



MAILING DATE: April 25, 2019

Ms. Evelyn Dennis
Owner
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 inspection on February 6, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive, flowing style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 44794 - 02/04/2019 - Georgoulis, Karen
 PCH Name: SUN VALLEY ACRES

APR 16 2019

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/6/19, there were multiple cigarette butts approximately 60 or more, through the designated smoking area and there were approximately 27 piles of dog feces throughout the designated smoking area.

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. Plan of action implemented on February 7th, 2019 for maintaining sanitary conditions in designated smoking areas cigarette butts/dog feces.
2. Staff will clean and maintain designated smoking areas including cigarette butts/dog feces every day, and discard in proper sanitary containers.
3. Two signs have been placed in designated smoking areas to remind residents not to throw cigarette butts on the ground, and place them in sanitary containers.
4. A daily staff log has been implemented and placed in office for staff on each shift (2) to be completed after cleaning designated areas to be signed and dated every day.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amy K. Borng Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy K. Borng Administrator* Date *4/16/19*

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

The above plan of correction is approved as of 4/17/19
 (Date)

Plan of correction implementation status as of 4/17/19
 (Date)

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

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

Violation Report: 44794 - 02/04/2019 - Georgoulis, Karen
 PCH Name: SUN VALLEY ACRES

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's most current medical evaluation, dated 8/8/18, did not include the health status and cognitive functioning. These sections were blank. The medical evaluation indicates "see MARS" for current medications. However, there was no MAR attached.

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. Plan of action implemented on February 7th, 2019 for resident #1 on ~~MAR~~, and revision completed.
 Medical Evaluation
2. Health status, cognitive function and current MARS were revised and placed in resident #1 file.
3. Administrator will revise any changes in health status, cognitive function, medication changed as needed in resident #1 file.
4. Administrator reviewed medical evaluation and placed new MAR with medical evaluation in resident #1 file.

Immediately: The administrator or designated direct care staff person shall review all current resident medical evaluation forms to ensure accuracy and completeness. 4/17/19 *Ej*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Amy K Boring, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy K. Boring Administrator* Date *04/16/19*

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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

APR 16 2019

Violation Report: 44794 - 02/04/2019 - Georgoullis, Karen
 PCH Name: SUN VALLEY ACRES

1. REGULATION 55 Pa.Code §2600
 2600.161(c) - Additional portions of meals and beverages at mealtimes shall be available for the resident.

2a. DESCRIPTION OF VIOLATION
 According to staff and resident interviews conducted on 2/6/19, additional portions at mealtimes are not provided or made available to the residents, even upon request.

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. Plan of action implemented on February 7th, 2019 for additional portions of meals and beverages each meal every day.
2. Additional portions of 2 sides are offered after each meal for residents as requested will be provided.
3. If a resident refuses main course at each meal time, an alternative of lunch meat, cheese or peanut butter/jelly sandwich is provided.
4. If a resident refuses a main course and/or alternative meal choice, PCH cook and staff document refusal in a daily log at each mealtime, name of resident, time and date.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Amy K. Boring, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy K. Boring Administrator</i>	Date <i>04/16/19</i>
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APR 16 2019

Violation Report: 44794 - 02/04/2019 - Georgoulis, Karen
 PCH Name: SUN VALLEY ACRES

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 #1 is prescribed HumaLOG KwikPen Subcutaneous Solution Pen injector 100 UNIT/ML, use subcutaneously at mealtimes, 7:00 a.m., 12:00 p.m. and 4:00 p.m., as per the sliding scale: 150-200 = 2u, 201-251 = 4u, 251-300 = 6u, 301-350 = 8u, 351-400 = 10u, 401 - 450 = 12u, 451 + 14u.

* Resident #1's January 2019 and February 2019 medication administration record (MAR) do not indicate the blood glucose reading, the amount of insulin administered, and the site of administration. The home has been documenting the blood glucose readings in a staff notebook. The notebook has no documentation of resident #1's blood glucose readings, units of insulin administered if any, site or staff initials for the following times: 11:00 a.m., 4:00 p.m. and 7:00 p.m. on 1/23/19, 1/24/19 and 1/25/19.

* On 1/26/19, resident #1's blood glucose reading was 181. The resident should have received 2 units of insulin; however, there is no documentation in the January MAR or in the notebook of units given, site or staff that administered the insulin.

Resident #2's is prescribed Alprazolam 25mg tablet, one tablet three times a day (7:00 a.m., 12:00 p.m. and 4:00 p.m.) The February 2019 medication administration record, (MAR) indicates the resident was administered Alprazolam 0.25mg tablet on 2/1/19 at 7:00 a.m. However, the medication was not available in the home 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.

1. Med Supervisor called pharmacy and MARS were corrected to record glucose readings. Entered Sliding scale and units to be administered according to scale and sight where administered.
 2. Check MAR when insulin changes. Staff will notify pharmacy for any diabetic changes with insulin.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amy K Boring, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy K Boring, Administrator* Date *04/16/19*

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

Plan of correction implementation status as of 4/17/19 (Date)

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

Immediately: A designated staff person qualified to administer medications shall review all resident MARs weekly for accuracy and completeness. 4/17/19 *EJ*

Violation Report: 44794 - 02/04/2019 - Georgoulis, Karen
 PCH Name: SUN VALLEY ACRES

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 #1 is prescribed Gabapentin Oral Capsules 100mg, take one capsule three times a day (7:00 a.m., 1:00 p.m. and 7:00 p.m.) However, the resident's February 2019 MAR was not initialed by the staff person on 2/5/19 at 1:00 p.m., who administered the medication.

