



October 8, 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 annual inspection on July 23, 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.

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 "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Received BHSL
8/20/19

Facility Information

Name: *SUN VALLEY ACRES*

Address: *108 SCHRADER AVENUE PO BOX 139, GLEN CAMPBELL, PA 15742*

County: *INDIANA*

Region: *WESTERN*

License Number: *44794*

Administrator

Name: *Amy Boring*

Phone: *8148452100*

Email: *SUNVALLEY2100@GMAIL COM*

Legal Entity

Name: *SUN VALLEY ACRES LLC*

Address: *PO BOX 139 108 SCHRADER AVENUE, GLEN CAMPBELL, PA, 15742*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *04/17/1979*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *31*

Waking Staff: *23*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/23/2019 - On-Site: Scott Klein, Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30*

Residents Served: *30*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17*

Are 60 Years of Age or Older: *21*

Diagnosed with Mental Illness: *22*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *1*

Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At approximately 10:00 a.m. the carbon monoxide detectors located in the kitchen above the door frame and in the dining room were not operational in accordance with the Care Facility Carbon Monoxide Alarm Standards Act of Jun. 23, 2016, P.L. 357, No. 48 Cl. 35, if the unit operates by battery, the battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

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.)

Carbon Monoxide Detector violation completed on site with charge of batteries, labeled and dated. Carbon Monoxide Detector log completed by Senior Supervisor Pamela Johnson. See attached pages and photograph.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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

The above plan of correction is approved as of 8/23/19 Plan of correction implementation status as of 8/23/19
(Date) (Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #5. However, on 5/31/19 the home has a balance recorded for the resident of \$371.00 However, the resident's actual balance is \$174.00.

The home manages the finances for resident #7. However, on 7/1/19 the home has a balance recorded for the resident of \$643.00. However, the resident's actual balance is \$588.00.

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.)

Personal Care Home will ensure when displacing funds to resident, written receipt, signed, dated will be placed in financial transaction file.

Immediately: The home will complete a record of financial transactions for residents #5 and #7 that will include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8). 8/23/19

Within 30 days of receipt of the plan of correction: The administrator or designee will reconcile all resident accounts, for whom the home is providing financial management for 2016 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2600.20(b)(1). Any funds owed to residents will be immediately refunded. 8/23/19

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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- Not Implemented

20b3 - Written Receipts

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides financial management for resident #7. During the month of July 2019, there was a disbursement of \$197.00. However, the home did not obtain a written receipt for this disbursement.

The home provides financial management for resident #7. During the month of July 2019, there was a disbursement of \$55.00. However, the home did not obtain a written receipt for this disbursement.

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.)

Personal Care Home will ensure when displacing funds to resident, written receipt, signed, dated will be placed in financial transaction file.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will review the financial records with residents #1, #5 and #6 and obtain the residents signature for the funds disbursed as indicated in this violation. 8/23/19

Immediately: The administrator or designee will conduct an initial and monthly audit of financial records and finances for all residents whom the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. 8/23/19

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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20b6 - Interest Bearing Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home provides financial management for resident #5. The home held money for resident #5, from 11/5/18, during which time the balance of those funds did not fall below \$201.00. The home has not offered the resident an interest-bearing account to the resident.

The home provides financial management for resident #6. The home held money for resident #6, from 8/31/18, during which time the balance of those funds did not fall below \$259.00. The home has not offered the resident an interest-bearing account to the resident.

The home provides financial management for resident #5. The home held money for resident #7, from 10/1/18, during which time the balance of those funds did not fall below \$387.00. The home has not offered the resident an interest-bearing account.

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.)

When a resident acquires over 200.00 for more than 2 consecutive months, administrator will notify resident and will be offered a choice of an Interest Bearing Account with resident's name at a locally Federal insured financial institution, or keep funds in office safe. See attached page.

