

Department of Human Services  
Bureau of Human Service Licensing

March 11, 2022

[REDACTED], ADMINISTRATOR

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 01/12/2022, 01/13/2022, 01/19/2022 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: *SUNSET RIDGE PERSONAL CARE HOME* License #: *42883* License Expiration: *05/02/2022*  
Address: *466 HIGH STREET, DERRY, PA 15627*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/25/1996* Issued By: *L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *01/19/2022*

**Inspection Dates and Department Representative**

01/12/2022 - On-Site: [REDACTED]  
01/13/2022 - On-Site: [REDACTED]  
01/19/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16* Residents Served: *13*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2022*

03/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2022*

03/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/15/2022*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Violation Withdrawn LM 3/11/22

Description of Violation

A Pennsylvania criminal background check was not completed for direct care staff person D, hired on [REDACTED]

Plan of Correction

Accept

Staff Member D does have a Criminal Background check. On the first day the Inspector was at the home, [REDACTED] was given two folders for Staff Member D. It seems [REDACTED] only looked at one folder and failed to copy several necessary documents for Staff Member D.

The Inspector asked about these documents while writing [REDACTED] report, the missing documents were immediately faxed to [REDACTED]

It is Sunset Ridge's policy to obtain a Criminal Background Check before hiring an employees. The potential employee cannot come for even the first day of training until the Criminal Background Check is on file. This is Sunset Ridge's Policy for new employees.

Completion Date: 01/12/2022

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 numerous dates and times, to include the following, 13 residents were present in the home; however, there was no staff person present who was trained in first aid and certified in obstructed airway techniques and CPR:

- From approximately 7:00 AM on 1/9/22 through approximately 4:00 PM on 1/10/22
- From approximately 11:00 PM on 1/10/22 through approximately 4:00 PM on 1/11/22
- From approximately 11:00 PM on 1/11/22 through approximately 6:00 PM on 1/14/22
- From approximately 11:00 PM on 1/14/22 through approximately 4:00 PM on 1/15/22

Plan of Correction

Accept

All Staff Members have been certified in CPR and First Aide through a virtual class as of February 24, 2022, and certificates are in their files. These certificates have been attached to this report. In addition, all staff has been scheduled for an In-person class on March 10, 2022. An instructor who is certified by the American Heart Association will conduct this class. As soon as these certificates are available they will be attached to this document.

Sunset Ridge will have an employee certified in CPR and First Aid on-site at all times. Any new employees will be certified in CPR First Aid before they work alone.

The Home's Administrator will check all employee files monthly to ensure that all needed documents are included and current.

Completion Date: 03/10/2022

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.

Description of Violation

Staff person A, [REDACTED], has not successfully completed an orientation program approved and administered by the Department.

Plan of Correction

Accept

Staff Person A, [REDACTED], completed this training in 1997, however the certificate could not be found on the days of inspection. In the meantime the Certificate was found and a copy is attached to this report, However, Staff Person A is already registered for the Personal Care Home Administrators Orientation Program on March 2, 2022. Staff Person A will virtually attend this day long program as a refresher and review of any new regulations.

Completion Date: 03/02/2022

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Violation Withdrawn LM 3/11/22

Description of Violation

Direct care staff person D was hired on [REDACTED]; however, did not receive orientation on any of the topics specified in 2600.65a.

REPEAT VIOLATION: 2/10/2021

Plan of Correction

Accept

Staff Person D received training in all of the topics listed above before the first day of work. It is the Home's policy to train new employees and orient them on all these topics before they are scheduled for any shift work. The Home finds it difficult to execute the training while an employee is on duty.

Staff person D has documentation of their training in their folder. This documentation was missed by the inspector on site. It was later faxed to [REDACTED] when requested.

Staff person D had two folders at the time of inspection, these have been combined into one to avoid documents being missed in the future.

All other employees records have been merged to one folder for each employee, These will be checked monthly to ensure that all documents are up to date.

