Department of Human Services
Bureau of Human Service Licensing

April 18, 2022

[redacted], OWNER/DIRECTOR
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/28/2021 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,
[redacted]

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:** *03/07/2022*

Address: *108 SCHRADER AVENUE,PO BOX 139, GLEN CAMPBELL, PA 15742*

County: *INDIANA* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *27* **Waking Staff:** *20*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *12/28/2021*

Inspection Dates and Department Representative

12/28/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served:** *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *11* **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

12/28/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/05/2022*

02/25/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/04/2022*

04/18/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/28/2022*

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On multiple dates and times, including on 12/19/21, 12/25/21, and 12/26/21, there were 27 residents present in the home; however, none of the staff on duty for the entire day were certified in cardio-pulmonary resuscitation or obstructed airway techniques.

Plan of Correction ***Directed***

1. As of Covid-19 regulations still in effect, we couldn't get a trainer to come do a class, we also did not know about the 20 minute course online. We were able to find someone to do a full class for the staff on January 4th, 2022, all staff are now trained for First Aid, CPR and AED.
2. A monthly audit will be completed to ensure all staff CPR Trainings are compliant with due dates.
3. Copies of Staff CPR Training Cards are attached.

Updated Violation 63a
1. In addition to the plan of correction we are adding a monitoring process for the weekly staff schedule to ensure compliance with 2600 63a.
2. As of January 4th, 2022 all staff at Sun Valley Acres were trained for CPR/First Aid/AED from 1-4-2022 to 1-2024 for re certifications.
3. A permanent monthly tracking log will be put in place for tracking all staff to be fully compliant.

[redacted] *Administrator*

(Directed) *The administrator or designated staff person will audit the schedule and staff working hours weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation was present in the home at all times.* ***(AD 4/18/22)***
Completion Date: *03/01/2022*

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

At approximately 10:30 a.m., the bathtub in bathroom #5 was missing a water faucet handle and was inoperable.

Plan of Correction ***Accept***

1. The water faucet handle broke the morning of December 28th, 2021 and State Inspectors arrived on the morning of December 28th. The faucet handle was repaired early evening of December 28th, 2021.
2. A weekly tracking log was put in place for 6 months for checking all bathroom equipment for good repair, clean and free of hazards.
3. Attachment submitted

[redacted] *Administrator*

95 - Furniture and Equipment (continued)

Completion Date:
02/02/2022

1. A permanent daily tracking log was put in place when bathrooms are cleaned and checked by staff on each shift. Any deficiencies will be reported and documented immediately on tracking log, and reported to supervisor on the shift.
2. All staff were educated on the importance of maintaining good working equipment free of hazards, and reporting any deficiencies to supervisor on their shift on February 26th 2022.

[redacted] *Administrator*

[redacted] *Administrator*
Completion Date: *03/02/2022*

101o - Walls, Floors, Ceilings

1. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At 10:15 a.m., there were 2 brown water stains, one measuring approximately 12" x 12" and another measuring approximately 4" x 4", on the ceiling tiles in bedroom #10.

Plan of Correction ***Accept***

1. A new roof was put on the home and ceiling tiles in bedroom #5 were not replaced. One ceiling tile was replaced immediately and I needed to buy another one. It was replaced late evening on December 28th, 2021.
2. Tracking log was put in place for 6 months to check all ceiling tiles in the building for stains and repairs bi weekly.
3. An Audit log for 6 months for a monthly check afterwards for water stains and repairs.
4. Attachment submitted

[redacted] *Administrator*

Completion Date:
02/02/2022

1. A permanent daily tracking log was put in place for checking all ceilings throughout the building for deficiencies. Tracking log will be completed by administrator every morning, and immediately report any deficiencies to the Owner.
2. All staff were educated on the importance and awareness of the condition/safety of all rooms in the facility on February 26th 2022.

101o - Walls, Floors, Ceilings (continued)

[redacted] *Administrator*
Completion Date: *03/02/2022*

102c - Tub/Shower - 10 users

1. Requirements

2600.
102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

Description of Violation

On numerous dates, including 12/28/21, the home served 27 residents; however, there were only 2 operable tubs and showers, for a ratio of one tub or shower to 13 to 14 users.

