

Department of Human Services
Bureau of Human Service Licensing

September 20, 2021

[REDACTED]
MORKEL INC
466 HIGH STREET
DERRY, PA 15627

RE: SUNSET RIDGE PERSONAL CARE
HOME
466 HIGH STREET
DERRY, PA, 15627
LICENSE/COC#: 42883

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

September 20, 2021

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MORKEL INC
466 HIGH STREET
DERRY, PA 15627

RE: SUNSET RIDGE PERSONAL CARE
HOME
466 HIGH STREET
DERRY, PA, 15627
LICENSE/COC#: 42883

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/08/2021 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,
Jon Kimberland

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: *SUNSET RIDGE PERSONAL CARE HOME* License #: *42883* License Expiration Date: *05/02/2022*
Address: *466 HIGH STREET, DERRY, PA 15627*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7246943105* Email: [REDACTED]

Legal Entity

Name: *MORKEL INC*
Address: *466 HIGH STREET, DERRY, PA, 15627*
Phone: *7246943105* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *07/07/2021*

Inspection Dates and Department Representative

07/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *12*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

9/9/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/13/2021*

Inspections / Reviews *(continued)*

9/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The door latch for resident #1's bedroom does not latch securely and pushes approximately 3" open.

Plan of Correction

Accept

The door frame on Resident #1's bedroom was repaired immediately after inspection.

All resident's room doors have been checked to insure that they all close properly

Completion Date: 07/02/2021

Document Submission

Implemented

Documentation provided. Please see attached document:

Door Frame 2600 88 a.pdf

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The track was broken for the 2nd dresser drawer from the bottom, preventing the drawer from opening and closing properly in resident #2's bedroom.

Plan of Correction

Accept

The track on the dresser drawer was not broken, the drawer had come off the track. The drawer was put back on the track in the afternoon after the inspection. The drawer had come off the track because heavy items were being stored in the drawer. The drawer was full of soda pop bottles. The residents have been instructed to only store clothing items in the dressers.

Completion Date: 07/01/2021

Document Submission

Implemented

The track was never broken, it was simply off the track

Drawer put back on the track. - JRW 9/20/21.

101j1 - Mattress Fire Retardant

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

101j1 - Mattress Fire Retardant (continued)

Description of Violation

Resident #3's mattress is not in good repair. The mattress is sunken from the top third to the middle and across width of the mattress. The bottom of the mattress has several long tears where bed springs are protruding and have ripped the plastic mattress cover. Also, the cover on the box spring was torn off in a large section.

Plan of Correction

Accept

A new mattress and box spring had been ordered on June 28th for Resident #3, it was delivered the day after the inspection on July 2, 2021. Please see attached invoice.

Completion Date: 07/02/2021

Document Submission

Implemented

Documentation provided. Please see attached document: mattress receipt 2600 101 j.pdf

Resident's mattresses will be inspected at least weekly by the administrator or designee. Mattresses in disrepair will be replaced promptly. - JRW 9/20/21

225c - Additional Assessment

1. Requirements

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 Repeat Violation

The most recent assessment for resident #2 was completed on [REDACTED]/[REDACTED]/19.

Repeat violation: 2/10/21.

Plan of Correction

Accept

An Assessment and Support plan had been completed on [REDACTED]/[REDACTED]/2021 for Resident #2, it had been taken out of the file to scan for another corrections report and had not been returned on the date of the inspection. It was put back in the file the day after the inspection. Please find attached a copy of the RASP for Resident #2.

Completion Date: 07/02/2021

Document Submission

Implemented

Documentation provided. Please see attached document: RASP 2600 225 c.pdf

227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

227i - Support Plan Accessible (continued)**Description of Violation**

Several resident support plans are on the computer of staff person A, [REDACTED], and are inaccessible to direct care staff.

Plan of Correction**Accept**

This is an incorrect statement, the plans are executed on the computer and immediately printed and placed in the Resident's file. All resident files are kept in the office to which all direct care staff have access.

Completion Date: 07/02/2021

Document Submission**Implemented**

All Support Plans are accessible to all direct care staff