Completion Date: 01/19/2022

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Violation Withdrawn LM 3/11/22**

Description of Violation

Direct care staff person D was hired on [REDACTED]; however, did not receive orientation on any of the topics specified in 2600.65b.

REPEAT VIOLATION: 2/10/2021

Plan of Correction

Accept

Direct Care Staff Person D received the training on these topics. Verification of this is in her employee folder. This was faxed to the Inspector when [REDACTED] requested the documentation. All current employees of Sunset Ridge have completed all orientation training. This has always been the policy of the home and continues to be the policy.

Completion Date: 01/19/2022

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Violation Withdrawn LM 3/11/22**

Description of Violation

Direct care staff person B, whose first day of work was [REDACTED], has not successfully completed and passed the Department-approved direct care training course and pass the competency test.

Direct care staff person D, whose first day of work was [REDACTED], has not successfully completed and passed the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

Both Direct Care Staff Person B and D had completed this training when they were hired. Staff Person D's Certificate was in their folder, however Staff Person B's Certificate has been misplaced. To remedy this, Staff Person B has re-taken the Training and received a new Certificate. Both Certificates have been attached to this report. All employees folders will be checked monthly to ensure that all requirements are up to date.

Completion Date: 01/19/2022

94b - Non-Skid Surface

1. Requirements

2600.

94b - Non-Skid Surface (continued)

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

At 9:55 AM on 1/19/22. a nonskid surface was not present on the stairs of the wooden external fire escape from the 2nd floor to the 1st floor.

Plan of Correction

Directed

The basement and second floor (Attic) are not accessible from the first floor of the home. The first floor is the only area used for Sunset Ridge Personal Care Home. There is NO interior staircase to the basement or second floor. Residents do not have access to the second floor or basement. These areas are used exclusively for storage. However the stairs and ramp to the second floor will have non-skid strips installed for the safety of staff, who access the area occasionally. (DIRECTED: The nonskid surface shall be added to the exterior fire escape by 4/15/22. LM 3/10/22

The Home's Maintenance Person will check the stairs and ramp every month, any loose or missing non-skid material will be replaced immediately.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The home's maintenance person shall inspect all interior steps, exterior steps and ramps to ensure a nonskid surface is present. LM 3/10/22

Completion Date: 03/06/2022

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 9:00 AM on 1/19/22, the stairs of the external fire escape from the 2nd floor to the 1st floor were covered with approximately 2" of snow and ice.

REPEAT VIOLATION: 2/10/2021

Plan of Correction

Accept

The basement and second floor (Attic) are not accessible from the first floor of the home. The first floor is the only area used for Sunset Ridge Personal Care Home. There is NO interior staircase to the basement or second floor, it is IMPOSSIBLE that these stairs be an external fire escape. Residents do not have access to the second floor or basement. These areas are used exclusively for storage. However the stairs and ramp to the second floor will have snow and ice removed for the safety of staff, who access the area occasionally.

The stairs and ramp will be added to the snow removal list, and will be checked daily during inclement weather.

Completion Date: 03/07/2022

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (*continued*)**Description of Violation**

*On 1/12/22, there was an approximate 1/4" accumulation of lint in the lint trap of the home's dryer. There were no clothes in the dryer at the time of inspection.*

**Plan of Correction****Directed**

*In addition to the previously submitted, the dryer's internal duct and exhaust duct, along with the exterior and back of the dryer are vacuumed and cleaned four times a year during the first week of each quarter. Sunset Ridge's policy exceeds the manufacturers recommended duct maintenance. A copy of this is attached to this report, along with a photo showing the Sign on the dryer. On the day of inspection all employees were instructed once again that the lint must be removed each time the dryer is used. (DIRECTED: Documentation of the education shall be kept. LM 3/10/22)*

