



Sent via e-mail [ceo@sunnycresthome.org]

MAILING DATE: March 30, 2020

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

RE: Sunny Crest Home
Certificate #: 321920

Dear Ms. Farber:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 25, 2019, November 21, 2019 and December 9, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SUNNY CREST HOME*
Address: *2587 VALLEY VIEW ROAD,, MORGANTOWN, PA 19543*
County: *LANCASTER* Region: *CENTRAL*

License Number: *32192*

Administrator

Name: *Mary Ellen Farber* Phone: *6102865000* Email: *CEO@SUNNYCRESTHOME.ORG*

Legal Entity

Name: *SUNNY CREST HOME INC*
Address: *2587 VALLEY VIEW ROAD, MORGANTOWN, PA, 19543*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *NaN* Waking Staff: *NaN*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

10/25/2019 - On-Site: Hope O'Pake, Jason McCloskey
11/21/2019 - On-Site: Hope O'Pake, Jason McClosey
12/09/2019 - On-Site: Hope O'Pake, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *63*

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: *39*
Diagnosed with Mental Illness: *38* Diagnosed with Intellectual Disability: *36*
Have Mobility Need: *11 (6 id by home, 5 more by BHSL)* Have Physical Disability: *20*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On October 30, 2019, Staff Member A struck Resident #1. The resident had pushed the staff person away, while disagreeing about how the resident should be positioned in the van, and the staff person reacted by slapping the resident's face. This incident was witnessed by Staff Member B.

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 incident cited was immediately corrected by suspending the employee involved and subsequent termination of staff member A.

1. Increased resident rights training - Ombudsman was invited to speak at training
2. Increased deescalation training - via : relias and at staff meeting
3. Training for Drivers to know all vehicles and how to position and secure wheelchairs in van

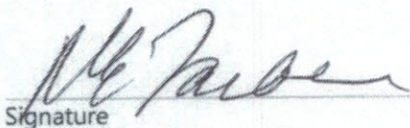
*1. Employee was suspended: 10/30/19
Terminated: 11/3/19*

2. Resident Rights Training: 11/30/19

3. Deescalation Training: 12-18-19

4. DRIVER TRAINING:

Legal Entity Representative


Signature

Mary Ellen Farber, CEO/Administrator 2/18/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3/30/20
(Date)

Plan of correction implementation status as of 3/30/20
(Date)

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

Implemented
 Not Implemented

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On December 4, 5, 6 and 7, 2019, there were 63 residents in the home, including 11 residents with mobility needs, requiring a total minimum of 74 hours of direct care service. On December 4, 2019, only 68 hours of direct care staffing were provided. On December 5, 2019, only 70.50 hours of direct care staffing were provided. On December 6, 2019, only 72.50 hours of direct care staffing were provided. On December 7, 2019, only 68 hours of direct care staffing were provided.

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.)

Staffing ratios were increased to accomodate 11 residents with mobility needs. Staffing schedule is attached.

1. All records / RASP's will be reviewed by 2/29/2020 of those residents with mobility needs and will be assessed to determine the need for more than one person's assistance. If/when it is determined that they need extra help then we will staff accordingly, as long as the home can meet their needs.
2. Hours have been increased to accomodate the 11 residents residing at Sunny Crest with mobility needs Schedule sample attached.
3. Re-assessments will include any decisions that need to be made regarding the home's ability to care for any individuals with extensive mobility needs. Those with extensive mobility needs that can not be supported by the home will be discharged with the assistance and appropriate documentation to the office of Aging, POA, Supports Coordinator and Resident to an appropriate care facility.

Legal Entity Representative



Mary Ellen Farber
Printed Name and Title

2/18/2020
Date

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On October 25, 2019, the following medications were found unlocked and accessible in the room of Resident #1:

- 90 count bottle of 1000mg Vitamin C
- 24 count bottle of 325mg aspirin
- 500 count bottle of 325mg Bayer aspirin
- 150 count bottle of 500mg Top Care brand calcium carbonate

On November 21, 2019, the following medications were unlocked and accessible in the room of Resident #1:

- 1000mg Vitamin C tables - 2 bottles 90 ct and 250 ct (green bottles, yellow tops)
- A small bottle of aspirin containing about 10 325 mg aspirin
- bottle of Equate brand 1000mg antacid tablets, 160 ct (clear bottle, blue top)
- 4oz tube of calmoseptine ointment.

On November 21, 2019, Bedroom G1 was open and unoccupied by Resident #3. On a bedside stand, there was a 4oz tube of Chamosyn Ointment Moisture Barrier that was unlocked and accessible. The tube was marked with the first name of Resident #2, who lives in Room G2 across the hallway.


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.)

All medications are to be kept locked in the med room unless the resident has an order from their PCP to self administer. In the event that they self administer the resident will be provided a lock box or medicine cabinet which locks to keep the medications locked in when not using. Rooms will be monitored for noncompliance.

1. Staff will be trained during staff meeting and on relias regarding self administration: *2/26/20*
2. Rooms will be monitored for noncompliance. Staff will be trained around medication self administration and regulations concerning storage: *2/26/20 and ongoing*
3. Rooms will be monitored for compliance. Staff will be trained in staff meeting and Relias around regulation 2600.183b concerning medication storage and use policy. *2/26/20 and ongoing*

Legal Entity Representative


Signature

Mary Ellen Farber/ CEO/Administrator 2/19/2020
Printed Name and Title Date

10/25/2019

4 of 6

183b - Meds and Syringes Locked *(continued)*

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		<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>GE</u> (Initials)		

202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

Description of Violation


Resident #4's Support Plan, dated 10/7/19, includes the following comments: "___ will be given a schedule for activities. ___ may require some assistance in attending. Assistance will be provided per need as ___ needs to leave the activity and room if there are small children present this is a probationary restriction. Staff will advise ___ when children are gone and he can come out of his room."

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. Resident moved from the home : 10/31/2019
- 2. Criteria for Admission and Discharge Policy revised to include "Probationary Restrictions" as criteria for discharge and/or non admission. Attached
- 3. Staff are coached and taught about regulation 2600.202 10/18/19

Legal Entity Representative

Signature 

Mary Ellen Farber, CEO/Administrator 2/18/2020
Printed Name and Title Date

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