



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MORKEL INC  
LEGAL ENTITY

To operate SUNSET RIDGE PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 466 HIGH STREET, DERRY, PA 15627  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 16  
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 September 28, 2018 until March 28, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428832**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

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.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: SEP 28 2018**

Ms. Mary Joyce Morreo  
President  
Morkel, Inc.  
466 High Street  
Derry, Pennsylvania 15627

RE: Sunset Ridge Personal Care Home  
Certificate #: 428832

Dear Ms. Morreo:

As a result of the Department's Bureau of Human Services Licensing inspection on March 8, 2018 and July 16, 2018, of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141a1	III	15	\$3	\$45	15 calendar days from mailing date of this letter
224a	III	15	\$3	\$45	15 calendar days from mailing date of this letter
225a	III	15	\$3	\$45	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the

regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

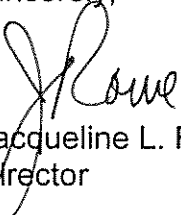
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: SUNSET RIDGE PERSONAL CARE HOME		License Number: 42883
Address: 466 HIGH STREET, DERRY, PA 15627		County: Westmoreland
Administrator: MARY JOYCE MORREO		Region: WEST
Legal Entity Name: MORKEL INC		<b>RECEIVED</b>
Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627		<b>Aug 22 2018</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 01/17/1999 L&I		Western Region Field Office Bureau of Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Monitoring		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/16/2018: Barone, Barbara; Eveges, Joseph		
<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: 16 Number of Residents Served: 15 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 12 Have Mental Illness: 15 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 42883 - 07/16/2018 - Barone, Barbara  
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1, admitted 5/9/18, did not have a resident-home contract completed.  
 Resident #2, admitted 5/9/18, did not have a resident-home contract 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.*

The contracts for Resident #1 and #2 had been completed the day of their arrival; however they had not been placed in their respective files. The contracts are now in each resident's main file.

In the future all new resident folders will be checked the evening of their arrival. In addition, the files will be rechecked the following day by another staff person to ensure that nothing is missing from the file.

On 08/22/18, the home provided copies of resident #1 and resident #2's resident-home contracts. *SEE* 09/10/18

Within 10 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure each resident has a resident-home contract. Documentation of the audit shall be kept. *SEE* 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Maccen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Maccen, Administrator</i>	Date <i>8-21-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>09/10/18</u> (Date)	Plan of correction implementation status as of <u>09/10/18</u> (Date)
The above plan of correction was approved by <u><i>SEE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SEE</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 07/16/2018 - Barone, Barbara  
 PGH Name: SUNSET RIDGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

**2a. DESCRIPTION OF VIOLATION**

Resident # 3's resident-home contract, dated 7/5/18, indicates the home will collect a portion of the rent rebate benefit; however, it does not indicate the home's intended use for rent rebate revenues collected.

**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.*

The Rent Rebate Form for Resident #3 has had the Intended use section completed. It was inadvertently omitted when the contract was completed.

From now on, all new resident contracts will be checked over the evening of the resident's arrival. In addition, all documents in the resident's file will be rechecked the following day by another staff person to ensure that nothing is missing from the file.

On 08/22/18, the home provided verification that resident #3's contract has been updated to include the home's intended use for rent rebate revenues collected. *See* 09/10/18

Within 10 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure the resident-home contract indicates the home's intended use for rent rebate revenues collected. Documentation of the audit shall be kept. *See* 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Marreo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Marreo administrator* Date *8-21-18*

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 (Date)

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

Plan of correction implementation status as of 09/10/18  
 (Date)

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

Violation Report: 42883 - 07/16/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was blood on resident #1's glucometer, next to the area where the test strip is inserted.

There were bloody fingerprints on the front and back of resident #4's lancing device.

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.

The home has three residents who test their blood sugar levels every day, and one who test every other day. All of these Residents want to do their own testing, and blood stains are a problem. To solve this they have been asked to wipe their fingers before repacking their Glucometers. In addition, their devices are checked daily and any stains are wiped off.