*The Administrator will inspect the lint trap every Wednesday and Sunday to ensure that employees are removing the lint from the trap. If lint is ever found in the lint trap the employees will be retrained.*

*DIRECTED: The accumulation of lint in the lint trap was removed at the time of inspection. LM 3/10/22*

**Completion Date:** 03/06/2022

## 132b - Safety Inspection/Fire Drill

**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The most recent fire safety inspection and fire drill conducted by a fire safety expert was conducted on 11/5/20.*

**Plan of Correction****Accept**

*Sunset Ridge PCH has always conducted it's yearly Safety Inspection and supervised Fire Drill in the month of April. Due to the circumstances of 2020, the Inspection and Drill were delayed until November 5, 2020. Due to this late date for 2020, somehow it was overlooked in 2021.*

*A Safety Inspection and Supervised Fire Drill has been scheduled for April 6, 2022. Then the Home will return to its April schedule for this yearly requirement.*

**Completion Date:** 04/06/2022

## 162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*On 1/19/22, the only menu posted in the home was dated 1/19/22. The current week's menu, as well as a menu 1 week in advance, were not posted in a public and conspicuous place.*

162c - Menus Posted (continued)

**Plan of Correction**

**Directed**

The Home has three menus labeled Menu A, Menu B, and Menu C. These are posted on the Home's bulletin board, along with a yearly schedule stating which menu will be served each week. Menus and the schedule are attached to this document.

*DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect the home weekly to ensure the current week's menu, as well as a menu 1 week in advance, is posted in a public and conspicuous place in the home. LM 3/10/22*

**Completion Date:** 03/02/2022

182b - Prescription Medication

**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

At 8:00 AM on 1/3/22 through 1/7/22, staff person A administered numerous medications to resident #1, to include the following; however, staff person A does not meet any of the qualifications indicated in 2600.182b:

- [REDACTED]
- [REDACTED]
- [REDACTED]

**Plan of Correction**

**Directed**

Staff Person A has completed the Medical Administration Train The Trainer Course five times since the program was incepted in 2007. The Medical Administration Train the Trainer Course and The Medical Administration Training Course are the exact same Course except that the Train the Trainer Course has two additional segments. Based on this, Staff Person A has applied for a waiver to this regulation until another Staff Person at Sunset Ridge Personal Care Home completes the Train The Trainer Course.

Staff Person A, also has contacted another Trainer who has agreed to train [REDACTED] in Medical Administration. Staff Person A will complete the Medical Administration Training by March 30, 2022, (DIRECTED: Staff person A shall not administer medications to any residents until successful completion of the Department-approved medication administration course. Documentation of the completed course shall be kept in staff person A's record. LM 3/10/22)

*DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all staff persons administering medications to ensure they are qualified in accordance with 2600.182b.*

182b - Prescription Medication (continued)

LM 3/10/22

Completion Date: 03/07/2022

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

Resident #2 is prescribed [redacted] in both eyes at bedtime. However, on 1/13/22, this medication was unlocked and accessible in the kitchen refrigerator.

Plan of Correction

Directed

Resident #2's prescribed [redacted] instill is being kept in a locked box in the refrigerator since the inspection. The Administrator or designee will check nightly that all medication requiring refrigeration have been stored in the lock box inside the refrigerator.

Attached is a chart that will be initialed nightly upon completion of this check.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated that all prescription medications, OTC medications and CAM stored in the refrigerator must be kept in an area or container that is locked. Documentation of the education shall be kept. LM 3/10/22

Completion Date: 03/04/2022

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3 was prescribed [redacted] every 6 hours as needed for itching. According to staff person A, [redacted], this medication was discontinued approximately 1 year ago; however, was still present in the home on 1/13/22.

Plan of Correction

Directed

Every time a Resident has a Doctor's appointment, the Administrator will contact the pharmacy to update the PRNs in Resident's files. The Pharmacy does not notify the Home of changes made to PRN, it is often simply eliminated from the next MARS.

