

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED]
SUNNY CREST HOME INC
[REDACTED]

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 04/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Alex Shambach
ashambach@pa.gov

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: *6102865000* Email: [REDACTED]

Legal Entity

Name: *SUNNY CREST HOME INC*
Address: *PO BOX 647, MORGANTOWN, PA, 19543*
Phone: *6102865000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/15/2007* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *04/08/2022*

Inspection Dates and Department Representative

04/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *52*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *23* Are 60 Years of Age or Older: *31*
Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *17*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

04/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2022*

05/09/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2022*

05/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/24/2022*

05/31/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/27/2021, Resident #1 raised [REDACTED] foot up and kicked Resident # 2 in the stomach while they were both in the dining room. The home did not report this incident to the Department until 11/29/2021.

On 3/8/2022 at approximately 6:55 PM, Resident #1 kicked Resident #5 in the leg while in the activity center. The home did not report this incident to the Department.

On 3/8/2022 at approximately 9:45 PM, Resident #1 entered the room of Resident #6 while [REDACTED] was receiving assistance with dressing which caused [REDACTED] discomfort. The home did not report this incident to the Department.

On 3/9/2022, Resident #1 hit Resident #2 in the arm. This incident was not reported to the Department until 3/15/2022.

Plan of Correction

Accept

Administrator checked the Guidelines Per Regulation and Compliance Guide for Personal Care Homes surrounding reporting. Code 15a-15d states that abuse of resident's should be reported immediately to both Older Adult Protective Services and to the regional office of the Bureau of Human Services. In addition, the home is responsible for notifying the designated person of the resident. Then the administrator is responsible for developing and implementing policies which will aid in the prevention of reoccurrence of the incident. The administrator must train staff about the new policies and procedures. Finally, a plan to monitor compliance with the procedures must be developed. This step was completed 5/2/2022

Administrator will send an e-mail with the reporting revisions to supervisors of first second and third shift leaders as well as the medication staff supervisor by 5/16/2022 Administrator will hold a meeting and coach staff on the process surrounding reporting observations and incidents. Staff training meeting will take place on 5/18/2022

Administrator amended the existing Policy and Procedure for Reportable Incidents. This includes writing the incident on the proper form, which is in the designated area, filling out an investigation form if applicable, informing the charge person of each shift, placing the report in the designated folder. At the end of each and every shift the charge person will be responsible for calling the administrator's answering service and leaving a report of the incidences from that shift. All the reports will then be placed in the mailbox of the assistant administrator, who will continue to scan them and send them to the administrator in an e-mail. The incident reports will be handed into the assistant administrator's voice mailbox by the charge person at the end of shift. The Administrator will call into the answering service at a minimum of once a day to monitor the incident reports. The Administrator will then have multiple means to obtain the reports. The reports will continue to get filed to the proper departments in a timely manner.

Attached is a detailed outline of the revised reporting policy. It includes the charge person for each shift calling the answering machine of the administrator to leave a verbal report of the observation/incident reports. This will allow the administrator to check all incidents at least daily and ensure that reportable incidents are reported in a timely manner.

Completion Date: 05/21/2022

16c - Written Incident Report *(continued)***Document Submission****Implemented**

The shift leader calls Administrator's Answering Service and leaves a message outlining the incident/observation reports for their shift. Administrator calls answering service daily to ensure reports are generated in a timely manner.

As well as a voice message, the Administrator receives an e-mail from the assistant administrator which contains incident/observation reports.

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

None of the following incidents were reported to Adult Protective Services as required by Act 70 of 2010:

On 11/27/2021, Resident #1 raised [REDACTED]'s foot up and kicked Resident #2 in the stomach while they were both in the dining room.

On 2/16/22, Resident #1 hit and stomped on the feet of Resident #2 and Resident #3.

On 2/19/22, Resident #1 threatened Resident #4 with physical violence.

On 3/8/2022 at approximately 6:55 PM, Resident #1 kicked Resident #5 in the leg while in the activity center.

On 3/8/2022 at approximately 9:45 PM, Resident #1 entered the room of Resident #6 while [REDACTED] was receiving assistance with dressing which caused [REDACTED]'s discomfort. The home did not report this incident to the Department.

