



Mailing Date: May 8, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 20, 2020 and February 28, 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 that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: 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: 0

Total Daily Staff: 72

Waking Staff: 54

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

02/20/2020 - On-Site: *Laura Heemer, Mike Showers*

02/28/2020 - On-Site: *Laura Heemer, Cybil Bomberger*

02/25/2020 - Off-Site: *Laura Heemer*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71

Residents Served: 61

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 23

Are 60 Years of Age or Older: 37

Diagnosed with Mental Illness: 38

Diagnosed with Intellectual Disability: 32

Have Mobility Need: 11

Have Physical Disability: 1

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

On 2/18/2020, the home sent a report to the Department that contained insufficient detail regarding the incident. The report only stated that Resident 1 exposed himself in the home's Sunroom. The Report does not include the vital information that Resident 1 was masturbating in the presence of two children visiting the home, and that his penis was out of his pants and in close proximity to the face of one of the children at the time.

Plan of Correction (POC)

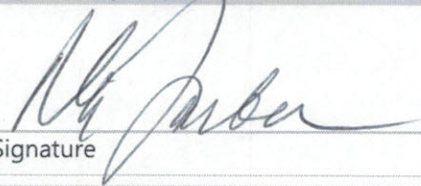
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff are trained and re-trained as needed regarding Policy and Procedure of proper incident reporting 3/18/2020

Administrator will interview all staff present at time of incident when incidents occur to ensure all information around the incident is obtained.

Once all information is obtained all findings are reported to the proper authorities by the Administrator.

Legal Entity Representative



Mary Ellen Farber, CEO/Administrator

4/12/2020

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 4/15/2020
(Date)

Plan of correction implementation status as of 5/8/2020
(Date)

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

Implemented
 Not Implemented

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On 2/17/2020, Resident 1 did not receive the supervision required by Resident 1's support plan. His current support plan documents that Resident 1 requires supervision to assure Resident 1's choices are not a danger to himself or others around him. On this date Resident 1 was in the home's public Sunroom masturbating in the presence of two children visiting the home, with his penis out of his pants and in close proximity to the face of one of the children at the time.

Plan of Correction (POC)

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Resident 1 has attended his first psychiatric consultation on 3/26/2020. Medications were adjusted and follow-up appointments made. Labwork every 6 months and psychiatric appointments every 3 months were ordered.

Resident 1's family and support group agrees to schedule with the home to provide a supports person to supervise him when needed in order to provide one-on-one supervision. Currently, the resident spends Monday - Friday with the Activities Coordinator from waking to 4:00pm then his supports team will provide someone from 4pm to bedtime and during waking hours on Saturday and Sunday. Due to COVID-19 visitor restrictions the supports team will not be able to provide the support and a resident care staff will then be making sure he is supervised during waking hours.

Staff will document identified problem behaviors in the Behavior tracking tool in TabulaPro (sample spreadsheet attached). This documentation will be reviewed daily by the Administrator and resident care coordinator/LPN together to evaluate the need for additional services and if the home is able to meet the resident's care needs. This will be fully implemented by 4/22/2020. Incidents of sexually explicit and/or inappropriate behaviors will be provided to the resident's psychiatrist for additional monitoring.

Staff will be trained on 4/22/2020 to fully implement the behavioral tracking in TabulaPro, what to document and how to document observed problem behaviors.

Legal Entity Representative


Signature

Mary Ellen Farber, CEO/Administrator
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60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home's current staffing does not provide a staff member with current medication administration training during the overnight period.

- Resident 3 is prescribed Baclofen 10 mg 1/2 tablets for spasms as needed. Under current staffing there would be no staff available to administer this medication as ordered overnight.
- Resident 2 is prescribed Lorazepam 1 tablet nightly as needed, However, no staff was available to administer this medication when the resident requested it at 11:00pm on 1/4/2020.
- Resident 2 is prescribed Nitroglycerin .4 mg tabs. The home has a doctor's order allowing Resident 2 to have one tablet at bedside however, there would be no overnight staff available to administer subsequent doses every 5 minutes as prescribed under current staffing patterns.

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.)
 An initial audit of all current orders for all residents to identify those residents who require overnight medication administration or have PRN orders will be performed by 4/24/2020. The Administrator will review this information with the scheduling coordinator and resident care coordinator when completing the staffing schedule to ensure that if a resident in the home has a PRN order or has an order for overnight medication administration, a staff member capable of medication administration will be scheduled for overnight hours.

Legal Entity Representative


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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The tap of the water dispenser used by residents was covered in debris and grime. The inside walls, plate, and ceiling of the microwave oven in resident lounge was covered in dried food items including what appeared to be tomato sauce.