DIRECTED: Within 48 hours of receipt of the plan of correction: Resident #3's [redacted] shall be destroyed in accordance with 2600.183f. LM 3/10/22

DIRECTED: Within 10 calendar days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review the home's medication storage areas to ensure only current prescription, OTC, sample and

183d - Prescription Current (continued)

CAM for individuals living in the home are present. LM 3/10/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on the home's procedures for the removal and disposal of medications to ensure only current prescription, OTC, sample and CAM for individuals living in the home are present. Documentation of the education shall be kept. LM 3/10/22

Completion Date: 03/01/2022

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed [redacted] %-Instill 1 drop in both eyes at bedtime. According to the manufacturer's instructions, the eye drops expire 6 weeks after opening; however, resident #2's Latanoprost 0.005% eye drops were open and undated in the kitchen refrigerator.

Plan of Correction

Directed

Resident #2's prescribed Latanoprost 0.005%-Instill bottle and box are now dated on the day it was opened and the date it expires.

A photo is attached to demonstrate this fact.

DIRECTED: Within 10 calendar days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review all medication storage areas to ensure prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitization, temperature, moisture and light in accordance with manufacturer's instructions. The review shall also ensure that all ear drops, eye drops, nasal sprays, inhalers and insulin pens are dated when opened, and discarded upon expiration in accordance with manufacturers' instructions. LM 3/10/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated that all prescription medications, OTC medications and CAM must stored in an organized manner under proper conditions of sanitization, temperature, moisture and light in accordance with manufacturer's instructions. The education shall also include procedures ensuring that all ear drops, eye drops, nasal sprays, inhalers and insulin pens are dated when opened, and discarded upon expiration in accordance with manufacturers' instructions. Documentation of the education shall be kept. LM 3/10/22

Completion Date: 02/27/2022

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 1/12/22 at 6:49 AM, resident #3's blood glucose was [redacted]; however, a blood glucose reading of [redacted] was documented

185a - Implement Storage Procedures (continued)

on resident #3's January 2022 medication administration record (MAR).

Plan of Correction

Directed

The new procedure for recording blood glucose levels in the MAR is once the resident self administers the test, the Direct Care Staff Person will visually verify the reading on the glucometer and then record the reading in the medical administration record (MAR). (DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on the new procedures. Documentation of the education shall be kept. LM 3/10/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall review the blood sugar documentation and glucometer readings for all residents on a monthly basis to ensure accurate blood sugar documentation. LM 3/10/22

Completion Date: 03/03/2022

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 refused numerous medications on 1/11/22 through 1/13/22, to include [REDACTED], [REDACTED] and [REDACTED] however, resident #2's physician was not notified of the medication refusals.

Plan of Correction

Directed

Sunset Ridge PCH has created a Log to track and document medication refusals. This Log will be used to check against the residents record and medication record, as well as to document reporting to the prescriber. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on the home's new log. Documentation of the education shall be kept. LM 3/10/22) The Administrator or a designee will check the Log nightly to ensure that all reporting had been completed. A copy of the Log's page is attached to this document

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #1's physician shall be notified of the medications resident #1 refused on 1/11/22 through 1/13/22. Documentation of notification to resident #1's physician shall be kept in the resident's record. LM 3/10/22

Completion Date: 03/04/2022

190a - Completion Medication Course

1. Requirements

2600.

190a - Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B successfully completed and passed the initial Department-approved medication administration course on [REDACTED] however, has not completed any annual practicums in 2020 or 2021 in accordance with the Department-approved medication administration course. Staff person B administered numerous medications to numerous residents, including administering Carbidopa-Levodopa 25mg-100 mg tablet to resident #1 at 12:00 PM on 1/5/22, 1/6/22, 1/10/22 and 1/11/22.

