



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

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 May 2, 2019 until May 2, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428830**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2019

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

RE: Sunset Ridge Personal Care Home
Certificate #: 428830

Dear Ms. Morreo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 24, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 42883 - 01/24/2019 - Grace, Desmond

PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 1/24/19, the home's licensing inspection summary from the inspection completed on 3/8/18 was not posted in the home.

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 current licensing inspection summary of July 16, 2018 (returned 7/21/2018) has been posted since 1/24/2019 when its absence was noted.

When the current inspection summary is completed it will be posted on the bulletin board in the dining area of the home. Nothing that would invade the privacy of residents will be left with it.

In the future the administrator will make sure all three pertinent documents are posted in a conspicuous place in the home.

The licensing inspection summary cited on the following page was posted the day of the inspection. The home did not realize the full inspection of 3/8/2018 was what should have been posted. It is now posted along with that of 7/21/2018.

Immediately: The administrator or designated staff person shall check the home monthly to ensure all required items in accordance with regulation 2600.3(c) are posted in a conspicuous and public place. 3/28/19 *EJ*

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 *3-17-19*

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

The above plan of correction is approved as of 3/28/19
(Date)

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

Plan of correction implementation status as of 4/26/19
(Date)

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

On 1/24/19 at 09:05 a.m., the licensing inspection summary completed on 7/16/18 was located on the bulletin board across from the front door of the home. However, the resident privacy document remained attached which included residents #1, #2, #3, and #4.

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 March 8, 2018 inspection is currently posted and will remain there until this inspection is ready to be posted. The July 16, 2018 has also been left there with the names of the residents removed.

The Home in the future will be very vigilant in removing any resident information from any documents before posting them.

Residents also have a habit of leaving their private mail laying around communal areas; they have to be reminded to put their mail in their rooms. When they say they don't want their mail any longer the aides have instructions to shred it.

Immediately: The administrator or designated staff person shall check the home weekly to ensure resident information is maintained in a confidential manner. 3/28/19



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
 3-17-19

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

The above plan of correction is approved as of 3/28/19
 (Date)

Plan of correction implementation status as of 4/26/19
 (Date)

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

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person A was hired on 2/23/17. However, the home has not requested a criminal history background check for direct care staff person A.

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 policy of the home is to request a criminal background check on all individuals who apply for employment. When the check is clear, they are asked to come for training. All subjects required to be covered the first day of work are reviewed.

The criminal background check for staff person A was received and was clear. It has been misplaced. If not found by 3/17/ 2019, a new check will be performed and placed in staff person A's file.

To prevent this loss in the future the home has been saving a copy of all criminal background checks digitally since 6/1/2017. This can easily be accessed at any time on the Home's computer.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morris Administrator</i>	Date <i>3-17-19</i>
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The above plan of correction is approved as of <u>3/28/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u><i>Egy</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 01/24/2019 - Grace, Desmond

PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

The administrator, staff person B, only completed 8 of the required 24 hours of Department-approved annual administrator training during the 1/1/18 to 12/31/18 annual training year.

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 administrator does have 21 hours of trainings. All the certificates could not be found on 1/24/2019. All that could be found will be included at the end of this report. The administrator had registered for an additional 6 hr course which would have given her more than 24 hours. However this course was canceled due to weather conditions.

To prevent this from happening in 2019, the administrator has already taken CPR-1st Aid, and is registered for two 6-hour courses this spring, plus will be taking Diabetes Management this June. Also, she plans to attend the four Partners in Personal Care meetings this year; generally 2 credit hours are available for each meeting.

Immediately: The administrator shall complete 24 hours of Department-Approved administrator training in addition to the hours used for the 2018 training year. 3/28/19



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

3-17-19

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

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3/28/19

(Date)

Plan of correction implementation status as of

4/26/19

(Date)

The above plan of correction was approved by

EJ

(Initials)

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION

On 1/24/19, the home did not have a staff training plan developed for the annual training year starting from 1/1/19 to 12/31/19.

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 staff training plan is an ongoing thing. Workers in their second year of employment have to complete 12 hours of training. All employees have the form listing these subjects, a column to write the time spent reading the material and a space for their signature. In addition, there is another form to list any courses available that would be useful for staff to attend. Employees are encouraged to attend courses offered by Northhampton Community College. These courses are usually only available during the Fall in Western Pennsylvania. As notice for these courses become available, they will be added to the staff training plan.

