



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 18, 2018

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

RE: Sunny Crest Home
License #: 321920

Dear Ms. Farber:

As a result of the Department of Human Services' licensing inspections on January 5, 2018 and January 8, 2018 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32192 - 01/05/2018 - McCloskey, Jason
 PCH Name: SUNNY CREST HOME

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

Staff Person A, the Administrator, completed the required annual medication administration practicum during 2017. However, the home does not have records for the completion of this training.

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 Will maintain all recertifications in the respective Employees training file. Quarterly reminders will be calendared and documentation of certification will be confirmed and reviewed.

② Will seek internal Candidate to certify as Practicum observer and will utilize the services of an outside certified trainer for my/Administrator's recertification if there is no practicum observer available.

③ Obtained Recertification by utilization of an outside Licensed Lpn Certified to train + Certify Medication Administration process.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

M. E. Farber

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

Mary Ellen Farber, CEO/Administrator

Date 4/16/18

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

The above plan of correction is approved as of

1/16/18
 (Date)

Plan of correction implementation status as of

1/16/18
 (Date)

The above plan of correction was approved by

MES
 (Initials)

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