The home will continue to clean and check the Glucometers daily, plus continue to ask residents to 'be careful' when checking their blood sugar levels.

Immediately: All staff qualified to administer medication shall ensure all glucometers are sanitary prior to and after each use, to include glucometers belonging to residents who test their own blood glucose levels. Staff shall ensure residents who check their own blood glucose levels use proper hand sanitation practices prior to and after each blood glucose level check. *See* 09/10/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Joyce Morneo*

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

Mary Joyce Morneo Administrator

Date 8-21-18

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The above plan of correction is approved as of 09/10/18  
(Date)

Plan of correction Implementation status as of 09/10/18  
(Date)

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(Initials)

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

Aug 22 2018

Violation Report: 42883 - 07/16/2018 - Barone, Barbara PCH Name: SUNSET RIDGE PERSONAL CARE HOME	Western Region Field Office Bureau of Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**  
 Broken lawn furniture is stacked against the side the home to the left of the deck ramp, facing High Street. This includes a two seat glider with the fabric seat torn away from the frame, a cracked and unusable gray plastic love seat, and two white plastic chairs, each with missing legs. This damaged furniture is accessible to residents and poses a safety hazard.

**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.*

The broken lawn furniture stacked at the rear of the house was awaiting pick up by a junk man who deals in scrap metal. The home had contacted two different junk dealers to retrieve the items. The broken lawn furniture is no longer there; it has been picked up.

In the future any broken or unsafe furniture will be disposed of immediately.

Immediately: The administrator or designated staff person shall inspect exterior areas of the building, the building grounds, and yards at least daily to ensure the areas are in good repair and free of hazards. *See* 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morano administrator</i>	Date <i>8-21-18</i>
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<b>Violation Report:</b> 42883 - 07/16/2018 - Barone, Barbara <b>PCH Name:</b> SUNSET RIDGE PERSONAL CARE HOME	Western Region Field Office Bureau of Human Services Licensing
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**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 #3 was admitted on 7/5/18, however the resident's medical evaluation was completed on 3/19/18.

**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.*

Resident #3 has an MA-51 that was completed on June 26, 2018 as well as the one completed on March 19, 2018. (A copy of the most recent one is attached to this report.) The most recent document had been removed from the folder to send to the Area Agency on Aging. A copy was made but it had not been returned to the resident's folder.

New resident folders will be checked the evening of the residents admission and the following day by a different staff person to make certain that all necessary forms are completed.

On 08/22/18, the home provided a copy of resident #3's MA51, dated 06/26/18, which is not a form specified by the Department. *See* 09/10/18

Immediately: The home shall have a documentation of medical evaluation (DME) form completed for resident #3. The DME shall be completed by a physician, physician's assistant or certified registered nurse practitioner. A copy of the completed DME shall immediately be submitted to the Department. *See* 09/10/18

Immediately: The administrator or designated staff person shall audit all resident records to ensure each resident has a current DME present. The home shall immediately have a DME completed for any resident that does not have a current DME. Documentation of the audit shall be kept. *See* 09/10/18

<b>Repeat Violation:</b> Yes	<b>Date(s) of Previous Violation(s):</b> 04/10/2017	
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Mary Joyce Morrow*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Mary Joyce Morrow Administrator</i>	<b>Date</b> <i>8-21-18</i>
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Violation Report: 42883 - 07/16/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

There is no pharmacy label on the clear plastic bag containing resident #3's Insulin Flextouch pen.

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 #3 was using one of his Insulin Flextouch Pens he brought with him when he arrived on July 5, 2018. The unmarked bag was the way he got them from his previous pharmacy. Our pharmacy prints all information (name, name of medication, date of prescription issue plus name and title of prescriber) on each bag of Insulin Pens we receive. The insulin pen currently being used by Resident #3 is properly labeled.

From now on, all medications being used by residents will be checked to ensure that all five items specified (name, name of medication, date of prescription issue plus name and title of prescriber) on the pharmacy label. The Pharmacy we use at the home always provides these labels. All medications brought to the home by new residents will be carefully checked to confirm that they are properly labeled.