A copy of each of these forms will follow

Immediately: The administrator or designated staff person shall develop a staff training plan that includes all of required contents as specified in regulation 2600.66(b). 3/28/19



Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *3-17-19*

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

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 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 1/24/19 at 10:40 a.m., the required emergency telephone numbers were not posted on or by the cordless telephone located in the resident's dining 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.

The telephone emergency phone numbers listed in this citation have been posted since 1/24/2019 when it was noted they were missing. The phone had been moved but these numbers in a small black frame were not moved.

Staff had been instructed to make sure these telephone numbers are always posted on the walls behind the two phones – one located in the dining room and one in the kitchen

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morra Administrator* Date *3-12-19*

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

The above plan of correction is approved as of 3/28/19
 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 1/24/19, The electrical outlet between residents #6 and #7 beds was not operable and did not provide electricity to the bedside lamp.

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 electrical outlet in this room was repaired within a few days. The residents occupying this room had not reported this problem.

Beds are checked, and changed if necessary, each day and rooms are vacuumed by direct care staff. They have been asked to check for any problems. Rooms are also thoroughly cleaned and beds changed on a weekly schedule when the aides are able to check more thoroughly. In addition residents are asked to tell staff of any problems in their rooms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *3-17-19*

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The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 1/24/19 at 10:20 a.m., multiple food item to include two 12 packs of 12oz cans of root beer, a 63oz bottle of Root beer, and a 59oz bottle of Pure Leaf Tea were located on the floor of the pantry next to the main kitchen.

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.

Each resident has one sometimes 2 bins for their snacks and drinks etc. Some have so much that not all fits in their bins. At Christmas time we did clear off and use a shelf for the spill over, but it slowly got taken over by other things. The shelf has been cleared again and everything that was on the floor is either used up or on the shelf.

In the future we will not put anything that is food or drink on the floor. All staff have been advised of the necessity of never putting a food or drink item on the floor.

Immediately: A designated staff person shall check all food storage areas weekly to ensure no food items are stored on the floor. 3/28/19



Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Mary Joyce Morcos*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Mary Joyce Morcos Administrator*

Date
3-17-19

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

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 (Date)

Plan of correction implementation status as of 4/26/19
 (Date)

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

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 On 1/24/19 at 10:45 a.m., the emergency procedure manual for the municipality was not post in a public place in the home.

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 is located in Derry Township. Newer copies of the emergency preparedness plan from the Township have been obtained. The Home did have an older copy of an emergency preparedness plan from the Township but it was not posted. It was located in a training manual. A newer copy has been posted and will continue to be posted on a bulletin board in the hallway of the home.

The Home will make every effort to make sure that all documents that should be posted are on the bulletin board.

Immediately: The administrator or designated staff person shall check monthly to ensue the homes' emergency procedures and teh local emergency preparedness plan are posted in a conspicuous and public place. 3/28/19 *EJ*

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 *3-17-19*

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The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #7's most current annual medical evaluation was completed on 8/13/18. However, the previous medical evaluation on record was completed on 1/25/16.

Resident #10's current annual medical evaluation was completed on 2/13/18. However, the previous medical evaluation was completed on 12/16/16. Also the resident's most current medical evaluation complete on 2/13/18 has multiple sections that are left blank to include Height, Weight, Pulse Rate, Blood pressure, Temperature, Immunization history, allergies, self-administration of medication body position, Health status, Cognitive function, and Mobility.

Resident #11's most current medical evaluation was completed on 12/4/17.

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.

Resident #7 does have an MA 51 which was completed on 9/11/2017. The home always sends the DME with the MA 51. This resident is always taken by a member of the ACTT Team of Western Pennsylvania for appointments. A request is being made to this organization for copies of the DME, if available. These papers could have been left in their files. The MA 51 is sent to the Agency on Aging and then returned to Sunset Ridge.

Resident #10 has a DME completed on 2/25/2018. This was the earliest the person at the Agency on Aging could take him. This DME is filled out except where unknown. A copy follows.

Resident #11 is no longer a resident of this facility. She did have a DME completed on 12/24/18, which had not been placed in her file by 1/24/2019.