On 3/26/22, Resident #1 hit Resident #2 on the hand and stomped on [REDACTED]'s feet in an aggressive manner.

Plan of Correction**Accept**

Administrator reviewed Act 70 of 2010- Mandatory Abuse/Neglect Reporting Form Instructions on 5/6/2022. The instructions include the process by which the administrator makes an oral report to Adult Protective Services by calling the hotline. Then to call the Department of Human Services/ Adult Protective Services Division mandatory abuse reporting line. Act 70 of 2010 also states that the Administrator should make a written report within 48 hours after making the verbal report.

In the future, Administrator will report any abusive situations to the Department of Human Services also to Adult Protective Services. This was started Monday May 2nd 2022.

Administrator will also hold a staff meeting on 5/18/2022 where training will be conducted surrounding Adult Protective services. Administrator will document training materials used. Administrator will also document those who attend the meeting to ensure training is provided to all staff.

Resident # 1 will be moving out of Sunny Crest Home by May 26th, 2022. For the remainder of the time that

18 - Compliance With Laws (continued)

Resident # 1 is residing at Sunny Crest Home, Resident 1's support Team, who are comprised of members of the community are devoted to coming into Sunny Crest daily to ensure that Resident # 1 is supervised. Furthermore, Administrator ran an analysis of the times that the incidents occurred and found that they were happening between 4pm and 9pm. This is when Resident 1's support team have dedicated time to come to the facility. Attached is a schedule of Resident 1s Support Team Visits. Since they have been increasing the frequency of their visits, there has been an extremely substantial decrease in reports surrounding Resident 1

Completion Date: 05/26/2022

Document Submission

Implemented

Attached:

Sylabs of Staff Training Meeting held May 18th 2022

Titles of all Training Materials

- Adult Protective services Video

-4 Part Series on De-escalation

Reacting To a Crises' handout from Meeting

Sign sheet From Attendees of Meeting

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The supervision section of the [redacted] resident assessment and support plan (RASP) for Resident #1 reads:

"[Resident 1] requires supervision in the home due to inappropriate (sic) behaviors. [Resident 1] has a support team that gives one on one care during evening hours and weekends. Staff will check on [Resident 1] regularly when in the home. A schedule of supports persons will be assigned to [Resident 1] to offer him the supervision he needs. [He/she] will be redirected by supports persons when or if he is thinking about being inappropriate."

The summary and determination section of Resident #1's [redacted] RASP reads:

"[Resident 1] will have a supports person assigned to [him/her] during waking hours until such a time when these behaviors are no longer present."

The addendum to Resident #1's [redacted] RASP reads:

"[Resident 1] will have one on one supervision m-f from 8am to 3pm by a direct care / activities aide staff. [Resident 1] will have supports group supervision from [redacted] church from 3pm to bed time M-F and all day on weekends."

The home has not consistently provided one-to-one supervision by direct care staff or support persons which has resulted in the incidents of abuse against other residents detailed in this licensing inspection summary.

Plan of Correction

Accept

Administrator conducted an analysis of the occurrence of incidents from Resident #1 and found that most

23a - Activities of Daily Living Assistance (continued)

incidents reported were occurring between the hours of 4pm and 9pm. Administrator shared this information to Resident's Support Team. Resident #1s support team which consist of members of Resident #1s church agreed to provide one to one support to Resident #1 between the hours of 4pm and 9pm. Which started on 4/08/2022 and will continue through until [redacted] moves out of Sunny Crest Home on 5/26/2022.

Administer will hold a staff meeting on 5/18/2022 where training will be conducted surrounding mental and behavioral health and interventions that they may use to defuse a situation. It will help employees recognize behaviors that could lead to a potential situation. All employees will provide their signature on a sign-in sheet which will prove that they received the said training.

To help prevent recurrence Administrator will keep close records which include each resident and the frequency of behavior related incident reports from individual residents. This will start 5/15/2022 Then administrator will reassess the report records quarterly (Quarterly Behavior Management Report) to determine if any additional behavioral needs exist. Administrator or the Services Support Manager will send a report to resident's physicians when necessary or when Quarterly Management Records deem necessary by an accumulation of multiple reports for that resident. This will determine if residents may need more behavioral support. Any additional behavioral support will be provided. Quarterly Management Reviews will start in 8/15/2022.