Immediately then at least weekly thereafter: The administrator or designated staff person qualified to administer medication shall audit all medications in the home to ensure all medications are labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber. *See* 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morice*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morice Administrator* Date *8-21-18*

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The above plan of correction is approved as of 09/10/18  
(Date)

Plan of correction implementation status as of 09/10/18  
(Date)

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

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

Violation Report: 42883 - 07/16/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer is not calibrated to the correct time.

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.

The glucometers currently being used by four residents ordered to test have all been calibrated to the correct date, time, and all other functions.

Every effort will be made to ensure that the glucometers are always calibrated, they will be checked daily by the staff person.

Immediately: All staff qualified to administer medication shall verify each glucometer is calibrated to the current date and time each use. Any glucometers not properly calibrated shall be calibrated to the current date and time prior to use. See 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) Mary Joyce Marce

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Mary Joyce Marce Administrator Date 8-21-18

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(Date)

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

Plan of correction Implementation status as of 09/10/18  
(Date)

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

Violation Report: 42883 - 07/16/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

Western Region Field Office  
Bureau of 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

Preadmission screening forms were not completed for resident #1 and resident #2, both admitted on 5/9/18.

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.

Preadmission Screenings had been completed for Resident #1 and Resident #2 on the day of their arrival. The Screenings, along with their contracts, had been left in another folder. They are now filed in their respective main folders.

From today on all new resident folders will be checked the evening of the residents admission and the following day by a different staff person to make certain that all necessary forms are completed.

On 08/22/18, the home provided copies of preadmission screening forms for resident #1 and resident #2, dated 05/09/18. *SE* 09/10/18

Immediately: The administrator or designated staff person shall audit all resident records to ensure each resident has a preadmission screening form completed in its entirety, within 30 days prior to admission. *SE* 09/10/18

Immediately: The administrator or designated staff person shall create and implement a new resident documentation system to ensure all residents being admitted to the home have a preadmission screening form completed within 30 days prior to admission and the home is capable of meeting the prospective resident's care needs. *SE* 09/10/18

Repeat Violation: ) Yes	Date(s) of Previous Violation(s):	11/20/2017	08/31/2017	04/10/2017
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morrea*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morrea Administrator* Date *8-21-18*

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(Initials)

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(Date)

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

Violation Report: 42883 - 07/16/2018 - Barone, Barbara PCH Name: SUNSET RIDGE PERSONAL CARE HOME	Western Region Field Office Bureau of Human Services Licensing
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**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 home did not complete an Initial assessment for the following:  
 \* Resident #1, date of admission 5/9/18  
 \* Resident #2, date of admission 5/9/18

**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.*

Resident #1 and Resident #2 have their initial assessment partially completed. The finished Initial assessment will be faxed to you by August 29, 2018.

Every effort will be made to have resident's forms completed by the required dates.

The home did not provide documentation of completed initial assessments for resident #1 and resident #2 by 08/29/18. Immediately, the home shall provide copies of initial assessments for resident #1 and resident #2 to the Department.

*SE* 09/10/18

Immediately: The administrator or designated staff person shall develop and implement a system to ensure each newly admitted resident has an assessment, completed in its entirety, within 15 days of admission. A copy shall be kept in the resident's record.

*SE* 09/10/18

Immediately: The administrator or designated staff person shall audit all new resident documentation to ensure a current assessment is completed within 15 days of admission and present in each resident's record. Documentation of the audit shall be kept.

*SE* 09/10/18

Repeat Violation:	Yes	Date(s) of Previous Violation(s):	11/20/2017	08/31/2017	04/10/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Joyce Morreo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morreo Administrator</i>	Date
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUNSET RIDGE PERSONAL CARE HOME		License Number: 42880
Address: 466 HIGH STREET, DERRY, PA 15627		County: Westmoreland
Administrator: MARY JOYCE MORREO		Region: WEST
Legal Entity Name: MORTEL INC		
Legal Entity Address: 466 HIGH STREET, DERRY, PA 15627		
Certificate(s) of Occupancy C-2 LP 01/17/1999 Dept. L&I		<b>RECEIVED</b>  JUN 11 2018  <b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Working Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional, Fine		
On-Site Inspections Dates and Department Representatives On-Site 03/08/2018: Barone, Barbara; Eveses, Joseph		
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 Number of Residents Served: 14 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 7 Have Mental Illness: 13 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

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JUN 11 2018 Page 2 of 14

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 428831-03/08/2018 - Barons, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 88 Pa.Code §2600

2600.26(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 3/2/17, was not signed by the administrator or a designee.

