



Sent via e-mail: sunvalley2100@gmail.com

MAILING DATE: March 10, 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 January 17, 2020, 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 black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

3/5/2020

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

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:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 29

Waking Staff: 22

Inspection

Type: Partial
 Reason: Complaint

BHA Docket #:

Notice: Unannounced

Inspection Dates and Department Representative

01/17/2020 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 29

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 25

Diagnosed with Mental Illness: 3

Have Mobility Need: 0

Are 60 Years of Age or Older: 22

Diagnosed with Intellectual Disability: 4

Have Physical Disability: 0

16c - Written Incident Report

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

At approximately 4:30 pm on [redacted], resident #1 fell in her bedroom. At approximately 5:00 pm, resident #1 was transported to Punxsutawney Area Hospital where she passed away on resident #1's date of death. However, 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.)

1. Administrator reviewed resident 1's file and realized she had not completed an incident report on [redacted], and also did not report it to the Department.
2. Administrator completed an incident report for resident #1 and turned it into the department.
3. Long Term Solution: Administrator will complete an incident report for any resident when it occurs, and immediately turn it into the Department. Copy of Incident Report attached.

Legal Entity Representative

Amy K. Borning
Signature

Amy K. Borning Administrator 3-5-2020
Printed Name and Title Date

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

The above plan of correction is approved as of 3/6/2020
(Date)

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

Plan of correction implementation status as of 3/6/2020
(Date)

- Implemented
- Not Implemented