Furthermore, Administrator will create a schedule for additional staff training aside from the Relias Training which staff are required to participate in. It will consist of but is not limited to, Training surrounding Mental Health and training surrounding interventions that staff can use when faced with challenging situations from those who live with mental health needs at Sunny Crest Home. The additional training program will also consist of de-escalation, and reporting procedures surrounding incident reports. This program will begin on 5/18/2022

Completion Date: 05/26/2022

Document Submission

Implemented

All Steps Have Been Completed
See attached Notes

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/27/2021, Resident #1 raised [redacted] foot up and kicked Resident #2 in the stomach while they were both in the dining room.

On 2/16/22, Resident #1 was physically aggressive towards Resident #2 and Resident #3, hitting and stomping on their feet.

On 2/19/22, Resident #1 threatened Resident #4 with physical violence.

On 3/8/2022 at approximately 6:55 PM, Resident #1 kicked Resident #5 in the leg while in the activity center.

On 3/8/2022 at approximately 9:45 PM, Resident #1 entered the room of Resident #6 while [redacted] was receiving assistance

42b - Abuse (continued)

with dressing which caused [REDACTED] discomfort.

On 3/26/22, Resident #1 hit Resident #2 on the hand and stomped on [REDACTED] feet in an aggressive manner.

Plan of Correction**Accept**

House rules #19 and #20 were added to the Sunny Crest House Rules on 12/29/2021. New rule #20 states that Sunny Crest Home will not tolerate "Intentional Acts of Vandalism to property." Rule #21 states that "Fighting is prohibited at Sunny Crest Home."

Any time the rules are broken Administrator or Assistant Administrator will contact the POA of the resident. The following will also occur:

The first occurrence of breaking the Sunny Crest House Rules Resident will get a verbal warning of consequences.

The second occurrence of a resident breaking the Sunny Crest House rules resident will get a written warning.

The Third Occurrence of a resident breaking the Sunny Crest House rules the resident will receive a 30-day eviction notice.

Residents will be reminded of these rules in the next Resident Council meeting which will be held on June 9th, 2022

Administrator will train staff about abuse and neglect at the staff training meeting to be held on June 15th, 2022.

Please Note that Administrator will hold an initial training meeting on June 15th, however Administrator will hold an additional training session which covers the same material for those who miss the first session. It will also cater to those who work on the over-night shifts.

Administrator will review all Incident/Observation reports to look for trends in occurrences. Then administrator will address the issues immediately. Administrator will also share relevant information with staff at the monthly staff training meetings.

In the future Administrator will continue the monthly staff training meetings where relevant topics will be covered which include but are not limited to: De-escalation, mental health, abuse and neglect, Adult Protective Services and any other training that aligns with current issues. Administrator will also keep records of the training that was provided and who attended the training. This will begin on 5/18/2022

Resident 1 will be leaving Sunny Crest Home on by May 26th, 2022. After a meeting which consisted of Resident 1s support team, family, and administration of Sunny Crest Home, it was decided that it would be best for Resident 1 to move out of Sunny Crest Home. [REDACTED] support team will be responsible for [REDACTED] placement. Until Resident 1s move, [REDACTED]

42b - Abuse (continued)

Support Team is committed to ensuring that they interact with Resident #1 every weekday from 4pm to 9pm and all day on weekends. Administrator graphed when occurrences were mostly happening. It was found that most occurrences took place at night.

attached is a copy of the residents Schedule with the support group and attached is the copy of the charted incidents which indicate that most occurred in the hours between 4pm and 9pm. Also attached is a copy of the house rules for Sunny Crest Home.

Completion Date: 05/26/2022

Document Submission

Implemented

Additional staff training was initiated on 5/18/2022.

The June session will include a piece on Abuse and Neglect
All Steps Have Been Completed By 5/19/2022

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 4/8/2022 at approximately 9:00 AM, a medication cart was observed in the main hallway unlocked, unattended, and accessible. There were approximately five residents observed in the immediate area.

