



**MAILING DATE: August 30, 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 inspection on March 14, 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, appearing to read "Jason Williams". The signature is fluid and cursive.

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Violation Report

AUG 18 2019

### Violation Report

WEST REGION FIELD OFFICE  
Human Services Licensing

License Number: 428832

#### Facility Information

Name: SUNSET RIDGE PERSONAL CARE HOME  
Address: 466 HIGH STREET, DERRY, PA 15627  
County: WESTMORELAND

Region: WESTERN

#### Administrator

Name: MARY JOYCE MORREO Phone: 7246943105 Email: MARYJOYCEMORREO@AOL.COM

#### Legal Entity

Name: MORKEL INC  
Address: 466 HIGH STREET, PA, 15627

#### Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

#### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

#### Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint

#### Inspection Dates and Department Representative

03/14/2019 - On-Site: Jan Cutter

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 16 Residents Served: 14

##### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

##### Hospice

Current Residents: 0

##### Number of Residents Who:

Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 4  
Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 0 Have Physical Disability: 0

16c - Written Incident Report

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

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

Description of Violation

Resident #1, who has diagnoses of traumatic brain injury with seizures, hypertension, anxiety and hypothyroidism, and has a court appointed Guardian through Westmoreland County Area Agency on Aging, left the home in the morning of 3/3/2019 to attend church and did not return until approximately 12:30 pm on 3/4/2019. The home did not report this incident to the Department.

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 absence was reported to the Area Agency on Aging but the Home neglected to report it to Licensing office. This was a complete mistake on the part of the Home. It will not be repeated. The Home will report all absences to the Licensing office within the proper time frame. The Area Agency on Aging instructed the Home to call the State Police. A State Policewoman found the missing resident on his way back to the Home when she was on the way to the Home to obtain a picture & more info on the missing resident. Staff has been instructed to call the administrator if she is not at the Home anytime a resident is away on their own for over 18 hours. This will give time to initiate a search. On 3/4/19 the State Policewoman assured the administrator that it is okay to call them about any missing resident at any time.*

Legal Entity Representative

*Mary Joyce Monroe*  
Signature

Mary Joyce Monroe Administrator  
Printed Name and Title

6/27/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/20/19  
(Date)

Plan of correction implementation status as of 8/20/19  
(Date)

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

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

RECEIVED

SUNSET RIDGE PERSONAL CARE HOME

428832

AUG 18 2019

187b - Date/Time of Medication Admin.

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.  
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 3/4/19 at 12:30 pm, staff person A administered the following medications to resident #1; however, direct care staff person A initialed the March 2019 medication administration record that they were administered at 8:00 am:

- Carbamazepine XR 200 mg, take 1 tablet twice daily for seizures
- Vitamin D3 1,000 units, take 1 capsule every day for supplement
- Sertraline 100 mg, take 1 tablet once daily for depression
- Metoprolol Tartrate 25 mg, take 1 tablet twice daily for hypertension
- Divalproex 500 mg, take 1 tablet by mouth twice daily
- Multivitamin, take 1 tablet daily with breakfast
- Lisinopril 20 mg, take 1 tablet once daily for hypertension

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.)

*Since the resident had missed his meals on 3/3/19 p.m. the Home felt it was necessary to have his morning medication on 3/4/19. The doctor should have called first for permission for a late administration. This was a mistake on the part of the Home. In the future no medications will be given if it is an hour past the time of administration unless the doctor gives permission for a late administration.*

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications will be educated that the medication administration record is to be signed at the time the medications are administered and contain the accurate time of administration.

Legal Entity Representative

Documentation of the education shall be kept.

*JW* 8/20/19

*Mary Joyce Morra*  
Signature

Mary Joyce Morra Administrator 6-27/19  
Printed Name and Title Date

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Plan of correction implementation status as of 8/20/19 (Date)

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RECEIVED

SUNSET RIDGE PERSONAL CARE HOME

428832

AUG 18 2019

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

Description of Violation

Resident #1 did not receive the following prescribed medications on 3/3/2019 because he was absent from the home:

- Carbamazepine XR 200 mg, take 1 tablet twice daily for seizures at 8:00 pm
- Oyster Shell with Vitamin D, take 1 tablet twice daily for supplement at 5:00 pm
- Metoprolol Tartrate 25 mg, take 1 tablet twice daily for hypertension at 8:00 pm
- Divalproex 500 mg, take 1 tablet by mouth twice daily at 8:00 pm
- Acidophilus 175 mg, take one capsule once daily with supper at 5:00 pm

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 made an effort to find this resident about 6 pm & again at 11 pm on 3/3/19. He was not at any of the places he frequented but had been earlier. This resident did have a few friends in town he often visited to watch TV.

All residents are now required to sign out on leaving & back in when returning. They also have been told they must be present in the home anytime they have medications prescribed.

All residents have a copy of the Home's two phone numbers in their wallets. If they are stranded anywhere they have been told to call the Home. The Home will make every effort to get them or find a way back for them.

Within 5 days of receipt of the plan of correction: The administrator or designee will develop and implement procedures to ensure residents who spend time away from the home receive all scheduled prescription medications. Staff shall be educated on these procedures.

Legal Entity Representative

JW 8/20/19

*Mary Joyce Masrau*  
Signature

Mary Joyce Masrau, Administrator  
Printed Name and Title

8/27/19  
Date

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