

Department of Human Services  
Bureau of Human Service Licensing

September 1, 2022

[REDACTED]

SUNNY CREST HOME INC  
PO BOX 647  
MORGANTOWN, PA, 19543

RE: SUNNY CREST HOME  
2587 VALLEY VIEW ROAD  
MORGANTOWN, PA, 19543  
LICENSE/COC#: 32192

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/23/2022, 02/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *SUNNY CREST HOME* License #: *32192* License Expiration: *11/20/2022*  
Address: *2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *SUNNY CREST HOME INC*  
Address: *PO BOX 647, MORGANTOWN, PA, 19543*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/15/2007* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal, Complaint* Exit Conference Date: *02/24/2022*

**Inspection Dates and Department Representative**

02/23/2022 - On-Site: [REDACTED]  
02/24/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *71* Residents Served: *54*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *30* Are 60 Years of Age or Older: *32*  
Diagnosed with Mental Illness: *35* Diagnosed with Intellectual Disability: *29*  
Have Mobility Need: *7* Have Physical Disability: *0*

**Inspections / Reviews**

**02/23/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2022*

Inspections / Reviews (*continued*)

08/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2022*

09/01/2022 - Document Submission

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

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 [redacted] 54 residents were present in the home. During this time, only 1 staff person was present in the home who is certified in First Aid/CPR.

On [redacted] 4 residents were present in the home. During this time, only 1 staff person was present in the home who is certified in First Aid/CPR.

Plan of Correction

Directed

We schedule two people who are CPR and first aid trained as well as a medication technician to be in the building at all times. This started 2/25/2022.

Please note the attached proof of two persons in the building with CPR and first aid training in the building on 2/16/2022 from 5:15 am to 6:00 am.

Directed -

The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be kept by the home and available to agents of the Department at any time. Staff training needs will be discussed at the home's next quality management review, to be held by 9/30/22. GE, 8/23/22

Completion Date: 02/25/2022

Document Submission

Implemented

The Administrator and the assistant administrator/scheduling manager have ensured that there is always sufficient staffing and that the staffing meets the regulatory requirements stated in section 2600.a of the Regulatory and Compliance Guide for personal care homes. This started immediately on 2/25/2022

The Administrator and the assistant administrator/scheduling manager audit the schedule weekly to ensure that the regulatory requirements are being met. This started immediately on 2/25/2022.

Administrator will keep documentation of all training which will be available to the Department at any time.

Administrator scheduled a Quality Management Meeting to be held on Thursday September 15th; among the topics we will discuss our staff training needs.

Submissions Include:

Printout of time-clock punches for two employees who also have their CPR/First Aid certification which were in the building between 5:15am and 6:00am on 2/16 2022. A direct care aid/medication technician punched in at 5:16am on 2/16/2022. Another direct care aid/medication technician was here until 6:00am. Both direct care aid/ medication technicians have their CPR/ First aid training which is also getting submitted.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident 2's medical evaluation, [REDACTED] did not include immunization information.

Resident 5's medical evaluation, [REDACTED] did not include Blood Pressure, Pulse Rate, Weight, and Temperature information.

Resident 6's medical evaluation, [REDACTED] did not include Blood Pressure, Pulse Rate, Weight, and Temperature information, as well as Body Positioning/Movement information.

**Plan of Correction**

**Directed**

All medical evaluation forms will be reviewed after an evaluation to make sure all the information is filled in. A Medical Evaluation Form Policy was developed by the Administrator on 5/3/22. The appropriate person will fill out the medical forms which include the MA51 and the DME. Assistant administrator will send a copy of all medical forms to the administrator before the forms are filed. This will ensure that all required information is included on the form. The assistant administrator will file the forms in the appropriate file where they will be stored in a locked file cabinet which is located in an office that is locked.

Directed -

The Administrator/Assistant administrator will audit all resident records to ensure that each resident has a current medical evaluation and the associated Documentation of Medical Evaluation form (DME) has been completed in full. Any DME that is incomplete will be corrected within 30 days from the date it was reviewed. The audit of these DMEs will be completed by 9/30/20. GE, 8/23/22

**Completion Date:** 05/03/2022

**Document Submission**

**Implemented**

Administrator, Assistant Administrator will audit all current resident records to be certain that each resident has a current Documentation of Medical Evaluation form (DME) and that all information is included. This will be completed by 9/30/2022. The LPN on staff was assigned to measure each residents Blood Pressure, Pulse Rate, temperature weekly and Weight monthly then to record findings on the appropriate documents. To ensure all DME's are complete the administrator and the assistant administrator will audit the DME's monthly.