Plan of Correction ***Directed***

1. Water faucet was repaired early evening of December 28th, 2021 in Resident's bathroom #5.
2. A weekly tracking log was put in place for 6 months for checking all equipment in resident's bathrooms.
3. A monthly audit log for 6 months is in place for all bathroom equipment to ensure it is in good working order, and is free from any hazards.
4. 2 attachments submitted.

Amy K. Boring Administrator

Completion Date:
02/03/2022

All staff were educated on the importance of checking all rooms throughout the facility for any repairs or deficiencies, if any are needed they are to report to the Administrator immediately.

Amy K. Boring Administrator

(Directed) *By 4/28/22, all staff persons will be educated on reporting and or correcting bathroom equipment that is not in good repair, not clean or is hazardous. Documentation of education shall be submitted to the Department.*
(AD 4/18/22)
Completion Date: *03/02/2022*

184b - Resident's Meds Labeled

1. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #2's bottle of [redacted], stored in the medication cart, is not labeled with the resident's name.

Plan of Correction ***Accept***

1. Resident #2 bottle of [redacted] was corrected on site by Senior Supervisor in front of Inspector.
2. All Med Staff were reeducated on importance of ensuring the correct documentation of OTC Medications.

184b - Resident's Meds Labeled (continued)

3. A tracking Log was put in place for checking all OTC medications for Residents names on bottles weekly for 2 months.
4. A monthly audit check for OTC Medications will be put in place and completed by Senior Supervisor for 4 months.
5. Attachments submitted.

[redacted] *Administrator*
Completion Date: *02/03/2022*

187b - Date/Time of Medication Admin.

1. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 was prescribed [redacted] *-take 1 capsule by mouth two times daily for 7 days on 9/27/21. However, the medication remained on the residents December 2021 medication administration record (MAR) and was incorrectly documented as administered at 8:00 p.m. on multiple dates, including 12/3/21, 12/5/21, 12/7/21, and 12/13/21.*

Plan of Correction ***Accept***

1. Staff were reeducated on the importance of documentation of medications.
2. Senior Supervisor will observe staff when passing medications for complete and correct documentation for 3 weeks.
3. Senior Supervisor will check to make sure pharmacy completes their correct documentation on D/C Medications.
4. Senior Supervisor will complete a daily tracking log that staff is correctly doing documentation for 4 weeks.
5. Senior Supervisor will complete a bi weekly audit for the MARS to ensure they are printed correctly for 4 months.
6. attachments submitted.

[redacted] *Administrator*

Completion Date:
02/03/2022

1. Sending MAR for December 28th, 2021 for Resident 4, immediately fixed by senior supervisor and Pharmacy DuBois Drug and Wellness Inspector was present.

[redacted] *Administrator*
Completion Date: *03/01/2022*

187d - Follow Prescriber's Orders

1. Requirements

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

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #2 is prescribed [redacted] by inhalation two times daily. However, from 12/1/21 to 12/27/21, the medication was not administered to the resident because it was not available in the home.

Plan of Correction ***Directed***

1. Med Tech will not wait as long for the Physician to contact us, turn around time will be 24 hours and we will find a different avenue to get results for resident's medications.
2. A Physician tracking form is in place in the event a situation as this should arise.
3. Attachment submitted

[redacted] *Administrator*

Completion Date:
02/03/2022

1. 365 Hospice was called in for the violation and it was immediately fixed, and included a copy of DC order from 365 Hospice and copy of MAR.
2. All med staff was educated on awaiting a physicians order, and what to do when they do not receive a prescription or refill in a timely manner, and report to Senior Supervisor.
3. The Senior Supervisor will do a daily tracking log on all prescribed medications, and that the physician is aware if a resident needs a new script or refill for medications.

Amy K. Boring Administrator

(Directed) *By 4/28/22, the administrator or designated staff will review all prescription orders for all residents to ensure all prescriptions orders are current and are accurately documented on all resident MARs. By 4/28/22, the administrator or designated staff person qualified to administer medications will monitor medication administration at least twice a week and monitor all resident MARs at least weekly to ensure all resident medications are administered as prescribed. By 4/28/22, all staff persons administering medications will be educated on the policy and procedures for medication errors including proper reporting. Documentation will be submitted to the Department.* ***(AD 4/18/22)***

Completion Date: *03/02/2022*

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].