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.

The contract for Resident #1 has been signed.

The home administrator has assigned a staff member to review all resident's documents  
ie: Pre Admission Screening, Contract, Rent Rebate Form, Right to Refuse Medication Form,  
RASP, DME and MA-51. This will be done as each form is completed so that anything that may  
have been overlooked will be corrected immediately. This review will be done any time these  
documents are completed.

On 06/11/18, the home provided a copy of resident #1's contract, signed by the administrator. *SE* 09/10/18

Immediately: The administrator or designated staff person shall audit all resident records to ensure all required signatures have  
been obtained for resident contracts. *SE* 09/10/18

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morreo, Administrator*      Date *6-9-2018*

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

The above plan of correction is approved as of 09/10/18  
(Date)

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

Plan of correction implementation status as of 09/10/18  
(Date)

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

Violation Report: 42883F-03/08/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST MICHIGAN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2600.25(d) SOPb1 - If the home collects a resident's rent rebate under § 2800.25(a), the resident-home contract is to include the dollar amount or percentage of the rent rebate to be collected.

2a. DESCRIPTION OF VIOLATION  
Resident #1's contract, dated 3/2/17, indicates the home will collect a portion of the rent rebate benefit, however, it does not include the dollar amount or percentage of rent rebate benefits that is to be collected.

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.

The Rent Rebate Form has been completed indicating that 50% of the rebate will be withheld.

The home administrator has assigned a staff member to review all resident's documents ie: Pre Admission Screening, Contract, Rent Rebate Form, Right to Refuse Medication Form, RASP, DME and MA-51. This will be done as each form is completed so that anything that may have been overlooked will be corrected immediately. This review will be done any time these documents are completed.

On 06/11/18, the home provided verification that it withholds 50% of resident #1's rent rebate. SE 09/10/18

Within 10 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure the resident-home contract includes the dollar amount or percentage of rent rebate benefits that is to be collected. Documentation of the audit shall be kept. SE 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) Mary Joyce Morreo

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Mary Joyce Morreo, Administrator Date 6-9-2018

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The above plan of correction is approved as of <u>09/10/18</u> (Date)	Plan of correction implementation status as of <u>09/10/18</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SE</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST VIRGINIA STATE OFFICE  
Human Services Licensing

Violation Report: 428834-03/08/2018 - Barona, Barbara  
POH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
The home has not established, nor implemented a quality management plan.

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.

The Home does have a Quality Management Plan and has reviewed the items that are applicable. The plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

The Home has a Quality Management Plan for 2018 which list only the items specified in the "Pennsylvania Code -- Title 55, Public Welfare Chapter 2600, Personal Care Homes" (pink book) section 2600.26.

These items will be reviewed with each staff person. The staff person will sign the home's "Review of Quality Management" form as they review each item.

During the home's next quality management review and evaluation - The administrator will ensure that these licensing violations and plans of correction are addressed along with the reportable incident and condition reporting procedures, complaint procedures, staff person training, and resident or family councils, if applicable.

BS  
9/19/18

BS  
9/19/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/10/2017

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morrow, administrator*      Date *6-9-2018*

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The above plan of correction is approved as of 09/10/18  
(Date)

Plan of correction implementation status as of 09/10/18  
(Date)

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

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

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JUN 11 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 8 of 14

Violation Report: 428831-03/08/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

**1. REGULATION 85 Pa.Code §2800**

2800.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

The kitchen pantry was unattended, unlocked and accessible from 2:30 PM to 2:45 PM. The pantry contained a full container of bleach and a container with 50 Cascade dishwasher packs. Both labels indicate if medical attention is needed to contact a poison center or doctor immediately.

