



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 07 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:

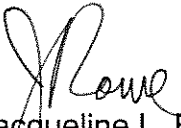
As a result of the Department's Bureau of Human Services Licensing annual inspection on April 19, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

  
Jacqueline L. Rowe  
Director

Enclosure  
License 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		
Certificate(s) of Occupancy C-2 LP 04/17/1979 L & I		<b>RECEIVED</b>  JUL 18 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/19/2018: McConnell, Deb; Summers, Vicky		
<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: 30 Number of Residents Served: 28 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: 2 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 13 Have Mental Illness: 1 Have an Intellectual Disability: 2 Have a Mobility Need: 2 Have a Physical Disability: 0	

*Evelyn Dennis  
7-12-2018*

Violation Report: 44794 - 04/19/2018 - McConnell, Deb  
PCH Name: SUN VALLEY ACRES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 11:40 a.m., the resident privacy coding document, indicating residents' names, was attached to the 4/21/17 and 11/15/17 licensing instrument summaries on the bookcase in the living room.

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 last Summaries page with resident names on it was immediately taken out.

② Prior Survey Reports were checked to make sure they were correct, and they were.

③ The Administrator will double check all paperwork before putting it in the violation binder, which is in living room, wall

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Evelyn Dennis owner*

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

Evelyn Dennis

Date 7-12-2018

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

The above plan of correction is approved as of

7/23/18  
(Date)

Plan of correction implementation status as of

7/23/18  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

JUL 18 2018

Violation Report: 44794 - 04/19/2018 - McConnell, Deb  
PCH Name: SUN VALLEY ACRES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 Administrator met with resident and went over residents Rights and complaint procedures, and had resident sign off.

② Administrator rechecked all files of residents to ensure completeness.

③ Administrator will do a monthly check log for 3 months.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Evelyn Dennis owner

Printed Name and Title of Legal Entity Representative  
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Evelyn Dennis -

Date 7-12-2018

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Violation Report: 44794 - 04/19/2018 - McConnell, Deb  
 PCH Name: SUN VALLEY ACRES

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 9:55 a.m., the hot water temperature at the sink in bathroom #5 measured 125.2 degrees Fahrenheit.  
 At 9:59 a.m., the hot water temperature at the sink in bathroom #3 measured 124.1 degrees Fahrenheit.  
 At 10:00 a.m., the water temperature at the sink in bathroom #4 measured 122.1 degrees Fahrenheit.

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 temps were checked was busiest time in the Home, But did turn down temperature 2° degrees.

② we now check water temperatures on 3rd shift to get a true reading  
 Temp. Logs are kept behind each door in a file.

Immediately - The administrator will monitor hot water temperature logs at least weekly to ensure temperatures are no higher than 120°F.

*7/23/18*

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

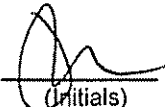
Signature of Legal Entity Representative (Required on EVERY Page) *Evelyn Dennis owner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Evelyn Dennis*      Date *7-12-2018*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #2's bed in bedroom #11, did not have a source of light that can be turned on/off from bedside. The lamp was approximately 3 1/2' from the bed.

Resident #3's bed in bedroom #7 did not have a source of light that can be turned on/off from bedside. The lamp was approximately 3' from the bed.

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 had a lamp but moved it far ~~away~~ worshipping his church, so we left that and put a push hand light on night stand, until his worship services were done.
- ② The Administrator will keep track weekly to ensure all lamps are within reach when she does room checks weekly
- ③ The Administrator will make sure the night stands are close enough to bed for resident to reach their lamp when she does her weekly checks

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home serves 28 residents requiring a minimum of 88 gallons of emergency drinking water. 55 gallons of water are stored on-site.

The home has a contract for emergency drinking water; however, the contract does not include:

- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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 talked to our water supplier and rewrote our water contract to say in a emergency it will be a priority for the water company to deliver the said amount in the contract.

② Enclosed is a copy of the new contract.

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WEST REGION FIELD OFFICE  
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

Glucometers for residents #1 and #4 were not calibrated to the current date and 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.

① When office Manager [redacted] went to get recertified for Diabetic Training she was also trained to calibrate the correct Dates & times on glucometers.

② Administrator will do a monthly tracking log at the first of every month for 3 months to check glucometers for current Dates & Times

Immediately - All staff who administer blood glucose testing will be instructed to check date and time on the glucometers before using.

*[Signature]* 7/23/18

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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

Resident #4 is prescribed Novolog Flexpen, 3 times a day with meals per sliding scale based on blood glucose readings. On 4/6/18, at 4:00 p.m., the staff person who measured the resident's blood glucose did not document the results.

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 office Manger [redacted] was retrained for Diabetes Training, she was also retrained in proper documenton for recording Blood glucose Reading

② A Tracking Log will be in place for 3 months to ensure All med Trained staff are documenting correct blood glucose Readings. The administrator or designee will review the log daily.

*[Signature]*  
7/23/18

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WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**

Staff person A has not successfully completed the Department-approved diabetes patient education program within the last 12 months. However, this staff person administered insulin to resident #4 on the following dates:

- \* 4/10/18 at 4:00 p.m.
- \* 4/11/18 at 4:00 p.m.
- \* 4/13/18 at 4:00 p.m.
- \* 4/15/18 at 4:00 p.m.
- \* 4/17/18 at 4:00 p.m.

**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 it was brought to our Attention we scheduled a class ASAP. for her to be Recertified, Also she didn't do No Diabetic procedures until Recertified.
- ② A current List of All med Trained staff is posted Above med Cart, with Dates for Recerts of Diabetic and Medication Trainings
- ③ Administrator will do a tracking Log for 6 months to ensure that med staff is current with all Trainings

Repeat Violation: No

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*Evelyn Dennis*

Printed Name and Title of Legal Entity Representative  
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Date *7-12-2018*

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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

The assessment for resident #5, dated 3/27/18, does not address the resident's use of continuous oxygen, ordered 3/16/18, and the diagnosis of cancer as indicated in the medical evaluation, dated 3/12/18. Also, the contact information for the resident's hospice provider is not indicated.

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.

*I immediately - The assessment for resident #5 will be updated, if resident #5 is still in the home. Jn 7/23/18*

① When A Resident Comes to the home on Hospice we will make sure all paper work is filled out correctly and all spaces are filled in with any or ALL Nursing Home or Hospice agencies AND their information pertaining to the resident AND their care

② The Administrator will do a tracking Log for 3 months to make sure <sup>All</sup> Resident Assessments AND medical Evaluate are Accurate ~~and~~ and review all of the assessments of all current residents of the home.  
*D 7/23/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Evelyn Dennis owner*

Printed Name and Title of Legal Entity Representative  
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*Evelyn Dennis*

Date

*7-12-2018*

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JUL 18 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 3/2/18, for resident #1, does not address the resident's diagnoses of intellectual disability as indicated on the resident's medical evaluation, dated 3/2/18.

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.

I immediately - the assessment for resident #1 will be updated, if the resident is still in the home. On 7/23/18

The Administrator will make sure the Residents diagnoses follows thru. AND ARE Address as indicated on ALL PAPER work by reviewing the assessments of all current residents of

the home,  
7/23/18

Repeat Violation: No

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