A master form is being developed for 2019 for all residents which will indicate when their DME and MA 51 were completed. This list will be checked weekly by the administrator. The resident's doctor's office will be contacted one month before the next DME and MA 51 (if applicable) are due. This should prevent DME's and MA 51 from being late in the future. This form will be completed by 4/5/2019. A sample form follows.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2018	
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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 *3-31-19*

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

The above plan of correction is approved as of <u>4/3/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 1/24/19 at 10:00 a.m., a small bag with 5 plus 500mg Divalproex SOD DR tablets for resident #10 were unlocked, unattended, and accessible on Island counter in the main kitchen.

On 1/24/19 at 10:00 a.m., a 1 quart Ziploc bag labeled [redacted] for resident #12 was filled with 10 unknown medication pills were left unlocked, unattended, and accessible on Island counter in the main kitchen.

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 #12 had arrived at the Home on January 12, 2019 from Westmoreland County LTSR. The medications he brought with him were packaged differently than the medicine is packaged at Sunset Ridge. These medicines were used in giving morning medications and had mistakenly been left on the island counter.

Staff trained to give medications are being reminded to always be sure to secure all resident's medicines back in the medicine cart. They are also reminded to use extra care when dealing with new residents who usually have medicine packaged differently.

Sunset Ridge uses a MOT (Medicine On Time) system which is very safe and easy to use.

Immediately: A designated staff person shall check the home daily to ensure prescription medications, OTC medications, CAM, and syringes are in an area or container that is locked. 3/28/19



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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joy Co Monroe Administrator* Date *3-17-19*

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

The above plan of correction is approved as of 3/28/19
 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

Resident #10 is prescribed Divalproex SOD DR 500 mg tablet by mouth twice daily. However, the medication label indicates one daily.

Resident #10 is prescribed Acidophilus 175mg capsule as directed on the package. However, the medications label does not include instruction for administration.

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 medicine Divalproex had recently been increased from one to two tablets. The pharmacy had neglected to change the label and when it arrived at the home, the home had not noticed it. The medicine is now labeled properly.

The medicine Acidophilus is an over-the-counter medicine and when first filled was packaged in what is called a bubble pack. When reordered by the Doctor, it was sent in a bottle with an incomplete label. The proper label was sent by the pharmacy on January 25, 2019 and the bottle has been labeled properly since then.

Upon arrival from the pharmacy the home will check to make sure that no matter how packaged, all medicine labels have all the necessary information.

Immediately: The administrator or designated staff person qualified to administer medications shall complete a monthly audit of all resident medications and physician orders to ensure all medication labels are accurate and in compliance with regulation 2600.184(a). 3/28/19 *EJ*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2018	07/16/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Monroe*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Monroe Administrator* Date *3-17-19*

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Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Duloxetine HCL DR 60mg capsule by mouth daily. However, the resident's January 2019 medication administration record does not include the frequency of daily.

Resident #11 is prescribed Lorazepam 0.5 mg prescribed daily by mouth as needed for anxiety. However, the medication administration record does not indicate the purpose or diagnosis for the medication.

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.

Each resident's MARS normally does include thirteen of these fourteen items and the initialing is done each day as the medicine is given. Somehow these two things were missing from the January 2019 MARS of these two residents and it was not noted when the MARS arrived at the end of December 2018. The MARS are always checked carefully but these two items were missed.

The Home staff will continue to check the MARS at the end of each month with extra care. The Home has always done this carefully and had never been cited for this previously.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Joyce Morneau Administrator* Date *3-17-19*

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

The above plan of correction is approved as of 3/28/19
 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 On 1/24/19, an activity calendar was not posted in the home.

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 uses a calendar from the current year to write in the activity calendar for each month. This was found and shown to the inspectors but it seems it wasn't enough. The Home is developing a more colorful calendar. Activities are done each evening – games, cards and bingo mostly. About the only activity that is well attended is bingo. More than half the residents attending is a good night.

