



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

October 15, 2019

Ms. Mary Ellen Farber  
CEO/Administrator  
Sunny Crest Home, Inc.  
2587 Valley View Road  
Morgantown, Pennsylvania 19543

RE: Sunny Crest Home  
License #: 321920

Dear Ms. Farber:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on August 29, 2019 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](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".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *SUNNY CREST HOME*

License Number: 32192

Address: 2587 VALLEY VIEW ROAD,, MORGANTOWN, PA 19543

County: LANCASTER

Region: CENTRAL

## Administrator

Name: *Mary Ellen Farber*

Phone: 6102865000

Email:

## Legal Entity

Name: *SUNNY CREST HOME INC*

Address: 2587 VALLEY VIEW ROAD, MORGANTOWN, PA, 19543

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: 08/15/2007

Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 73

Waking Staff: 55

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal, Incident*

## Inspection Dates and Department Representative

08/29/2019 - On-Site: *Laura Heemer, Israel Springs*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 71

Residents Served: 66

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 39

Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 37

Diagnosed with Intellectual Disability: 36

Have Mobility Need: 7

Have Physical Disability: 1

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The support plan developed for Resident 1 on 5/14/2019 is incomplete as it does not describe the home's plan to meet the resident's assessed mobility needs and dental needs.

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.)

Support Plans will be reviewed and read back to the preparer to insure completeness and accuracy. The individual's support plan was completed upon receipt of this report. All of the most recently completed BASPS will be audited to ensure that all areas have been addressed and contain documentation of the services to be provided. Audit completion date: 9/30/19

Legal Entity Representative

*Mary Ellen Farber*  
Signature

Mary Ellen Farber 9/12/19  
Printed Name and Title CEO/Administrator Date

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The above plan of correction is approved as of 9/13/2019 Plan of correction implementation status as of 9/13/2019  
(Date) (Date)

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

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

227e - Self Administer Medication

Regulations

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

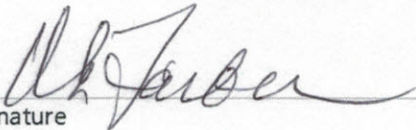
Resident 3's support plan, developed 5/15/19, does not document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

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.)

Support plans will be reviewed and read back to the preparer to insure completion and accuracy. The individual's support plan was completed upon receipt of this report. All of the most recently completed RASPs will be audited to ensure that all areas have been addressed and contain documentation of the services to be provided. Audit completion date 9/30/19.

Legal Entity Representative

  
Signature

Mary Ellen Farber  
Printed Name and Title  
CEO/Administrator  
9/12/19  
Date

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