



pennsylvania
DEPARTMENT OF HUMAN SERVICES

eMailing Date: November 29, 2022

[REDACTED]
Morkel INC
466 High Street
Derry, Pennsylvania 15627

RE: Sunset Ridge Personal Care Home
466 High Street
Derry, Pennsylvania 15627

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 7, 2022, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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: *01/08/2023*
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: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *10/07/2022*

Inspection Dates and Department Representative

10/07/2022 - 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: *11* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2022*

11/04/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/14/2022

11/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 11/11/2022

11/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2022

Reviewer: [REDACTED]

Follow-Up Type: Exception

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 11:15 a.m., there was no thermometer in home's first aid kit located in the pantry room.

Plan of Correction

Accept (█) - 11/07/2022)

The day of inspection there were two thermal thermometers in the medicine cart in the kitchen. One of these thermal thermometers was put in the first aid kit that day. October 7th 2022. The first aid kit had not been used for some time since almost all supplies in the kit are also in the medicine cart in the kitchen. In the future the first aid kit will be thoroughly checked each time it is used before being put back to make sure all needed supplies are in the kit. All staff have been instructed that this procedure must be followed any time the first aid kit is used. The administrator will check the first aid kit monthly to ensure compliance with regulation 2600. 96. A

Licensee's Proposed Overall Completion Date: 11/06/2022

Implemented (█) - 11/09/2022)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:40 a.m. there was no operable lamp or other source of lighting that could be turned on at bedside for resident #1's bed in the room shared by resident #1 and resident #2.

Plan of Correction

Accept (█) - 11/07/2022)

There was a second lamp in the room shared by residents #1 & #2. The lamp had been placed on top of the closet shared by the two residents by the family of resident # 1. Resident #1, was admitted to the home in July 2022 and has a very close relationship with his two (█) and their families. Resident #1 (█) and their families visit a minimum of twice a week. The family placed a very large framed family portrait on the bedside table and put the lamp on top of the closet. The home has purchased a push type small light recommended by the inspector (the kind often mounted in a small closet) so the resident #1 can have a light available at his bedside and his large family portrait as well.

Staff has been instructed to inform the administrator if there is ever a need to have an alternative to a lamp on the bedside table for any other resident in the future. The staff have also been instructed that lamps must be in place on the bedside tables and that they must be in working order. The administrator or staff person will check all bedrooms weekly to ensure compliance with regulation 2600. 101. J. 7.

Licensee's Proposed Overall Completion Date: 11/06/2022

Implemented (█) - 11/09/2022)

143a - Emergency Medical Plan

3. Requirements

2600.

143a - Emergency Medical Plan (continued)

143.a. The home shall have a written emergency medical plan that includes the following:

1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
2. Emergency transportation to be used.
3. An emergency-staffing plan.

Description of Violation

The home does not have a written emergency medical plan that addresses the following

- (1) The hospital or source of health care that will be used in an emergency.*
- (2) Emergency transportation to be used*
- (3) An emergency-staffing plan*

POC Submission

Accept [REDACTED] - 11/04/2022)

The emergency medical plan had always been in one of three binders used for the training of new employees. This training material had not been used since January / February of 2021 but was available to the inspector during our inspection January 12th 13th and 19th of 2022.

The medical plan was not in the binder where it should have been at the time of this inspection, October 7, 2022. It still has not been found. A new medical plan has been developed and a copy is attached, and printed below. All staff members have read the emergency medical plan to refresh their memories on the procedures that must be followed should there be a medical emergency.

Emergency Medical Plan

Dealing with an emergency involving an individual resident

By definition: An emergency is any scenario that creates a threat to the health and or well being of any resident.

There are different types and scenarios of emergencies that involve a resident on an individual basis. It is the duty and responsibility of the direct care staff to recognize all and any type of emergencies. Some examples are: allergic reactions (medication and non medication reactions), heart attack /stroke, poisoning , fall (most common emergency in a personal care home setting), cuts and lesions, are some but not all types of emergencies the staff might encounter.

It is important to recognize all and any types of emergencies and act in a prompt and efficient manner in dealing with any type of emergency. As a staff member we will treat all emergencies with the upmost importance to resolve such emergency to protect the wellbeing of each individual resident. As staff we will not self rate and categorize an emergency. they are all treated as an emergency and we will abide by the procedure set forth.

When an emergency occurs:

Remain calm and collected, quickly evaluate the emergency. What may have caused it, is it still a threat, are others or yourself in danger of the threat/cause.

Immediately contact 911.

If you determine a safe environment exist, administer appropriate first aid and or CPR. Continue to administer first aid and or CPR until you have additional support.

Contact the administrator. Inform the administrator of the emergency at hand, steps you have taken and any information you have collected. (Administrator: [REDACTED])

If the resident is to be transferred due to the emergency, have a copy of the Medical Emergency Plan/Transfer Sheet ready to go with the resident on the transfer. The Medical Emergency Plan/Transfer Sheet are updated on a regular basis and will include: The resident's name and birth date. The resident's Social Security number. The resident's medical diagnosis. The resident's physician's name and telephone number. Current medication, including the dosage and frequency. A list of allergies. Other relevant medical conditions. Insurance or third party payer and identification number. The power of attorney for health care or health care proxy, if applicable. The resident's designated person

143a - Emergency Medical Plan (continued)

with current address and telephone number. Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable. In addition The Medical Emergency Plan/Transfer Sheet will include the hospital or source of health care that will be used in an emergency and the form of emergency transportation to be used.