Plan of Correction

Accept

Medication cart was immediately locked by [redacted] on 4/8/2022

All staff will be trained by the Administrator on the importance of locking the medication carts. Training will take place on 5/24/2022.

Administrator, Assistant Administrator or Medication room supervisor will check medication carts daily to make sure they are locked. After all carts are checked, a sign off sheet will be utilized to document the process. This will begin on 5/25/2022.

Completion Date: 05/24/2022

Document Submission

Implemented

Attached

Medication Staff Meeting, Syllabus.

Regulatory Compliance Guide for Personal Care Homes regulation # 183a1- 183c- Handout

Lesson 5: Recording and Storage of Medication - Handout

- Includes the 5 Rights of Medication Storage.

- Administrator review The Five Rights of Medication Administration one by one. Right Person, Right Medication, Right Dose, Right Time, Right Rout
Staff Sign In Sheet from attendance

187d - Follow Prescriber's Orders

1. Requirements

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident #1 is prescribed Lorazepam 1mg tablet by mouth every eight hours as needed for agitation. Resident #1 was administered 1mg on 4/7/2022 at 2:29 pm by Staff person A and another 1mg on 4/7/2022 at 8:40 pm by Staff person B. The interval between these two administrations was only six hours and eleven minutes.

Plan of Correction

Accept

*Administrator corresponded with the pharmacy to check the possibility of a system by which there could be another indicator to view when the controlled medication was last administered to ensure that they are not given too close together. The pharmacy reached out to Tabula, who said that they are working on it.
Medication staff will be trained by the Medication Supervisor surrounding the procedures to check if a PRN was given before administering another PRN. This training will take place on May 24th, 2022.
The Medication Trainer will observe the Medication aid in question during a med pass to ensure the Medication aid is administering medications correctly. This observation will happen by Saturday May 21st, 2022.
In the future Medication Supervisor and the Administrator will monitor Medication Record sheets weekly to ensure PRNs are not given too close together.
Attached are the e mails to the pharmacy and to the Tabula surrounding a system for ensuring that PRN medications are not administered too close together.*

Completion Date: 05/24/2022

Document Submission

Implemented

*Administrator Held a Medication Staff Meeting 5/24/2022
All Steps Complete 5/24/2022*

202 - Prohibitions

1. Requirements

2600.
202. The following procedures are prohibited:
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

*Resident # 1 is prescribed medication to control episodic behaviors as described in the following orders:

According to psychiatrist notes on 1/21/2021, "Prozac was increased to 40 mg and moved to 8 am to help with agitation and sexual acting out, to control behaviors. Also to start Seroquel 50 mg at noon as a mood stabilizer. Stated that patient's level of agitation is a danger to himself and others therefore requires two (2) antipsychotics."

Resident #1 is currently prescribed Lorazepam 1 mg every eight hours as needed for agitation, as well as the following prescribed daily medications: Divalproex Sod 500 mg 3 times daily for mood; Fluoxetine Hcl 40 mg daily for depression/anxiety; Risperidone 3 mg twice daily for Schizophrenia; Trazodone 50 mg daily for sleep.*

202 - Prohibitions (continued)**Plan of Correction****Accept**

Administrator will contact the psychiatrist to get a revised prescription for Resident #1 which includes a diagnosis that is not agitation.

Administrator will audit all controlled substances and doctor's orders to ensure that they include a legitimate medical diagnosis. This will be started immediately and completed by 6/15/2022.

Administrator and Medication supervisor will train all staff on the importance of following the prescribing physician's orders. Medication staff will also be trained on the importance of ensuring that controlled substances are not administered more than prescribed. This training will take place on May 24th 2022.

Administrator contacted Tabula to ask if they can turn on the controlled medication count tool. Now the computer system keeps count of all the controlled substances. Administrator or Medication Supervisor will audit the controlled substances weekly to ensure that the medication counts are correct. This will start 5/24/2022.

Completion Date: 06/15/2022

Document Submission**Implemented**

All Steps Have Been Completed 5/24/2022