Staff person C successfully completed and passed the initial Department-approved medication administration course on 1/22/18; however, has not completed any annual practicums in 2019, 2020 and 2021 in accordance with the Department-approved medication administration course. Staff person C administered numerous medications to numerous residents, including administering the following medications to resident #1 at 8:00 AM on 1/1/22 and 1/2/22:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Directed

The Medical Administration Trainer has begun the Annual Practicum, making observations and record review of the MARS with Staff Person B and C. Staff Person B completed observation #1 and MARS Review #1. Staff Person C completed observation #1 and MARS Review #1.

The files of all staff who administer medication will be checked monthly by the Medical Administration Trainer to assure that the Annual Practicum is up to date (DIRECTED: The first check shall be completed within 5 calendar days of receipt of the plan of correction. LM 3/10/22)

DIRECTED: Within 30 calendar days of receipt of the plan of correction: Direct care staff person B and C shall re-take the initial Department-approved medication administration course. Direct care staff persons B and C shall not administer medications to residents until successful completion of the Department-approved medication administration course is obtained. Documentation of the completed course shall be kept in each staff person's record. LM 3/10/22

Completion Date: 12/31/2022

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #2, who was admitted to the home on [REDACTED].

225a - Assessment 15 Days (continued)

**Plan of Correction**

**Directed**

Sunset Ridge assumed that a Resident was considered admitted when officially admitted, not on the first day of a trial visit. Resident #2 was admitted on 9/22/2021 and arrived at the home for a trial visit on 9/9/2021. Going forward Sunset Ridge will consider the first day a resident arrives at the home to be the day of admittance.

The Home has a chart of the forms needed in a new Residents file along with the dates the document must be completed.  
The Administrator or designee will inspect all new resident files to ensure all documents are being completed on time.

*DIRECTED:* Within 5 calendar days of receipt of the plan of correction: An assessment shall be completed for resident #2. A copy of the completed assessment shall be kept in resident #2's record. LM 3/10/22

*DIRECTED:* By 4/10/22: A designated staff person shall review the records of all current residents to ensure an assessment has been completed in its entirety within 15 days of admission. LM 3/10/22

**Completion Date:** 03/08/2022

227a - Support Plan 30 Days

**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

A support plan was not completed for resident # 2, who was admitted to the home on 9/9/21.

**Plan of Correction**

**Directed**

Sunset Ridge assumed that a Resident was considered admitted when officially admitted, not on the first day of a trial visit. Resident #2 was admitted on 9/22/2021 and arrived at the home for a trial visit on 9/9/2021. Going forward Sunset Ridge will consider the first day a resident arrives at the home to be the day of admittance. The Home has a chart of the forms needed in a new Residents file along with the dates the document must be completed.  
The Administrator or designee will inspect all new resident files to ensure all documents are being completed on time.

*DIRECTED:* Within 5 calendar days of receipt of the plan of correction: A support plan shall be completed for resident #2. A copy of the completed support plan shall be kept in resident #2's record. LM 3/10/22

*DIRECTED:* By 4/10/22: A designated staff person shall review the records of all current residents to ensure a support plan has been completed in its entirety within 30 days of admission. LM 3/10/22

**Completion Date:** 03/08/2022

225c - Additional Assessment

**1. Requirements**

2600.

**225c - Additional Assessment (continued)**

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].

Resident #4's most recent assessment was completed on [REDACTED].

REPEAT VIOLATION: 2/10/2021

**Plan of Correction****Directed**

The Home has created a chart of Assessments and Support Plans to improve tracking the dates for renewals. Sunset Ridge PCH residents Assessments and Support Plans will be current and in their files by April 10, 2022.

In the future Sunset Ridge Personal Care Home will maintain a rigid schedule to ensure that all RASPs are kept updated by checking the Chart the first of each month.

The Assessments and Support Plans Chart is attached to this report.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A new assessment shall be completed for residents #1 and #4. Copies of the completed assessments shall be kept in the resident's records. LM 3/10/22

Completion Date: 03/07/2022