Many daily activities for residents to do alone are available at the Home. Many residents like to color and books, crayons and colored pencils are provided in the activity room. Most residents like to bring these things to the dining room and work there. Several people like to work on puzzles, accommodations are made so they don't have to be unassembled until the puzzle is finished. The Home tries to purchase a new board game each month.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morra Administrator</i>	Date <i>3-17-19</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>3/28/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 01/24/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 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
 Resident #7 admitted to the home on 3-2-16. However, the resident does not have an assessment completed.
 Resident #10 was admitted into the home on 3/1/16. However, the resident does not have an assessment completed.
 Resident #11 was admitted to the home on 12/7/17. However, the resident does not have an assessment completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #7 and Resident #11 had assessments completed but they had not been put in their proper files. Resident #10 did not have one because there was some question as to whether he could have one. He has the Agency on Aging as a Guardian, cannot sign anything etc. However, permission was obtained from the Agency and Resident #10 has an assessment in his file.

All residents currently at Sunset Ridge have assessments and support plans in their files except for the newest resident who arrived 3/8/2019. This resident will have an assessment and support plan in his file by the times specified in the regulations. Copies of these assessments which were missing will follow this report.

Immediately: The administrator or designated direct care staff person shall complete a monthly audit of all resident assessments to ensure all residents have a current assessment in the each resident record. 4/26/19 *EJ*

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) <i>Mary Joyce Morreo Administrator</i>	Date <i>3-17-19</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>3/28/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42883 - 04/16/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 annual medical evaluation was completed 7/13/18. However, the section for ability to self-administer medication was blank.

Resident #2 annual medical evaluation was completed on 11/7/18. However, the resident previous medical evaluation was completed on 4/12/17.

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 deficiency on Resident #1's DME was missed when it was checked over by the administrator in the future all forms will be checked by another staff member. The DME is now complete + will be attached to this report.

Formerly for all residents receiving the 551 supplement, the DME was requested when the MASI was due. Resident #2 had a new MASI and DME completed before coming to the home. For some reason a new MASI was not required until Nov 7, 2018 when the DME was requested + completed. The absence in the meantime was not noted.

Sunset Ridge has developed a chart which ^{would} have prevented this from happening. This chart will be reviewed weekly. The home will call to schedule an appointment for each resident with their PCP two months in advance of the due date noted on the chart.

A copy of this chart will follow this report.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2018	
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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 *4-23-19*

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

The above plan of correction is approved as of 4/26/19
 (Date)

Plan of correction implementation status as of 4/26/19
 (Date)

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

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

Violation Report: 42883 - 04/16/2019 - Grace, Desmond
 PCH Name: SUNSET RIDGE PERSONAL CARE HOME

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

Resident #2 was prescribed Clotrimazole 1%/Betamethasone 0.05% cream applied to the affected area as needed. However, the medications label indicates to apply sparingly to dry skin twice daily for itch.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This medication was changed from daily use to PRN status. It had been changed on the MAR sheet by the Pharmacy, but a new label was not sent. It had not been used since so the absence of a proper label was not noted. In the future when the status of a medication is changed, i.e. from daily to PRN, a new label will be requested and applied to the medication. All staff who administer medication have been informed of this so all can help to keep records up to date. A copy of the new label will follow this report.

Immediately: The administrator or designated staff person qualified to administer medications shall complete a monthly audit of all resident medications and physician orders to ensure all medication labels are accurate and in compliance with regulation 2600.184(a). 3/28/19 *EJ*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/16/2018	03/08/2018	
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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 *4-25-19*

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

The above plan of correction is approved as of 4/26/19
 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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

Violation Report: 42883 - 04/16/2019 - Grace, Desmond
PCH Name: SUNSET RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

Resident #1 was admitted into the home on 2/4/16. However, the resident's record included one non-dated and non-finalized assessment of care needs.

On 4/16/19, resident #3's most current assessment was completed on 11/21/17.

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.

Resident # 3's RASP was finalized and brought up to date on 4/18/19 so it is now current using the chart that is at the end of this report, all RASPs can now be done yearly = nothing will be missed. The home will assign a staff member a month before the RASP is due to update the RASP. A second staff member will read it for any any omissions before all staff review it.

Resident # 1's has been finalized and dated. This was done 4/16/19

Immediately: The administrator or designated direct care staff person shall complete a monthly audit of all resident assessment to ensure all residents have a current assessment in the each resident record. 4/26/19 *Ej*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Joyce Morras Administrator</i>	Date <i>4-23-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/26/19
(Date)

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

Plan of correction implementation status as of 4/26/19
(Date)

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