



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 10, 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 January 29, 2018 and January 30, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing 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: Janis Young		Region: WEST
Legal Entity Name: SUN VALLEY ACRES LLC		
Legal Entity Address: PO BOX 139 108 SCHRADER AVENUE, GLEN CAMPBELL, PA 15742		RECEIVED
Certificate(s) of Occupancy: C-2 LP 04/17/1979 L & I		MAR 15 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/29/2018: McConnell, Deb 01/30/2018: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 29 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: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 17 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44794 - 01/29/2018 - McConnell, Deb
PCH Name: SUN VALLEY ACRES

PROTECTIVE HOME CARE OFFICE
1000 North 10th Street
Pittsburgh, PA 15212

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On or about 1/10/18, the home was made aware by a representative of the local Area Agency on Aging of the allegation of verbal abuse of residents #1 and #2 by staff. The home did not report the incident to the Department until 1/29/18.

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 did not know we had to Report to the Dept.
- ② But when [redacted] came in [redacted] told us. And it was done ASAP.
- ③ So Now Owner And Administrator will make sure if it ever happens Again we will submit the proper Paper work. ASAP.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janis L. Yarns

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

Janis L Yarns Administrator

Date 3-13-18

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

The above plan of correction is approved as of

3/16/18
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

MAR 13 2018

Violation Report: 44794 - 01/29/2018 - McConnell, Deb
PCH Name: SUN VALLEY ACRES

WYOMING DEPARTMENT OF SOCIAL SERVICES
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Residents #3 and #4 set all the dining room tables for breakfast and lunch. The residents are not compensated for this work.

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 Residents wanted to do cups + napkins as a Activity
- we were told they CANNOT do this with aid being paid
- ② So we No Longer Let Residents help in dining Rm.

The administrator will create other activities for residents, that do not include work that would otherwise be performed by staff.

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 Administrator

Date 3-13-18

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3/16/18
(Date)

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3/16/18
(Date)

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The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44794 - 01/29/2018 - McConnell, Deb

MAR 16 2018

PCH Name: SUN VALLEY ACRES

WEST VIRGINIA POLICE OFFICE
1000 W. STATE ST. CHARLOTTE, WV 25302

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 #5, dated [redacted]/17, indicates the resident has no problem with judgement. However, on 12/1/17, the resident was given a 30-day notice for having unprescribed, over-the-counter medications in his/her bedroom.

The initial assessment for resident #6, dated [redacted]18, indicates the resident has no problem with agitation, judgement and aggression. However, resident and staff interviews indicate the resident is argumentative and has kicked doors when upset.

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 Resident was reeducated on why we do not self medicate with over the counter meds, AND MADE her aware of the dangers doing it with out her doctor knowing.
- ② we will remind residents who do their own shopping about not getting any over the counter meds AND bring them into the facility.

- ① Resident did this once when first came, took him to a phyc Dector, for eval found resident was on wrong meds, From other facility med change was done and resident is now calm.
- ② staff will give more detailed information pertaining to the DXs of residents on their assessment and support plans.

Both assessments will be updated immediately. 03/16/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janis L Yarns Administrator* Date *3-13-18*

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Plan of correction implementation status as of 3/16/18 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 16 2018

Violation Report: 44794 - 01/29/2018 - McConnell, Deb
PCH Name: SUN VALLEY ACRES

WEST HAVEN HEALTH OFFICE
Home Services Liaison

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 for resident #1, dated 10/5/17, does not include the type and frequency of home health services the resident receives.

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 when filling out support plans staff will give more detailed information about the services the resident will receive which will include scheduled times frequency and days

The support plan for resident #1 will be updated immediately.

JL/16/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janis L Young

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

Janis L Young, Administrator

Date 3-13-18

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(Date)

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(Date)

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