

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

December 27, 2023

[REDACTED], OWNER/DIRECTOR
SUN VALLEY ACRES LLC
[REDACTED]

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 11/16/2023, 11/16/2023 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: 06/02/2024
 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: [REDACTED]
 [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 11/29/2023

Inspection Dates and Department Representative

11/16/2023 - On-Site: [REDACTED]
 11/16/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 29

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 17
 Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

11/16/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2023

12/18/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/27/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2023

Inspections / Reviews *(continued)*

12/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2023

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/27/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2023

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], at approximately [REDACTED] pm, Resident #1 was sent to the hospital due to possible infection of the left foot. On [REDACTED], the Clearfield County Area Agency on Aging contacted the home to gain information on the care of the resident. However, this allegation of abuse was not reported to the home's local Area Agency on Aging in Indiana County.

Plan of Correction

Accept ([REDACTED] - 12/27/2023)

1. As of 11-16-2023 when and if there is an allegation of abuse involving a resident or staff, or self abuse the home will notify and report to the local Area Agency on Aging in Indiana County, PA and the Department of Human Services. All information and documentation will be submitted on the incident.

2. Administration staff and owner reeducated on reporting abuse of any kind involving a resident or staff [on 12/17/23].

3. Administrator will review all incidents on a quarterly basis to ensure that all required reporting is completed, and the results of the reviews will be included in the home's quality management reviews to begin January 2024.

[REDACTED] Administrator

[REDACTED] Administrator

Proposed Overall Completion Date: 06/16/2024

Licensee's Proposed Overall Completion Date: 06/18/2024

Implemented ([REDACTED] - 12/27/2023)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 receives home health services for wound care of the left foot, is noncompliant with the use of his/her wheelchair and displays behavioral issues pertaining to the disposal of soiled briefs. The resident's support plan, dated [REDACTED], does not document how these needs will be met.

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accept ([REDACTED] - 12/27/2023)**

1. As of 11-16-2023 all documentation of resident's care will be put in the RASP instead of the Summary page at the end of the care plan.

2. Administration will review RASPs to make sure all documentation is recorded pertaining to the care needs of the resident at the time of any issues or upon entering the home as a new resident.

3. A monthly audit for reviewing the RASP will be completed for 6 months.
Administrator will begin monthly reviews of the RASP's in January 2024.

Resident #1's RASP was updated on 12-18-2023 by Administrator [REDACTED]

[REDACTED] Administrator

Licensee's Proposed Overall Completion Date: 06/18/2024

Implemented ([REDACTED] - 12/27/2023)