

Department of Human Services
Bureau of Human Service Licensing

October 13, 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 09/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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**

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

Type: *C-2 LP* Date: *01/17/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/08/2021*

Inspection Dates and Department Representative

09/08/2021 - 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: *9* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2021*

Inspections / Reviews *(continued)*

9/20/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/24/2021*

10/13/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

225c - Additional Assessment**1. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED].

Plan of Correction**Accept**

Resident #1's assessment was in the process of being updated

Documentation provided. Please see attached document:

RASP resident1 2600 225 c.pdf

Completion Date: 09/10/2021

Document Submission**Implemented**

Please review attached documentation:

RASP resident1 2600 225 c.pdf