + student registration documentation exam. After 4 successful observations she will be certified to give medications. Other aides will be trained as soon as possible*

Within 5 days of receipt of the plan of correction: All staff persons who are qualified to administer medications will be educated on proper MAR documentation including the requirement that the initials of the staff person administering medication shall be recorded at the time the medication is administered. *P.M. 2/9/18*

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

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

Printed Name and Title of Legal Entity Representative *Administrator* Date *1-15-2018*  
(Required on EVERY Page) *Mary Joyce Meroe*

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

The above plan of correction is approved as of 2/9/18  
(Date)

Plan of correction implementation status as of 2/9/18  
(Date)

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

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

Violation Report: 42883 - 11/20/2017 - Cutter, Jan  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A is not a medical professional and has not successfully completed the Department-approved medications administration course; however, staff person A administered medications to residents of the home at an off-site location on 11/14/2017 at 5:00 p.m. as follows:

- \* Resident #2 received Carvedilol 6.25 mg tablet.
- \* Resident #3 received Clonidine Hydrochloride 0.1 mg tablet.

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.

There is no way to correct this particular violation. It was done at the time because it seemed the only way to make sure the residents got their medication when needed. The staff person who gave the medications had given meds in other work she did in the past with home health agencies. She was very competent in all she did with over 5 years of employment at Sunset Ridge. The solution to prevent a similar violation from occurring is much the same as the solution for the previous violation. The home needs to have more staff certified to give medication. This is being done & will continue to be done.

Immediately: Staff person A shall not be allowed to administer medications to residents until successful completion of the Department-approved medication administration program. Documentation of successful completion of the program shall be kept. *pu. 2/9/18*

An additional staff person completed the Department-approved medication administration program on 1/22/18. *2/1/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Prosser*

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

*Mary Joyce Prosser administrator*

Date

*1-15-2018*

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

The above plan of correction is approved as of

*2/9/18*  
(Date)

Plan of correction implementation status as of

*2/9/17*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pu.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*pu.*  
(Initials)

Violation Report: 42883 - 11/20/2017 - Cutter, Jan  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGIONAL 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

Resident #2, admitted [redacted] 2017, did not have a preadmission screening 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.

This preadmission screening was completed on [redacted] 2017 when its absence at the time of the inspection. All forms, i.e. preadmission screening, MA-51, DME, was sent to Westernmoreland Hospital Behavioral Health when they requested Sunset Ridge to accept a resident from there. It was not realized until the day of this inspection that this screening had not been returned. On the day a new resident is admitted all required forms will be checked. If this screening is omitted, the administrator will ~~fill~~ fill it out before the resident is admitted.

Within 5 days of receipt of the plan of correction: All staff persons responsible for resident records shall be educated in the home's policy and procedure for completing preadmission screenings, including the requirement that the preadmission screening must be completed within 30 days prior to admission and placed in the resident's record.

9<sup>th</sup> 2/9/18

|                       |                                   |            |            |
|-----------------------|-----------------------------------|------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 08/31/2017 | 04/10/2017 |
|-----------------------|-----------------------------------|------------|------------|

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 *1-15-2018*

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The above plan of correction is approved as of 2/9/18  
(Date)

Plan of correction implementation status as of 2/9/18  
(Date)

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

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

JAN 16 2018

Violation Report: 42883 - 11/20/2017 - 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

Resident #2, admitted [redacted] 17, did not have an initial assessment 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.

*This resident does have an assessment completed on January 8, 2018*

*In the future all initial assessments ~~will~~ will be completed within 15 days of admittance to the personal care home*

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. *JW. 2/9/18*

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. *JW. 2/9/18*

|                       |                                   |            |            |
|-----------------------|-----------------------------------|------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 08/31/2017 | 04/10/2017 |
|-----------------------|-----------------------------------|------------|------------|

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 *1-15-2018*

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

|  |  |
|--|--|
| The above plan of correction is approved as of <u>2/9/18</u><br>(Date) | Plan of correction implementation status as of <u>2/9/18</u><br>(Date)   |
| The above plan of correction was approved by <u>JW.</u><br>(Initials)  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW.</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

JAN 16 2018

Violation Report: 42883 - 11/20/2017 - 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  
Resident #2, admitted [redacted] 17, did not have an initial support plan 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.

*This resident will have an initial support plan completed by January 19, 2018  
An initial support plan will be completed within 30 days of admittance for any new resident of Sunset Ridge Personal Care home*

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. *W. 2/4/18*

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. *W. 2/4/18*

|                       |                                   |            |            |
|-----------------------|-----------------------------------|------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 08/31/2017 | 04/10/2017 |
|-----------------------|-----------------------------------|------------|------------|

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 *1-15-2018*

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

The above plan of correction is approved as of 2/9/18  
(Date)

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

Plan of correction implementation status as of 2/9/18  
(Date)

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