Resident #2 is prescribed Alprazolam tablet 0.25mg, take one tablet three times a day, (7:00 a.m., 12:00 p.m., and 4: 00 p.m.). However, the resident's January 2019 MAR was not initialed by the staff person on 1/8/19 at 4:00 p.m., who administered the medication.

Resident #2 is prescribed Trihexyphen tablet, 5mg, take one tablet three times a day (7:00 a.m., 2:00 p.m. and 7:00 p.m.). However, the resident's January 2019 MAR was not initialed by the staff person on 1/12/19 and 1/16/19 at 2:00 p.m., who administered 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.

1. Supervisor investigated incident med was administered to resident. Med Staff was retrained of the importance of initialing of medications given and waiting for computer updates to be completed before logging out.

2. Supervisor will complete daily audit for 6 weeks to ensure proper documentation of medication administered. All 3 errors were a result from med tech not waiting for computer to update before logging off.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Amy K. Boing Administrator

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

Amy K. Boing Administrator

Date

04/16/19

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Violation Report: 44794 - 02/04/2019 - Georgoulis, Karen
 PCH Name: SUN VALLEY ACRES

APR 16 2019

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 8/11/18, the resident is assessed to be unable to self-administer any medications. The home failed to follow the prescriber's orders while resident #2 was attending the day program. The home failed to notify the physician. The resident leaves the home on Tuesdays, at approximately 8:30 a.m. and returns approximately 4:00 p.m. Staff interviews indicates on days the resident attends the day program, "Out of Facility" is documented in the MAR.

Resident #2 is prescribed Alprazolam - 0.25mg tablets, take one tablet at 7:00 a.m., 12:00 p.m., and 4:00 p.m. On 1/8/19, 1/15/19, 1/22/19 at 12:00 p.m. and 1/29/19 at 12:00 p.m. and 4:00 p.m. the resident was not administered the medication.

Resident #2 is prescribed the following medication, Alprazolam 0.25mg take one tablet at 7:00 a.m., 12:00 p.m. and 4:00 p.m. However, February MAR indicates, the medication was not available in the home and not administered from 2/1/19 at 7:00 a.m. through 2/5/19 at 12:00 p.m.

Resident #2 is prescribed Trihexyphen - 5mg tablet, take one tablet at 7:00 a.m. 2:00 p.m. and 4:00 p.m. On 1/8/19, 1/15/19, 1/22/19, 1/29/19 and 2/5/19 at 2:00 p.m. the resident was not administered 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.

1. Supervisor contacted Guidance Center and explained to Physician in regards to situation and medication times. Physician changed times of medication on Tuesday's to accommodate the resident being away from building and changed medication time for Tuesday's only.

2. Supervisor will monitor med staff when residents are away from the facility for medication times.

Immediately: A designated staff person qualified to administer medications shall review all resident MARs weekly to ensure all resident medications are administered as ordered. 4/17/19 *EJ*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amy K. Boring, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy K. Boring Administrator* Date *04/16/19*

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Violation Report: 44794 - 02/04/2019 - Georgoulis, Karen
 PCH Name: SUN VALLEY ACRES

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 assessment, dated 8/11/18, does not include an assessment for managing and securing health care and Mental Health- hallucination. These sections are blank. The resident's assessment does not accurately address the current needs of the resident for bladder/incontinence needs, vision and diabetic needs. The resident is assessed with no vision concerns. However, the resident indicated wearing glasses prior to admission and was unable to bring with him/her. The resident's assessment was not updated to address the recent hospitalization 1/16/19 to 1/22/19 which resulted in right hand middle finger amputation. Upon discharge from hospital, the resident was assessed for physical therapy through a new Home Health Agency, which is not identified on the assessment, as to agency, contact number, frequency or type of services being provided.

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. Plan of action implemented on February 7th, 2019 for additional assessments on resident #1.

2. Administrator completed a revised RASP assessment for resident #1 for managing/securing health care and mental health- hallucination. Assessment accurately addresses current needs of bladder/incontinence needs, and visual/diabetic needs. Annual visual appointments will be scheduled as needed when concerns are presented. Recent assessment for hospitalization 1-16-19 to 1-22-19 for right middle finger amputation is completed. All PCP follow up appointments are accurately documented, and Home Health Services (ANEW) are documented in resident #1 RASP. ANEW Home Health Nurse is Robert Parrish 724-465-9224. Visits Monday, Wednesday, Friday with resident #1.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/19/2018
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Signature of Legal Entity Representative (Required on EVERY Page) *Amy K. Boring Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy K. Boring Administrator* Date *04/16/19*

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Immediately: The administrator or designated staff person shall all current and newly completed assessments to ensure accuracy and completeness. 4/17/19 *Eg*