Legal Entity Representative

Immediately: The administrator or designated staff person shall review all resident financial records. If any resident has an account with more that \$200.00 for more than two consecutive months, the home shall offer the resident an interest-bearing account. 8/23/19

Amy K. Boring
Signature


Amy K. Boring Administrator
Printed Name and Title

08/16/19
Date

20b6 - Interest Bearing Account *(continued)*

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- Not Implemented

20b8 - Quarterly Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The following residents and their designated person have not receive an itemized account of financial transactions on a quarterly basis:

- * Resident #5
- * Resident #6
- * Resident #7


Plan of Correction (POC)

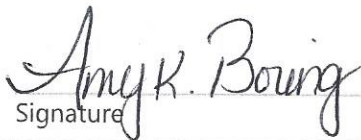
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Page 1 for resident financial transactions is the current document we use for distribution of 85.00 monthly for residents. During inspection it was stated we could continue to sign and date document as we do, no change needed. Moving forward we will utilize Page 2 for the Quarterly Financial Summary. See attached pages 1 and 2.

Immediately: The administrator shall monitor all resident financial records quarterly to ensure each resident and the resident's designated person for whom the home provides financial management is provided a quarterly account of financial transactions.

Legal Entity Representative

8/23/19 



Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 3. Care for residents with dementia and cognitive impairments.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive the following required training during the 2018 training year (1/1/18 – 12/31/18):

- * Care for residents with dementia and cognitive impairments
- * Care for residents with Mental Health or Intellectual Disability.

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.)

Senior Supervisor will review all monthly employee trainings to ensure they are completed and filed.

Immediately: Direct care staff person B shall complete the training cited in the violation. 8/23/19

Within 30 days of receipt of the plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2018 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 30 days of receipt of the approved plan of correction. 8/23/19

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care staff person A's record of initial direct care staff training does not include the source and length of the training.

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.)

Administrator will ensure staff (new hires) documentation is completed. Moving forward new personal care home training documentation form has been completed. See attached form.

Immediately: The administrator or designee shall develop and implement a system to ensure all of the required information in accordance with regulation 2600.65(i) is included with each staff training, 8/23/19

Immediately: The administrator or designee shall review all completed staff training for the 2018 training year to ensure all training documentation includes all of the required information in accordance with regulation 2600.65(i). 8/23/19

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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86a - Ventilation

Regulations

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

At approximately 10:40 a.m., the exhaust fan in common bathroom #5 was not operational, and there is no window or alternate source of ventilation.

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.)

Maintenance supervisor purchased exhaust fan on site in bathroom #5 and completed installation. Moving forward exhaust fan will be checked monthly to monitor operational function.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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(Date)

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

- Fully Implemented
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- Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:08 a.m. the side by side combination freezer and refrigerator does not have a thermometer in the freezer section.

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.)

Thermometers were placed in the side by side refrigerator and freezer. See attached page of Thermometer log Sheet and photograph.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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(Date)

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(Date)

The above plan of correction was approved by

SJ
(Initials)

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

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 3/20/19. The resident's previous medical evaluation is not available to measure compliance with annual requirements. Resident #1 was admitted 5/21/14 .

Resident #2's most recent medical evaluation (DME) was completed on 12/31/17.

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.)

Moving forward residents previous MA 51 will remain in resident file with Current MA 51.

Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety. If a resident does not have a current medical evaluation completed, the home shall immediately arrange for the resident to have an in-person medical evaluation completed. Documentation of medical evaluations shall be kept in the resident's record. 8/23/19 *[Signature]*

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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 Not Implemented

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Dodge Caliber belonging to direct care staff person B, used to transport residents to and from physician's appointments, does not include a thermometer, tweezers, or a breathing shield.

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.)

First aid kit for care staff person B's Dodge Caliber has been supplied with a thermometer, tweezers, and a breathing shield.

Immediately: A designated staff person will check any vehicle prior to transporting residents to ensure the first aid kit is present and the contents of the first aid kit are in accordance with regulation 2600.96a. 8/23/19

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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- Not Implemented

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents were not educated on their right to question or refuse medications if they believe there is an error as follows:

- * Resident #1 admitted 5/21/14
- * Resident #2 admitted 1/1/18
- * Resident #3 admitted 6/21/19
- * Resident #4 admitted 5/31/19

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.)

Addendum Z Resident Right to Refuse Medications, staff will educate each resident on the importance of taking prescribed medications. See attached page. Policy will be laminated and placed on bulletin board in main hallway.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place. The activity calendar that is posted is an undated and blank dry erase calendar.

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.)

Current weekly activity calendar has been completed and is placed on the wall of the main hallway near office entrance. Moving forward calendar will be completed on a weekly basis for each full month. See attached page.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 08/16/19
Printed Name and Title Date

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