Not all residents are assessed as safe around poisons, including resident #1.

**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.*

The Home's staff is always instructed to lock the door to the pantry when not in the kitchen. The day of the inspection it appears it did not happen for a short time. The administrator feels it was due to the extra confusion in the home with the inspectors present.

To remedy that this does not happen again, the staff is being instructed to maintain the pantry door locked at all times, even when in the kitchen. This way, if the staff should have to leave the kitchen quickly, they do not have to remember to lock the pantry door.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/10/2017

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morreo, administrator*      Date *6-9-2018*

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

The above plan of correction is approved as of 09/10/18  
(Date)

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

Plan of correction implementation status as of 09/10/18  
(Date)

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

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JUN 11 2018

WEST VIRGINIA PENAL OFFICE Page 8 of 14  
Human Services Licensing

Violation Report: 426893 - 03/08/2018 - Barona, Barbara  
POH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2000  
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
The lid of the outside dumpster was opened and it contained 6 full black trash bags.

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.

The dumpster lid had been "rigged" with a rope so that the lid cannot lift high enough flip back to and stay open. However, the dumpster's lid will lift high enough to be emptied.

The staff will check the dumpster's lid periodically, especially when we get the terrifically high winds that we experience on the ridge every March and often at other times

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

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 *6-9-2018*

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The above plan of correction is approved as of 09/10/18  
(Date)

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

Plan of correction implementation status as of 09/10/18  
(Date)

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

Page 7 of 14

Violation Report: 428893-09/08/2018 - Barona, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800  
2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The glider on the back porch has rips the entire width of both seats which prevents residents from sitting on either seat without falling through.

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

Includes 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.

The broken glider had been removed from the deck and turned upside down in the back yard. The same was done with the matching chair. The glider was dragged back onto the deck by the residents. Both pieces of furniture have been removed from the Home's premises by a metal salvager. They had been placed in the yard awaiting removal by the metal salvager.

In the future, any broken furniture will be placed in the basement until it is removed from the Home. The same procedure will be followed with any broken items used by the residents that cannot be placed in dumpster.

Immediately: All broken lawn furniture shall be removed from the exterior of the home. *SE* 09/10/18

Immediately: The administrator or designated staff person shall inspect all furniture and equipment to ensure all are in good repair, clean and free of hazards. *SE* 09/10/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/10/2017

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Marrao, administrator*      Date *6-9-2018*

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The above plan of correction is approved as of 09/10/18  
(Date)

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

- Plan of correction implementation status as of 09/10/18  
(Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress *SE*
  - Partially Implemented - Inadequate Progress
  - Not Implemented

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Violation Report: 428831-03/08/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 68 Pa.Code §2800  
2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation, dated 8/11/17, does not include temperature, special health or dietary needs, or body positioning/movement. These sections 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.

The resident DME's are normally reviewed very carefully and taken back to the medical practice when something is missing. Somehow it was overlooked on this resident's DME.

From now going forward all DME will be examined by the administrator and another staff person to ensure that nothing is overlooked. All incomplete forms will be taken back to the medical practice for correction.

Immediately, the home will submit to the Department, resident #1's most recent DME, completed in its entirety.

Immediately: The administrator or designated staff person shall audit all resident records to ensure each resident has a current DME, completed in its entirety, at least annually. A copy shall be kept in each resident's record. Documentation of the audit shall be kept. *See* 09/10/18

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/31/2017

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 *6-9-2018*

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The above plan of correction is approved as of 09/10/18  
(Date)

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

Plan of correction implementation status as of 09/10/18  
(Date)