In the event the administrator cannot be reached, contact the Contact Person listed on The Medical Emergency Plan/Transfer Sheet. Inform the contact of the emergency and of the transfer if one took place. Once contact has been made with the Contact person listed on The Medical Emergency Plan/Transfer Sheet, continue to attempt to contact the administrator and or administrative staff until such contact has been made and inform them of the emergency.

In an emergency event requiring additional staff. Contact the administrator first, who will in turn contact additional staffing. In the event the administrator cannot be contacted, on-duty staff will contact additional staff directly. Contact information is private and should not be shared.

[Redacted]

Licensee's Plan Completion Date: 10/31/2022

Implemented [Redacted] - 11/09/2022)

183c - Refrigerated Meds Locked

4. 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

At 11:05 a.m. there were two Ziploc bags containing insulin pens on the door of the unlocked refrigerator section of the ivory refrigerator/freezer located in the unlocked pantry room off of the home's kitchen. Each Ziploc bag had an insulin pen and pharmacy label for residents as follows:

- * Resident #3 – Humalog Quickpen – inject 18 units three times daily before meals.
- * Resident #4 -Levemir Flextouch 100 units – inject 22 units before bedtime.

REPEAT VIOLATION 1/13/22 et al

Plan of Correction

Accept [Redacted] 11/07/2022)

Both of these insulins, Humalog quickpen, and Levemir flextouch, had been discontinued and were awaiting to be returned to the pharmacy. They were stored in a black lock box in the ivory refrigerator in the pantry. However they were removed when additional currently prescribed insulin arrived and everything did not fit. The intention was to return them the next day when the pharmacy came with a delivery, but they were forgotten. These insulins were returned on October 7, 2022 when the pharmacy representative came to the home. The insulin was no longer in the home when the inspectors left on October 7th, 2022.

When any medicine needs to be returned to the pharmacy because it is no longer prescribed to any resident a very visible note will be left for the staff on duty reminding them of this return. In this way no medicine not currently prescribed to the residents will be left in the home longer than necessary. It will be given to a pharmacy representative the first time one comes to the home after being discontinued. The administrator or the staff person will check weekly to ensure that all medications requiring refrigeration are locked in accordance with regulation 2600. 183. C.

183c - Refrigerated Meds Locked (continued)

Licensee's Proposed Overall Completion Date: 11/06/2022

Implemented () 11/09/2022)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is ordered Seroquel 100 mg tablet – one tablet at night in addition to Seroquel 400 mg tablets (500 mg total dose). However, at 2:57 p.m., there were two blister packs of the medication that were labeled incorrectly as follows:

* Quetiapine fumarate [Seroquel] 400 mg tab – one tablet at night in addition to Seroquel 50 mg (450 mg total dose)

* Quetiapine fumarate [Seroquel] 50 mg tab – one tablet at night in addition to Seroquel 400 mg (450mg total dose)

Resident #3 is ordered levothyroxine 25 mcg oral tablet – take 1 tablet by mouth once daily. Take with levothyroxine 200 mcg to equal 225 mcg. However, at 2:15 p.m., the pharmacy label on the Medications on Time (MOT) blister pack of levothyroxine 200 mcg tablets indicated – take one tablet by mouth along with 75mcg to equal 275 mcg.

POC Submission

Accept () - 11/04/2022)

Resident # 1 was receiving the correct prescribed amount of Quetiapine fumarate - 500 mg but the new MARS for October listed how that amount was broken down into tablets incorrectly. In our medicine cart we had one tablet of 400 milligrams and one tablet of 50 milligrams in the MOT and one tablet of 50 milligrams in a bubble pack -a total of 500 milligrams. Since we had the correct amount we thought it was OK-this was a mistake. The 100 milligram tab should have been discontinued on the October MARS-two listings of the 50 mg tab should have been entered by hand. The MOT refill of 30 days started October 12th so from that day on the MARS was correct.

The pharmacy told us that the way the dosage was listed for the October MARS was the only way they could do it- because of insurance and billing. However they could repackage the MOT to match the new MARS. This is what the home will request the pharmacy to do if this situation happens again. There is less chance of an error and it would entail less changes on the MARS.

Resident# 3 also was receiving the correct amount of levothyroxine 225 mcg. and the MARS had the correct amount listed, the MOT had the correct amount listed on the front of the MOT. On the back of the MOT instructions said to give the 200 mcg tablet with this 75 mcg tablet to equal 275 mcg total. Right beside this order was one for the 25 mcg. tablet, take with 200 mcg tablet to equal 225 mcg total. The 75 mcg tablet had been changed to 25 mcg tablet on September 2nd, 2022 by resident # 3 PCP. The pharmacy had not changed the back of the MOT. This was an error and the home missed correcting it. When the new cycle refill arrived (the MOT) we very carefully checked against the medications listed on the MARS using the list on the front of the MOT. In the future when this check of the MOT is done the back will also be checked carefully to make sure all medications and dosages match.

Licensee's Plan Completion Date: 10/31/2022

Implemented () - 11/09/2022)