

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

November 20, 2023

[REDACTED], ADMINISTRATOR  
MORKEL INC  
466 HIGH STREET  
DERRY, PA, 15627

RE: SUNSET RIDGE PERSONAL CARE  
HOME  
466 HIGH STREET  
DERRY, PA, 15627  
LICENSE/COC#: 42883

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/06/2023 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: SUNSET RIDGE PERSONAL CARE HOME

License #: 42883

License Expiration: 11/29/2023

Address: 466 HIGH STREET, DERRY, PA 15627

County: WESTMORELAND

Region: WESTERN

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: MORKEL INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/17/1999

Issued By: Dept. of L &amp; I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

## Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 09/06/2023

## Inspection Dates and Department Representative

09/06/2023 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 16

Residents Served: 15

## Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

## Hospice

Current Residents: 0

## Number of Residents Who:

Receive Supplemental Security Income: 10

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 0

Have Physical Disability: 0

## Inspections / Reviews

09/06/2023 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/28/2023

10/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/17/2023

Inspections / Reviews *(continued)*

11/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not held a Quality Management review in 2022 or 2023.

Plan of Correction

Accept ( [redacted] - 10/10/2023)

The home did have a quality management plan partially done for 2022. One had not been done to date for 2023. Procedures that now need to be followed in order to correct citations from the September 6th 2023 inspection are being explained to staff and they are signing off on the quality management plan. The new quality management plan will be from September 2023 to August 2024. A quality management plan will be done every year following this schedule, September through August.

The administrator has created a new file getting ready for inspection and the quality management plan will be kept in this file at the front of a file drawer that way it won't be forgotten when something pertinent is discussed that could apply to the plan.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented ( [redacted] - 11/20/2023)

66a - Staff Training Plan

2. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2023.

Plan of Correction

Accept ( [redacted] - 10/10/2023)

Staff did have all required trainings scheduled and completed during 2023. Fire safety was done on March 10th, 2023 and diabetes training on June 15th, 2023. The dates for these were not on a training plan, but on a calendar the administrator used to keep track of dates to remember. The administrator will make a training plan for all staff for 2024 with the dates for fire safety, CPR first aid and diabetes yearly training. In addition each member of the staff is being given a copy of the "12 hour annual training for staff" and asked to do these between September 2023 and August 2024. These "12 hour annual training for staff" were being done for 2023. Some staff members had completed these and other staff still had a few subjects to read. All these forms were in the staff folders on September 6th at the time of inspection.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented ( [redacted] - 11/20/2023)

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following expired foods were on the shelf in the pantry:

103i Outdated Food (continued)

- \* A 26 ounce can of Campbells Chunky Noodle Soup, expired 11/10/2022.
- \* A 26 ounce can of Progressive Three Cheese Tortellini soup, expired 4/20/2022.
- \* A 5 pound bag of Corn Meal.

The following foods were located in the first freezer in the pantry were not dated when opened:

- \* A 2 1/2 pound bag of Chicken Nuggets.
- \* A small package of pork chops wrapped in cellophane.

Plan of Correction

Accept [redacted] - 10/10/2023)

The expiration date will be placed on all cans, boxes and bottles stored in the pantry with a sharpie pen so that it is readily visible. All cans, boxes and bottles bought and brought into the home will be marked with the expiration date easily visible before being put on the shelves. Staff will be able to see what needs to be used first and items will not be able to become past dated. Or at least will be readily seen if they become past dated. The freezer has been defrosted and arranged. Everything has a date and is double bagged with a pertinent information written on a paper put between the inside bag and the outside bag. All staff have been instructed that this is the routine that must be followed when preparing anything to be put in the freezer. The administrator will check the freezer weekly to make sure the instructions are being followed.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented ([redacted] - 11/20/2023)

252 - Record Content

4. Requirements

2600.

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

Description of Violation

The following resident photos were more than 2 years old:

- Resident #1's photo was dated [redacted]
- Resident #2's photo was dated [redacted]

Plan of Correction

Accept [redacted] - 10/10/2023)

All residents had an up to date picture before the inspectors left on September 6. The date a picture needs to be replaced will be noted on the futures sheet the administrator maintains for tracking when DME(s) and RASP(s) are due.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented ([redacted] - 11/20/2023)