

Department of Human Services
Bureau of Human Service Licensing

August 3, 2021

██████████ OWNER/DIRECTOR
SUN VALLEY ACRES LLC
PO BOX 139, 108 SCHRADER AVENUE
GLEN CAMPBELL, PA 15742

RE: SUN VALLEY ACRES
108 SCHRADER AVENUE, PO BOX
139
GLEN CAMPBELL, PA, 15742
LICENSE/COC#: 44794

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/29/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: SUN VALLEY ACRES License #: 44794 License Expiration Date: 07/20/2021
Address: 108 SCHRADER AVENUE, PO BOX 139, GLEN CAMPBELL, PA 15742
County: INDIANA Region: WESTERN

Administrator

Name: [REDACTED] Phone: 8148452100 Email: [REDACTED]

Legal Entity

Name: SUN VALLEY ACRES LLC
Address: PO BOX 139, 108 SCHRADER AVENUE, GLEN CAMPBELL, PA, 15742
Phone: 8148452100 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/17/1979 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 24 Waking Staff: 18

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 06/29/2021

Inspection Dates and Department Representative

06/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 24

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
No			

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10	Are 60 Years of Age or Older: 22
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 1

Inspections / Reviews

06/29/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/29/2021

Inspections / Reviews *(continued)*

7/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *08/02/2021*

8/3/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/10/2021*

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], indicates the refund policy is "When resident passes away, any remaining fund(s)/charges will discontinue from resident's contract/refund policy"; however, does not indicate the timeframe in which refunds will be made upon the resident's death or discharge.

Resident #2's resident-home contract, dated [REDACTED], indicates the refund policy is "When resident passes away, any remaining fund(s)/charges will discontinue from resident's contract/refund policy"; however, does not indicate the timeframe in which refunds will be made upon the resident's death or discharge.

Resident #3's resident-home contract, dated [REDACTED], indicates the refund policy is "When resident passes away, any remaining fund(s)/charges will discontinue from resident's contract/refund policy"; however, does not indicate the timeframe in which refunds will be made upon the resident's death or discharge.

Plan of Correction

Accept

A. If and when a resident passes away, their belongings are cleared from the living quarters, the home within 30 days will reimburse the personal representative/guardian/estate the daily room rate of the remaining days of monthly charges.

B. Page 2 of the resident contract will be corrected immediately by administrator, and all residents will initial and date, and form will be placed in all residents files.

C. A copy of the new policy will be placed immediately in the resident contract page 2 for all new residents admitted to the facility.

[REDACTED] Administrator

Completion Date: 08/02/2021

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 9:43 am, the hot water temperature in bathroom #5 was 122.7 degrees Fahrenheit.

At 9:47 am, the hot water temperature in bathroom #4 was 122.3 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Directed

- A. At the 06-18-2021 mandatory staff meeting all staff were educated on the importance of hot water temperatures.
- B. Beginning 6-30-2021 staff will check hot water temperatures in all resident bathrooms daily on all shifts utilizing a tracking log for 3 months. (DIRECTED: Documentation of the hot water temperatures shall be kept. LM 8/3/21)
- C. After Three months, staff will check hot water temperatures at 6a.m. daily in all resident bathrooms with a tracking log. If temperature exceeds 120 degrees fahrenheit, staff will immediately adjust hot water temperature to below 120 degrees fahrenheit.

██████████ Administrator
 Completion Date: 08/02/2021

92 - Windows

1. Requirements

- 2600.
- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Resident #4's window screen has a tear measuring approximately 1" x 3".

Plan of Correction

Accept

- A. On 6-29-2021 it was observed that there was a tear in resident #4's window screen.
- B. Maintenance was called immediately, picture was taken and window was repaired on site late afternoon.
- C. Maintenance monthly tracking system for all resident's windows will be utilized for eight months.

██████████ Administrator
 Completion Date: 07/28/2021

101j7 - Lighting/Operable Lamp

1. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:08 am, resident #5's bedside lamp was unplugged. No other operable lamp or other source of lighting that can be turned on/off from bedside was present.

At 10:14 am, resident #6's bedside lamp was unplugged. No other operable lamp or other source of lighting that can be turned on/off from bedside was present.

101j7 - Lighting/Operable Lamp (*continued*)**Plan of Correction****Directed**

- A. Upon inspection on 6-29-2021 the previous room that resident's lamp was plugged in was in compliance, but further inspection of resident #5's room lamp was unplugged. Resident #5 was educated on the importance of leaving room lamp plugged in.
- B. AM (first shift) will do a complete check daily with tracking log of all resident's rooms to ensure all lamps are plugged in. (DIRECTED: A designated staff person shall review the tracking log weekly to ensure it is complete. LM 8/3/21)
- C. Resident's room lamp tracking log will be completed each morning daily by staff for 6 months.

██████████ Administrator

Completion Date: 08/02/2021

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #7's most recent medical evaluation, dated 9/5/20, indicates "see attached MARs" under the medication addendum section; however, the attached medication administration records (MAR's) are dated 9/24/20, and are not signed by a physician, physician's assistant, or certified registered nurse practitioner who completed the evaluation.

