

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

March 16, 2023

[REDACTED], ADMINISTRATOR  
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 02/21/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SUNNY CREST HOME* License #: *32192* License Expiration: *11/20/2023*  
 Address: *2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *SUNNY CREST HOME INC*  
 Address: [REDACTED]  
 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: *51* Waking Staff: *38*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
 Reason: *Renewal, Complaint* Exit Conference Date: *02/21/2023*

**Inspection Dates and Department Representative**

02/21/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *71* Residents Served: *46*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *44*  
 Diagnosed with Mental Illness: *46* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

02/21/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2023*

03/09/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/15/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/15/2023*

Inspections / Reviews *(continued)*

03/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/15/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 15a Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 – 10225.707) and 6 Pa. Code § 15.21 – 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On [REDACTED], an altercation occurred between Resident 1 and Resident 3. The home did not report the incident to the local Area Agency on Aging (AAA).

On [REDACTED], at approximately 12 noon, an altercation occurred between Resident 1 and Resident 2. The home did not report the incident to the local Area Agency on Aging (AAA).

## Plan of Correction

Accept [REDACTED] - 03/09/2023)

On 2/21/23 which was the day of inspection, administrator, interviewed the state inspector regarding the rules surrounding reportable which constitute as abuse. The inspector informed the administrator that abuse can result from contact between caregiver and resident or resident to resident. The Inspector explained that the administrator has a responsibility to report abuse to the Department as well as the local Area Agency on Aging and although, administrator reported incident which occurred between resident 1 and resident 3 on [REDACTED] to the Department, administrator did not report incident to the local Area Agency on Aging.

On 2/22/23 administrator reviewed the Older Adult Protective Service Act 10225.701 – 10225.707 which states that the responsible party in the home who suspects abuse must make an oral report to the local Area Agency on Aging immediately. Then within 48 hours after the oral report was made the administrator must make a written report to the agency. The Section also states that if the abuse is of a sexual nature, involves serious physical injury or suspicious death the administrator must contact local law enforcement and make an oral report. The oral report will precede a written report to law enforcement. Administrator and Home is required to cooperate with law enforcement as well as share any information which may aid in the subsequent allegation. Furthermore, on 2/22/23 administrator viewed chapter 2600 of the Regulations and Compliance Guide pertaining to Personal Care Homes. 2600.15a-d states that the Home is obligated to report abuse or suspected abuse to the Older adult Protective Services as well as the Department. The home must also develop and implement a plan to of supervision or suspend the staff person involved in the incident. The home must also submit this plan to the Department. The designated person from the Home must also notify the resident and the resident's designee of the incident and the plan of correction surrounding the incident.

Moving forward the administrator will report incidents involving any physical contact between staff and resident or resident to resident to both the local Area office of aging as well as the Department immediately following the report.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [REDACTED] - 03/16/2023)

16c - Written Incident Report

2. 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 [redacted] an altercation occurred between Resident 1 and Resident 3. The home did not submit an incident report to the Department's regional office until [redacted]. The time of incident was not indicated on form.

Plan of Correction

Accept [redacted] - 03/09/2023)

At the time of the inspection to the home Administrator was aware of the issue concerning incident reports which were revealed to the department after the designated 24 hours. Administrators' investigation revealed that during the weekends and when the assistant administrator was out of the office, administrator would get observation reports late which would cause those reports to be late to the department. The administrator and the Executive Director reevaluated the policies and procedures surrounding Incident reports. Administrator and Executive Director devised a plan which would be communicated clearly and concisely to the employees by their boss who is the assistant administrator. The meeting which includes training the employees in the changes surrounding incident reporting took place on 3/6/23 and another meeting will be held on 3/10/23 for all the employees who missed the first meeting date. This meeting included but was not limited to training the employees how to scan then e mail reports from the printer/scanner which they have access to in the gazebo. (The gazebo serves as a sort of an office space for direct care staff to do any documenting or training on the computer platform that the direct care staff may need to do during their shift.)

The Policies and Procedures document surrounding the incident and observation reports was amended. It is now the responsibility of the designated employee on shift to scan the incident/observation reports from their shift and e mail them to all of the following: Executive Director, Assistant Administrator, the LPN as well as the administrator. This system was designed to eliminate the step where the assistant administrator scans all the reports to the designated management which should ensure that reports are received by the administrator in a timelier manner. In turn the administrator will receive the reports via e mail at the end of each shift. The administrator can assume the responsibility of handing the report in to the Department within the allotted 24 hours.

In the future, the Administrator will ensure all the observation/incident reports given to management are completely filled in. Employees will be coached as needed. Furthermore, Sunny Crest Home will train any new employees on this process when they start work.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [redacted] - 03/16/2023)

63a - First Aid/CPR Training

3. 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] to [redacted], from 10 pm to 6 am, 49 residents were present in the home. During this time no

63a First Aid/CPR Training (continued)

staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Repeated Violation 02/23/22 et al

Plan of Correction

Accept ( ) - 03/09/2023)

Administrator reviewed the Regulation and Compliance guide for personal care homes surrounding CPR training and staff on 2/22/23. Regulation 63b of Chapter 2600 in the Regulation and Compliance Guide states that a minimum of one staff person who is trained in First Aid and CPR must be present in the facility for every 50 residents housed in the Home. Also, the First Aid CPR Training must be renewed every 2 years by taking a course with a certified trainer. On 2/12/23 and 2/16/23 from 10pm to 6am there was not a staff member on shift with current CPR training. The administrator reviewed all the dates of the employee's most recent CPR Training to make sure that no other employees' CPR/First Aid training expires before they are able to receive the Training Course. Administrator contacted the center where CPR/First Aid training takes place and was informed that the person who does the scheduling would be back in their office on 3/9/2023. The administrator will be scheduling multiple appointments as soon as possible. Sunny Crest Management will make certain that said employee receives training as soon as they are available to do so.

Administrator will review the staff CPR training records at a minimum of every 6 months to ensure that all staff are compliant with up to date CPR training.

Licensee's Proposed Overall Completion Date: 03/13/2023

Implemented ( ) - 03/16/2023)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/21/23, a very strong urine odor was detected in Bedroom #B 11.

Plan of Correction

Accept ( ) - 03/09/2023)

The administrator and Executive Director had a meeting with the housekeeping supervisor to discuss possible causes and solutions surrounding the odor in room B 11. It was determined that we remove and replace all the bedding. Housekeeping and maintenance disposed of the mattress and pillow. Then it was replaced with a new mattress and a mattress protector as well as a new pillow on 2/28/2023. To prevent issues in the future, Administrator will train staff to report any odors using the Observation reporting system at the next staff meeting which is scheduled for 3/15/23.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented ( ) - 03/16/2023)

109b - Rabies Vaccination

5. Requirements

109b - Rabies Vaccination (continued)

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

**Description of Violation**

*The home does not have a current certificate of rabies vaccination for visiting pet, Bailey. The pet's rabies certificate expired 10/01/22.*

**Plan of Correction**

*Accept ( [redacted] - 03/09/2023)*

*Administrator created a record on 3/8/23 to track the occasion when a pet visits the Home, as the appointments for those bringing in pets tends to be sporadic and random. Administrator included the record of visits from a pet in the binder with the paperwork for the vaccines. Administrator will record all appointments for pets entering the home to visit the residents and at the same time check to make sure the records for that pet are current.*

**Licensee's Proposed Overall Completion Date: 03/09/2023**

*Implemented ( [redacted] - 03/16/2023)*