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

Violation Report: 42883/- 03/08/2018 - Barone, Barbara PCH Name: SUNSET RIDGE PERSONAL CARE HOME	
<b>1. REGULATION 68 Pa.Code §2600</b> <b>2600.184(a)</b> - The original container for prescription medications shall be labeled with a pharmacy label that includes the following: <ol style="list-style-type: none"> <li>(1) The resident's name.</li> <li>(2) The name of the medication;</li> <li>(3) The date the prescription was issued.</li> <li>(4) The prescribed dosage and instructions for administration.</li> <li>(5) The name and title of the prescriber.</li> </ol>	
<b>2a. DESCRIPTION OF VIOLATION</b> The label for resident #1's Lavenir Flextouch pen did not include the resident's name, the prescribed dosage and instructions for administration.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The Pharmacy has been asked to send labels with each insulin pen. They are now doing this. The pen is kept in a plastic bag with a self-adhesive label attached. At the time of the March inspection, Resident #1 was the only resident using insulin. The Home now has another resident using insulin. This resident uses two different types of insulin, and each is kept in a separate bag with a self-adhesive label attached to each bag.</p> <p>In the future all medications arriving from the Pharmacy will be checked to assure that all information is included on the label before it is stored in the medicine cart.</p> <p>Immediately then at least weekly thereafter: The administrator or designated staff person qualified to administer medication shall audit all medications in the home to ensure all medications are labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber. <i>SE</i> 09/10/18</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morree</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morree, administrator</i>	Date <i>6-9-18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>09/10/18</u> (Date)	Plan of correction implementation status as of <u>09/10/18</u> (Date)
The above plan of correction was approved by <u><i>SE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SE</i> <input type="checkbox"/> Not Implemented

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JUN 11 2018

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

Violation Report: 428831-03/09/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2800**

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The glucometers for resident #1, #2 and #3 were not set to the correct date and time.

The home documents blood glucose checks for resident #3 on the medication administration records. Resident #3's glucometer reading on 3/8/18 at 6:00 AM was 188; however, the results of this check were not documented.

**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 does not have a glucometer. Resident #2 and Resident #3 glucometers have been set to the correct date and time.

All Resident's glucometers will be checked on the 1<sup>st</sup> and 15<sup>th</sup> of each month to verify that the dates and times are correct. This will be done by the aide giving breakfast medications on the designated days.

All glucometer readings are entered on the MARS of residents who have checked their levels. After the administration of medications at breakfast each day the licensed aide giving medications will check to verify that the readings have been entered. This will be double checked at lunch and if any reading has been missed, it will be retrieved from the glucometer and recorded for Residents #2 and #3.

Immediately: All staff qualified to administer medication shall verify each glucometer is calibrated to the current date and time before each use. Any glucometers not properly calibrated shall be calibrated to the current date and time prior to use. See 09/10/18

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Mary Joyce Morreo, administrator      Date 6-9-2018

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

The above plan of correction is approved as of 09/10/18  
(Date)

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

Plan of correction implementation status as of 09/10/18  
(Date)

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

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JUN 11 2018

WEST REGIONAL OFFICE  
Human Services Licensing

Page 11 of 14

Violation Report: 42083 - 03/08/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

Preadmission screening forms were not completed for resident #4, admitted 12/07/17, and resident #5, admitted 10/17/17.

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

Includes 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.

Preadmission Screenings had been completed, but were not in the proper folder on March 8, 2018. They are now in the main folder for each resident. Resident #5 is no longer resident of the Home.

The main folder for each resident will be checked monthly by a staff person to ensure that all required documents are filed: Pre Admission Screening, Contract, Rent Rebate Form, Right to Refuse Medication Form, DME, MA-51, current Resident Assessment and Support Plan. If any form has been misplaced, it will be located and filed immediately.

Immediately: The administrator or designated staff person shall audit all resident records to ensure each resident has a preadmission screening form completed in its entirety, within 30 days prior to admission.

*SO*  
09/10/18

Immediately: The administrator or designated staff person shall create and implement a new resident documentation system to ensure all residents being admitted to the home have a preadmission screening form completed within 30 days prior to admission and the home is capable of meeting the prospective resident's care needs.