Resident #8's most recent medical evaluation, dated 2/25/21, indicates "see attached MARs" under the medication addendum section; however, the attached MAR's are dated 2/28/21, and are not signed by a physician, physician's assistant, or certified registered nurse practitioner who completed the evaluation.

REPEAT VIOLATION: 10/1/2019, et. al.; 7/23/2019

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Directed**

A. As of the last inspection 6-29-2021 the Annual MA 51's were signed by the Physician and stapled to the back of the DME.

B. The Administrator immediately called the Physician's Office with instructions the MARS have to be signed with the Annual MA 51.

C. Administrator will utilize monthly audit log for Annual MA 51's monthly for six months.

██████████ Administrator

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, which includes a review of the resident's medications on the date the medical evaluation was completed. LM 8/3/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review all medical evaluations upon receipt from the medical professional to ensure the medical evaluation is complete and accurate. If a medical evaluation is found to be incomplete or inaccurate, it shall be returned to the medical professional for revisions. LM 8/3/21

Completion Date: 08/02/2021

224a Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated 5/1/21, does not include an assessment of the resident's level of supervision, mobility needs and ability to self-administer medications. These areas of the form are blank.

Resident #3's preadmission screening form, dated 9/25/20, does not include an assessment of the resident's mobility needs, This area of the form is blank.

Plan of Correction**Directed**

A. Administrator immediately corrected the assessment of the resident's level of supervision, mobility needs and ability to self administer medications.

B. Administrator will review all resident prescreens immediately for completeness.

C. A monthly tracking log will be utilized for checking all resident prescreens every two months for one year.

██████████ Administrator

DIRECTED: Within 5 days of receipt of the plan of correction; A designated staff person shall develop and implement a new admission checklist to ensure a preadmission screening is completed for each newly admitted resident within 30 days prior to admission. Documentation of the checklist shall be kept. LM 8/3/21

Completion Date 08/02/2021

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's most recent support plan, dated 2/26/21, does not indicate the specific plan to meet each of the resident's 5 medical and psychological diagnoses specified in the resident's most recent assessment, dated 2/26/21. The resident's support plan only indicates "takes medications as prescribed" as the plan to meet all 5 diagnoses.

Resident #2's most recent support plan, dated 5/12/21, does not indicate the specific plan to meet each of the resident's 8 medical and psychological diagnoses specified in the resident's most recent assessment, dated 5/12/21. The resident's support plan only indicates "takes medications as prescribed" as the plan to meet all 8 diagnoses.

Resident #3's most recent support plan, dated 9/28/20, does not indicate the specific plan to meet the resident's diagnoses of A-Fib, back pain, arthritis and dementia as specified in the resident's most recent assessment, dated 9/28/20. The resident's support plan only indicates "takes medications as prescribed" as the plan to meet these diagnoses.

Resident #7's most recent support plan, dated 9/5/20, does not indicate the specific plan to meet 14 of the resident's medical and psychological diagnoses specified in the resident's most recent assessment, dated 9/5/20. The resident's support plan only indicates "takes medications as prescribed" as the plan to meet 14 of the diagnoses.

Resident #8's most recent support plan, dated 2/25/21, does not indicate the specific plan to meet 10 of the resident's medical and psychological diagnoses specified in the resident's most recent assessment, dated 2/25/21. The resident's support plan only indicates "takes medications as prescribed" as the plan to meet all 10 diagnoses.

Resident #9's most recent support plan, dated 6/21/20, does not indicate the specific plan to meet each of the resident's 11 medical and psychological diagnoses specified in the resident's most recent assessment, dated 6/21/20. The resident's support plan only indicates "takes medications as prescribed" as the plan to meet all 11 diagnoses.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Directed

- A. Administrator reviewed the Support Plan and Assessment corrections were made immediately to meet each of the resident's Medical/Psychological needs.
- B. All resident Support Plans and Assessments were reviewed immediately by Administrator, and corrected to meet Medical/Psychological Diagnoses as needed.
- C. The Audit Tracking Log for correct documentation of the Support Plan and Assessment for Diagnoses of all resident's Medical/Psychological needs will be utilized monthly for six months.

██████████ Administrator

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons involved in the completion of resident assessments and support plans shall be reeducated that specific plans to meet resident physical and psychological needs shall be outlined in the resident's support plan. Documentation of the education shall be kept. LM 8/3/21

Completion Date: 08/02/2021

251c - Standardized Forms

1. Requirements

- 2600.
- 251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Page 1 of resident #2's most recent assessment and support plan, dated 5/12/21, was completed on the Chapter 2800-Assisted Living form, and not completed on the current personal care home form.

Page 1 of resident #8's assessment and support plan, dated 2/25/21, was completed on the Chapter 2800-Assisted Living form, and not completed on the current personal care home form.

Plan of Correction

Directed

- A. The administrator immediately replaced the correct resident assessment support plan form (page one) in files that needed to be corrected.
- B. Administrator immediately reviewed all resident's files for correct resident assessment support plan form (page one).
- C. Administrator will complete a tracking log for correct resident assessment support plan form monthly for six months.

██████████ Administrator

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons involved in the completion of resident assessments and support plans shall be reeducated on the use of standardized forms to ensure the proper forms are used. Documentation of the education shall be kept. LM 8/3/21

Completion Date 08/02/2021