225c - Additional Assessment *(continued)*

Plan of Correction ***Accept***

1. The administrator was reeducated on completeness of the residents assessment and the time frames that are required.
2. The administrator immediately corrected the Assessment and filed in residents chart.
3. The administrator will do a weekly check of all residents additional assessments for 6 months.
4. The administrator will do a monthly audit for 6 months after weekly log is completed.
Amy K. Boring Administrator

attachment included

Completion Date:
02/02/2022

1. Administrator will complete a bi weekly permanent tracking log for meeting the correct time frames of all residents annual assessments, and the owner will sign and date monthly to ensure compliance.

[redacted] *Administrator*

Completion Date: *03/02/2022*

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted].

REPEAT VIOLATION: 5/19/2021; 6/29/2021

Plan of Correction ***Directed***

1. Resident #1 Medical Evaluation was completed on [redacted]*, 2021*
2. The administrator was reeducated on time lines of Medical Evaluations as they are due.
3. Tracking Log for Annual Medical Evaluations will be completed for 8 months.
4. A weekly audit tracking log for 4 months will be completed for Annual Medical Evaluations.
5. Resident #1 Medical Evaluation is attached.

[redacted] *Administrator*

Completion Date:
02/02/2022

141b1 - Annual Medical Evaluation (continued)

1. Administrator will complete a permanent bi weekly tracking log checklist for all residents in the facility of Annual Medical Evaluation due dates to ensure timely scheduling with physician. Owner will sign and date tracking log monthly that all Annual Medical Evaluations are in compliance.

[redacted] *Administrator*

(Directed) *By 4/28/22, the administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year. By 4/28/22, the administrator or designated staff person will develop and implement a process and procedure to ensure all medical evaluations are completed at least annually. Documentation will be submitted to the Department.* ***(AD 4/18/22)***
Completion Date: *03/02/2022*

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] *every hour as needed. There were eight prefilled* [redacted] *in the medication lock box; however, the syringes did not include a pharmacy label.*

Resident #2 is prescribed [redacted] *every two hours as needed. There were eight prefilled* [redacted] *however, the syringes did not include a pharmacy label.*

Resident #3 is prescribed [redacted] *with meals per sliding scale: 150-200= 2 units, 201-250=4 units, 251-300=6 units, 301-350= 8 units, 351-400= 10 units, 401-450=12 units, and 451+=14 units. However, the pharmacy label indicates-Inject subcutaneous with meals per sliding scale: 141-180=2 units, 181-220=4 units, 221-260=6 units, 261-300=8 units, 301-340= 10 units, 341+= 12 units.*

REPEAT VIOLATION: 5/19/2021

Plan of Correction ***Directed***

1. Med Supervisor corrected the issue by placing a direction changed/refer to chart sticker in front of Inspector.
2. All med staff were reeducated on the importance of OTC/CAM labeling of medications that are stored in refrigerator.
3. The Senior Supervisor will complete a daily log check to ensure all labels are correct in refrigerator on all insulin pens for 6 weeks.
4. A monthly audit will be completed for labeling OTC/CAM by senior supervisor for 4 months.
5. Attachments submitted

184a - Labeling OTC/CAM (continued)

[redacted]

Completion Date:
02/03/2022

1. The Senior Supervisor will do a permanent daily log on all medications that are stored in the med cart to ensure that all labels are on all medications at all times.

[redacted]

(Directed) *By 4/28/22, all staff persons will be educated that the original container for prescription medications shall be labeled with a pharmacy label in accordance with regulation 2600.184a. Documentation of the training will be submitted to the Department.*
By 4/28/22, a designated staff person qualified to administer medications will conduct an initial and monthly review of all medications to ensure the original container for prescription medications shall be labeled with a pharmacy label in accordance with regulation 2600.184a. Documentation will be submitted to the Department. ***(AD 4/18/22)***
Completion Date: *03/02/2022*