A dark moldy substance was covering the gaskets on the walk in fridge and freezer doors. The walk in fridge gasket was in poor repair and separating from the door.

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.)

Dietary and Housekeeping Staff have been trained on sanitary conditions and the process of documentation and cleaning of the microwave and tapwater dispenser have been implemented. 2/24/2020
The spout on the tapwater dispenser was replaced due to hard water buildup.
Refrigerator and Freezer gaskets have been replaced week of March 1, 2020

The administrator and dietary coordinator will observe the condition of the microwave oven and water dispenser on a daily basis for a period of two weeks to be completed by 5/1/2020 and then randomly thereafter to ensure on-going compliance.

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103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

An unlabeled and undated leftover meatball sub was located in the walk-in refrigerator.


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.)

Dietary staff were re-trained on 2/24/2020 on 2600.103e "Leftover food shall be labeled and dated"

The Administrator and Dietary Coordinator will observe the refrigerator on a daily basis for a period of two weeks to be completed by 5/1/2020 and then randomly thereafter to ensure on-going compliance.

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103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A 1.30 pound bag of Giant brand all natural pork was observed in the walk in freezer. The pork was covered in ice crystals and freezer burnt and had a label to sell by June 14, 2019 .

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.)

Food in the freezer will follow FIFO Policy. Training regarding FIFO and expiration dates held on 2/24/2020

Administrator will observe the contents of the freezer on a daily basis for a period of two weeks, to be completed by 5/1/2020, and then randomly thereafter to ensure on-going compliance.

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation


The Medication Administration Record did not document the diagnosis or purpose for Resident 2's prescribed Vraylar 6 mg and Ditiazem 30 mg, and Resident 5's prescribed Gabapentin 100 mg and Alendronate sodium 70 mg.

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.)

MAR will be reviewed at the beginning of each Medication Cycle and when new Medications are entered onto the MAR to ensure diagnosis are present. To be completed by 4/28/2020 Administrator and LPN will review the MAR to identify any absent diagnosis and confirm with PCP any in question.

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Lorazepam 1 tablet nightly as needed, However, no appropriately trained staff was available to administer this medication when Resident 1 requested it at 11:00pm on 1/4/2020.

On 2/23/2020, Resident 3 was not administered the Lantus Solostar 15 units at bedtime as prescribed. The Medication Administration Record indicated this medication was not available to be administered.

Resident 4 is prescribed to have blood sugar checks completed four times a day (one at each meal and one at bedtime). On 2/25/2020, the evening meal (4pm) blood sugar check was not performed.

Plan of Correction (POC)

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Direct Care Staff will be trained to report omissions as soon as identified. Training regarding documentation with new software occurred throughout the month of March and is available and ongoing through the software company whenever needed.

Training will again occur on 4/22/2020 given by the Administrator addressing Reporting Policy and the need to make sure medications are given during overnight hours and that it is reported immediately when someone needs a medication.

A medication aide will be scheduled if there is a need for medication during the overnight hours.

The administrator, and/or LPN, will review the Medication Administration Records on a weekly basis for a period of two weeks to ensure that the residents are receiving their medications as prescribed. This audit will be completed by 5/15/20 with documentation for the completion of the audits provided to the Department.

BAS 4/15/20

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 1 is known by staff to exhibit sexually explicit behaviors including walking around the personal care home with his hands down his pants and exposing himself in areas of the home where he is likely to be seen. A physician's note dated 11/12/2019 states the Resident has a history of inappropriate sexual behavior and, on 2/17/2020, the resident was observed publicly masturbating in close proximity of two children visiting the home. Resident 1's current assessment, completed on 12/10/2020, does not document these behaviors and has not been updated to include the behaviors and the services required to address them.

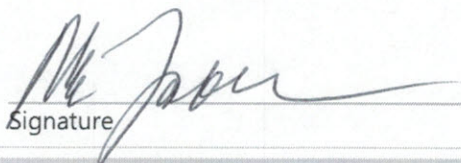
Plan of Correction (POC)

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RASP for Resident 1 has been updated. Staff will document identified problem behaviors displayed by the resident in the Behavior tracking section in TabulaPro. This documentation will be reviewed daily by the Administrator and Resident care coordinator to evaluate the need for additional services and if the home is able to meet the resident's care needs. Any significant changes identified in the resident's behavior or changes to the service provision will be updated into the RASP within two days by the Administrator.

An initial review of RASPs to ensure that all necessary information concerning each resident has been documented and properly assessed. The Administrator will complete an audit of all resident assessments and support plans RASPs to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will be addressed by the home, has been documented. The audit completion of any new RASPs shall be completed by 5/22/2020.

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