



Sent via e-mail: sunvalley2100@gmail.com
blondeepa3@hotmail.com

MAILING DATE: February 7, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 1, 2019 and October 4, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Jody Garvey".

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

1/21/2020

Western Region Field Office
Bureau of Human Services Licensing

Violation Report

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: Dept of L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection

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

Inspection Dates and Department Representative

10/01/2019 - On-Site: Desmond Grace
10/04/2019 - Off-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 28

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 16
Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

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 provides financial management services to resident #1. On 10/1/19, the home was holding \$607.00 in an envelope for the resident; however, the resident's financial records indicated that the resident had a balance of \$626.00. The records also indicated that \$500.00 was withdrawn from the resident's funds in March of 2019, however, no date of the transaction was documented.

The home provides financial management services to resident #2. On 10/12/19, the home was holding \$12.00 in an envelope for the resident; however, the resident's financial records indicated a balance of \$0.

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. Administrator located transaction error for resident #1, recalculated to correct adjusted amount of 626.00 on financial ledger form. 500.00 withdrawal in March of 2019 transaction was documented with correct date.
- 2. Administrator will ensure resident signs financial form on exact date and time transaction is made for all deposits/withdrawals to be correctly documented on financial ledger form.
- 3. Solution for long term plan will include the following: omit holding residents funds/finances in an envelope. Administrator will complete a quarterly summary of financial transaction ledger form, to ensure all dates, signatures of withdrawals, deposits and amounts are completed. Copies will be placed in each residents file. Copy of Quarterly Financial Summary Form attached.

Legal Entity Representative

Amy K. Boeing
Signature

Amy K. Boeing Administrator 1-21-2020
Printed Name and Title Date

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

The above plan of correction is approved as of 2/4/2020
(Date)

Plan of correction implementation status as of 2/4/2020
(Date)

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

- Implemented
- Not Implemented

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 services to resident #1. The resident has had more than \$200 being held by the home since 11/5/18. However, the resident was not offered assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution.

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. Administrator reviewed resident #1 financial total of 200.00 being held on 11-5-2018 at the home.
2. Administrator created an Interest Bearing Account Form on 10-01-2019, reviewed it with resident #1, and explained it will be offered each month if finances equal 200.00 or more. Resident opted not to open an Interest Bearing Account at a Federally Insured Financial Institution.
3. Solution for Long Term plan: Interest Bearing Account Forms will be offered, reviewed and completed on the 1st day of each month by the Administrator for each resident if account exceeds 200.00. Administrator will conduct a monthly audit to ensure each resident does not exceed 200.00. Resident will have the choice of opening an Interest Bearing Account. Copy of Interest Bearing Account attached.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator
Printed Name and Title

1-21-2020
Date

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25b SOPb2 - Rent Rebate, Intended Use

Regulations

2600.

25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

Description of Violation

Resident #3's resident home contract dated 6/21/19, indicates that the home will collect 50% of the resident's rent rebate benefit; however, the contract does not include the home's intended use for rent rebate revenues.

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. Administrator reviewed resident #3s home contract rent rebate, and explained / completed to resident the home's intended use of revenue on 10-01-2019.
2. Administrator reviewed resident's home contract rent rebate form to ensure all fields were completed with resident.
3. Solution for Long Term Plan: Administrator will conduct a monthly audit on the last day of each month to ensure contract forms have been completed for the homes use of 50% of rent rebate. Copies will be placed in each residents file, and quality management file. Copy of home contract rent rebate attached.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 1-21-2020
Printed Name and Title Date

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[Handwritten initials]
(Initials)

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- Not Implemented

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3's initial medical evaluation, dated 6/21/19, does not include an evaluation of the resident's health status. This section of the form was blank.

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. Administrator reviewed resident #3's medical evaluation on 10-01-2019, and has been completed by physician of resident #3's health status.

2. Administrator will review resident #3 medical evaluation 2 weeks prior to due date to ensure all fields of medical evaluation are completed.

3. Solution for long term plan: Administrator will complete an audit 2 weeks prior to evaluation due date. A medical evaluation checklist will be completed for each resident, completed and placed in resident file. Copy of medical evaluation checklist attached.

Legal Entity Representative

Amy K. Bouring
Signature

Amy K. Bouring Administrator 1-21-2020
Printed Name and Title Date

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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 9/5/18.

Repeat Violation: 2/4/19 et al

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. Administrator reviewed resident #1's annual medical evaluation for 9-5-2018. PEP was contacted to schedule current medical evaluation on 10-01-2019 and completed.
2. Administrator completed / created an annual medical evaluation checklist to review annual medical evaluations to ensure each residents annual medical evaluations are completed before or on annual due date.
3. Solution for Long Term Plan: Administrator will conduct an audit 2 weeks prior to all residents annual medical evaluation utilizing the annual medical evaluation checklist. Administrator will ensure all medical evaluations (annual) are current, scheduled, and completed by PEP before or on annual due date. Copies will be placed in each residents file. Copy of Annual Medical Evaluation attached.

Legal Entity Representative

Amy K. Boring
Signature

Amy K. Boring Administrator 1-21-2020
Printed Name and Title Date

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(Initials) 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

Resident #3 was admitted to the home on 6/21/19 and the resident-home contract was signed the same day. However, the home does not have documentation that the resident was educated on her right to refuse medications if she believes there may be a medication error.

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. Administrator reviewed resident #3s home contract on 10-01-2019, Resident's Right to Refuse Medications.
2. Administrator educated resident that when she refuses medication, the home will contact physician with date, time and medication that was refused. Administrator educated the importance of taking pre-scribed medications daily.
3. Solution for Long Term Plan: Administrator implemented Addendum Z Right to Refuse Medications. Copies of Addendum Z have been signed / placed in each residents file; dining room; living rooms; med room; and on State Regulations Bulletin Board in main hallway. Administrator will update monthly with any changes / updates in regards to Addendum Z Right to Refuse Medications. Copy of Addendum Z attached.

Legal Entity Representative

Amy K. Borina
Signature

Amy K. Borina Administrator
Printed Name and Title

1-21-2020
Date

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