141a 1-10 Medical Evaluation Information (continued)

Any DME that is incomplete will be corrected within 30days from the date of review. The audit and corrections will be completed by 9/30/2022  
Records of findings will be kept and available to the Department upon request.

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include double locking and the documentation of the receipt of controlled substances. On [redacted] prescribed for Resident 2, and [redacted] prescribed for Resident 4, were found in medication cart and not in a locked box.

Plan of Correction

Accept

On 2/25/22 the pharmacy was notified [by the Administrator] to separate the [redacted] and [redacted] Lock boxes for each medication cart were ordered and installed by the pharmacy. On 5/04/2022 a medication count of our [redacted] was enabled in our medication recording system which is digital.

Completion Date: 05/04/2022

Document Submission

Implemented

On 2/25/22 the pharmacy was notified [by the Administrator] to separate [redacted] [redacted] Lock boxes for each medication cart were ordered and installed by the pharmacy. On 5/04/2022 a medication count of our [redacted] was enabled in our medication recording system which is digital.

Submissions Include:

A photograph of a lock box which was installed in each of the medication carts. Now the [redacted] are stored in the locked med room in the locked med carts in a locked metal box which is bolted into each of the medication carts. Each cart has its own locked [redacted] box.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident 1 is prescribed [redacted] when the resident's [redacted]  
However, Resident 1's [redacted]

Plan of Correction

Directed

[Administrator] will retrain medication aid regarding the [redacted] for identified resident and for all other residents to ensure proper administration. [Administrator] will review routinely for any medication discrepancies. [Administrator] will also perform a medication observation for the person who made this error.

Directed -

Routine reviews of medication discrepancies by the Administrator will occur weekly, and the results of the reviews will be discussed at the home's next quality management review, the next to be held no later than 9/30/22. [redacted] 8/23/22

Completion Date: 05/13/2022

Document Submission

Implemented

Administrator and Medication supervisor will conduct routine weekly audits of the MAR record to identify medication discrepancies. Discrepancies will be addressed immediately and remediation surrounding the errors will be issued by the Medication Supervisor within 15 days upon notice of the discrepancy. The findings of this audit will be discussed at the next Quality Management Meeting which will be held on September 15th 2022.

Submissions Include:

Syllabus of topics to be discussed in the Quality management meeting which will be held on September 15th 2022. The topics include but are not limited to medication discrepancies.

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

The resident assessment and support plans (RASPs) for Residents 1 and 3, [redacted] respectively, do not indicate the residents' [redacted] [redacted] were seen on the beds of both residents on [redacted]

Plan of Correction

Directed

[Administrator] obtained a script for the [redacted] in the bed for resident # 1 and resident # 3. Entered the information in in the RASP of resident #1 and resident 3 on [redacted]

227d - Support Plan Medical/Dental (continued)

See attached copy of page 3 of the RASPS of resident's #1 and #3.

Directed -

The Administrator will conduct an audit of Resident Assessment and Support Plans for all current residents to ensure that all medical needs have been identified and addressed. This audit will be completed by 9/30/22. [REDACTED] 8/23/22

Completion Date: 02/28/2022

Document Submission

Implemented

Administrator/ assistant administrator and the LPN will conduct an audit of all Resident Assessment Plans to be sure that all medical needs have been identified and addressed. The administrator/assistant administrator and LPN will work together to get an order from appropriate specialist for any medical equipment needed. The specialized equipment will be entered into the Resident Assessment Plans in the appropriate location by the administrator. The audit will be completed by 9/30/2022

The administrator obtained doctors orders for the the [REDACTED] for the residents in question. The administrator added the equipment into the residents support plan.

Submissions include:

Page 3 from each of the residents support plans which show the addition of [REDACTED]

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The records for Residents 1, 3, 4, 5 and 6 do not include a recent photograph. The last pictures taken were in [REDACTED]

Plan of Correction

Directed

All resident photographs were retaken and uploaded into the system on 3/01/22 by the Administrator.

Directed -

The administrator will review all resident records on an annual basis to identify resident pictures that are due to be updated and ensure that each resident file contains a picture that is no more than two years old. [REDACTED] 8/23/22

Completion Date: 03/01/2022

Document Submission

Implemented

The administrator took all resident photographs on 3/01/2022 then uploaded all photographs into the digital records. The Administrator will audit the resident records annually to ensure that all information is included and current per regulatory guidelines. The resident records include a current photograph which will also be audited and updated as needed. These records will be available to the Department upon request.

This was completed on 3/01/2022