

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

April 11, 2023

[REDACTED]
SUN VALLEY ACRES LLC
PO BOX 139, 108 SCHRADER AVENUE
GLEN CAMPBELL, PA, 15742

RE: SUN VALLEY ACRES
108 SCHRADER AVENUE, PO BOX
139
GLEN CAMPBELL, PA, 15742
LICENSE/COC#: 44794

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2023 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: *SUN VALLEY ACRES* License #: *44794* License Expiration: *06/02/2023*
 Address: *108 SCHRADER AVENUE, PO BOX 139, GLEN CAMPBELL, PA 15742*
 County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SUN VALLEY ACRES LLC*
 Address: *PO BOX 139, 108 SCHRADER AVENUE, GLEN CAMPBELL, PA, 15742*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/17/1979* Issued By: *Department of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/21/2023*

Inspection Dates and Department Representative

03/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *28*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

03/21/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2023*

04/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/07/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/11/2023*

Inspections / Reviews *(continued)*

04/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/30/2023

04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/21/23, at approximately 10:30 a.m., the home's most recent License Inspection Summary dated 5/4/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (JW - 04/06/2023)

1. On 3-21-23 the Administrator placed the most current Licensing Inspection Summary, in the LIS notebook in the big living room on the small table.

2. On 3-30-23 Administrator will do a permanent Bi - Weekly Audit and document that all current information on inspections is in place, and in a required public space.

3. On 3-30-23 the Administrator completed a review and documented the education of Licensing Inspection Summary placement in a public space in the personal care home.

Completed 3-30-23

██████████ Administrator

Licensee's Proposed Overall Completion Date: 09/21/2024

Implemented (JW - 04/11/2023)

18 - Compliance With Laws

2. 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

On 3/21/23 at 11:00 a.m., there was no carbon monoxide detector located immediately outside the door granting egress to the furnace room located in the kitchen. The furnace room contained a gas operated furnace and possessed less than the 15 feet of distance required for carbon monoxide detector placement.

At approximately 11:15 a.m., there was no carbon monoxide detector immediately outside of the the door granting egress to the staff bathroom. The staff bathroom contained a gas operated hot water heater and possessed less than the 15 feet of distance required for carbon monoxide detector placement.

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise.

18 - Compliance With Laws (continued)

Plan of Correction

Accept (JW - 04/06/2023)

- 1. On 3-21-23 late afternoon new carbon monoxide detector were placed where the required distance from a fossil fuel burning device by maintenance tech near staff bathroom and kitchen furnace door.
- 2. On 3-21-23 the Administrator posted a copy of Regulation 2600.18 Applicable Health and Safety Laws in the Med Room.
- 3. On 3-30-23 Administrator will do a weekly permanent tracking log and document that carbon monoxide detectors are in good working order at all times.

Completed 03-30-23

██████████ Administrator

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented (JW - 04/11/2023)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On 3/21/23 at 10:50 pm, there were no paper towels, mechanical blower, individual cloth towels or other sanitary means of hand drying in the shared bathroom #4.

Plan of Correction

Accept (JW - 04/06/2023)

- 1. On 3-21-23 it was found that in resident bathroom #4 there were no paper towels. Administrator immediately placed paper towels in bathroom #4 on site.
- 2. On 3-30-23 all bathrooms will be checked twice on each shift daily by Staff and documented to ensure sanitary supplies are completely stocked.
- 3. On 3-30-23 Administrator will do permanent weekly tracking log and document to ensure sanitary compliance regulations.
- 4. On 3-30-23 Staff were re-educated on the importance of ensuring all bathrooms have required sanitary supplies at all times.

Completed 3-30-23

██████████ Administrator

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented (JW - 04/11/2023)

183e - Storing Medications

4. Requirements

183e - Storing Medications (continued)

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 #1's prescribed Lantus Solostar 100 unit/ml sq pen soln. Inject 20 units each morning and 20 units each night subcutaneously. The Lantus Solostar Pen was opened, however, on 3/21/23 there was no open date indicated on the Lantus Solostar Pen. The medication's manufacturer's instructions indicate "Do not use LANTUS after the expiration date stamped on the label or 28 days after you first use it."

Plan of Correction**Accept (JW - 04/06/2023)**

1. *On 3-21-23 the date on Lantus Pen CAP ink was transferred onto resident #1's storage bag containing the insulin pen. Med Tech Supervisor immediately put date on clear tape so date was permanent.*
2. *On 3-30-23 the Med Tech Supervisor will complete a daily tracking log and document to ensure that all insulin pens that are open have a secure and readable date.*
3. *On 3-30-23 the Med Tech Supervisor will do a Med Cart tracking log and document daily for 6 weeks to ensure all insulin pens are dated correctly.*
4. *On 3-30-23 the Med Tech Supervisor will do a med cart audit bi - weekly and document for 3 months to ensure all open insulin pens are dated correctly.*
5. *On 3-30-23 all Med Staff were re-educated on dating insulin pens to ensure dates are correct.*

Completed on 3-30-23

[REDACTED] Administrator

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented (JW - 04/11/2023)**187a - Medication Record****5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Tums chew one tablet by mouth four times daily as needed. However, on 3/21/23 there was no medication administration record for the ordered Tums medication.

Plan of Correction**Accept (JW - 04/06/2023)**

1. *On 3-21-23 inspection of PRN's for resident #2 the prescription was not on the MAR. Med Tech Supervisor called pharmacy immediately to put PRN back on MAR. Inspector obtained a copy on site.*
2. *On 3-30-23 the Med Tech Supervisor re-educated med staff for checking PRN's on the MAR when passing medications.*

187a - Medication Record (continued)

3. On 3-30-23 Med Tech Supervisor will do a daily tracking log for 6 weeks and document to ensure that all PRN's are on the MAR.

4. On 3-30-23 the Med Tech Supervisor will do a med cart audit bi - weekly for 3 months and document to ensure that all PRN's are on MAR and are correct.

Completed 3-30-23

██████████ Administrator

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented (JW - 04/11/2023)