*SO* 09/10/18

Repeat Violation; Yes	Date(s) of Previous Violation(s):	11/20/2017	08/31/2017	04/18/2017
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morreo*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morreo, Administrator* Date *6-9-2018*

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The above plan of correction is approved as of <u>09/10/18</u> (Date)	Plan of correction implementation status as of <u>09/10/18</u> (Date)
The above plan of correction was approved by <u><i>SO</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SO</i> <input type="checkbox"/> Not Implemented

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Violation Report: 428831-09/08/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 86 Pa.Code §2800

2800.225(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 #5 was admitted on 10/17/17 and the initial assessment was completed on 1/8/18.

The home did not complete an initial assessment for the following:

- Resident #1, date of admission 3/2/17
- Resident #4 date of admission 12/7/17
- Resident #8, date of admission 10/3/17

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.

The Initial Assessment for Resident #5 was not completed on time.

In the future the Initial Assessment for any new resident will be completed within the 15 day period. Then it will be filed in the residents' main folder after being checked by another staff member.

The Home will complete the Initial Assessment and Support Plan for Resident's #1, #4, and #6 by June 30<sup>th</sup>, 2018.

From now going forward all residents' documents will be completed within the 15 day allotted time.

Immediately: The administrator or designated staff person shall audit all new resident documentation to ensure a current assessment is completed within 15 days of admission and present in each resident's record. Documentation of the audit shall be kept.

*SE*

09/10/18

Immediately: The administrator or designated staff person shall develop and implement a system to ensure each newly admitted resident has an assessment, completed in its entirety, within 15 days of admission. A copy shall be kept in the resident's record.

*SE*

09/10/18

Repeat Violation; Yes	Date(s) of Previous Violation(s):	11/20/2017	08/31/2017	09/10/2017
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morano*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morano, Administrator* Date *6-7-2018*

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

The above plan of correction is approved as of <u>09/10/18</u> (Date)	Plan of correction implementation status as of <u>09/10/18</u> (Date)
The above plan of correction was approved by <u><i>SE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SE</i> <input type="checkbox"/> Not Implemented

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JUN 11 2018

WEST REGIONAL OFFICE Page 13 of 14  
Human Services Licensing

Violation Report: 42883F-03/08/2018 - Barone, Barbara  
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2800.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident # 8's support plan dated 11/24/17 was not signed by the resident.  
Resident #5's support plan dated 1/10/18 was not signed by the resident.

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.

The Support Plan for Resident #8 was marked that he declined to sign the form. Resident #5 is no longer a resident of the Home, however every effort will be made to have her sign the document.

In the future all residents will be asked to sign their RASP. In reality very little information is received from the residents. Most information on the RASP's is observation, as well as from forms such as DME, MA-51.

Immediately: The administrator or designated staff person shall review all current and newly completed support plans to ensure all individuals who participated in the development of the plan have signed and dated the plan. *See* 09/10/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Mary Joyce Morrae*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Mary Joyce Morrae administrator*

Date

*6-9-2018*

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

The above plan of correction is approved as of

09/10/18

(Date)

Plan of correction implementation status as of

09/10/18

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*See*

(Initials)

*See*

RECEIVED

JUN 11 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42863F-03/08/2018 - Barone, Barbara  
FCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2800

2800.227(l) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

Support plans for resident # 3, resident #5, resident #7 and resident #8, were not in the home and were inaccessible to direct care staff.

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.

The Support Plans for Residents #3, #5, #7 and #8 were in the home, but could not be located on March 8, 2018. These plans are now in each resident's main folder, and will be checked monthly.

In the future all pertinent documents will be filed in each resident's main folder. When information is needed elsewhere, a copy of the document will be made and the original document will be kept in the resident's main folder.

Immediately: The administrator or designated staff person shall audit all resident records to ensure the current support plan is accessible by direct care staff at all times. *See* 09/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morree*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Joyce Morree, administrator* Date *6-9-2018*

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The above plan of correction is approved as of <u>09/10/18</u> (Date)	Plan of correction implementation status as of <u>09/10/18</u> (Date)
The above plan of correction was approved by <u><i>See</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>See</i> <input type="checkbox"/> Not Implemented