

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

March 26, 2024

[REDACTED], OWNER/DIRECTOR
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 02/15/2024 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: 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: L&I

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/15/2024

Inspection Dates and Department Representative

02/15/2024 - On-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: 8 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

02/15/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2024

03/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/26/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2024

Inspections / Reviews *(continued)*

03/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

03/26/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review, dated 1/4/24, did not address the following:

- * Reportable incidents and conditions
- * Complaint procedures
- * Staff person training
- * Licensing violations and plans of corrections
- * Resident or family counsels

Plan of Correction

Accept (█ - 03/26/2024)

- 1. The quality management team when meeting [each January] will discuss the following 5 requirements before being reviewed for each upcoming year.
- 2. There will be a checklist of components that are required to be implemented before each quality management meeting.
- 3. [The Administrator will ensure that] Checklist A, yearly quality management meeting log, will be completed to ensure completeness.

█ Administrator

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented (█ - 03/26/2024)

64a - Admin Training

2. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.

Description of Violation

Staff Person A, the home's administrator, could not produce documentation of completion of the administrator orientation training.

Plan of Correction

Accept (█ - 03/26/2024)

- 1. All required credentials will be submitted upon first day of employment
- 2. A monthly employee file audit will be completed to ensure completeness of all training credentials. Administrator received regenerated Certificate of completion [from 3/05/2024] for Personal Care Home Administrator Orientation.
- 3. Administrator will complete monthly audit of training credentials and will be kept for the next six months. Audits will begin in April of 2024. [Administrator will ensure that copies of all required training are kept, moving forward.]

64a - Admin Training (continued)

██████████ Administrator

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ██████ - 03/26/2024)

101j2 - Bedroom Chairs

3. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #10 is occupied by 4 residents; however, there is only 1 chair in this room.

Plan of Correction

Accept (██████ - 03/21/2024)

- 1. 3 chairs were located on the outside of the residents doorway staff placed them back in the room.
- 2. Staff will do a weekly tracking log to ensure each resident has a chair in their room for 6 weeks [beginning April 2024].
- 3. Staff will do a monthly audit for chair in bedrooms for six months [starting April 2024].

██████████ Administrator

Licensee's Proposed Overall Completion Date: 08/14/2024

Implemented ██████ - 03/26/2024)

101j7 - Lighting/Operable Lamp

4. 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

Resident #1 does not have access to a source of light that can be turned on/off at bedside. The bulb was burnt out in the bedside lamp.

Plan of Correction

Accept (██████ - 03/21/2024)

- 1. The lamp in resident room #1 was replaced immediately
- 2. Staff will do a weekly tracking log for 6 weeks [beginning April 2024] to ensure every lamp is in working order in the home.
- 3. Staff will do a monthly audit for 4 months [starting April 2024].

101j7 - Lighting/Operable Lamp (continued)

Administrator

Licensee's Proposed Overall Completion Date: 07/14/2024

Implemented () - 03/26/2024)

101r - Bedroom - shades/drapes/window covering

5. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The left side window in Bedroom #1 has a blind that has an approximate 36" by 7" area of broken and missing slates.

Plan of Correction

Accept () - 03/21/2024)

- 1. Blind was replaced on site [on 2/15/2024].
- 2. Staff will do a tracking log for six weeks to ensure all blinds are operable [beginning April 2024].
- 3. Staff will do a monthly audit log for six months [starting April 2024] to ensure all blinds are operable.

Amy K. Boring Administrator

Licensee's Proposed Overall Completion Date: 09/14/2024

Implemented () - 03/26/2024)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 4/2023 - 1/2024 do not include a full date in which each drill was conducted. The fire drill record only indicates the month and year of the fire drills.

Plan of Correction

Accept () - 03/26/2024)

- 1. Staff will write the exact day, time and year the fire drill was completed,
- 2. Administrator will do a monthly review on fire drill log for completeness for 6 months [beginning April 2024].
- 3. The home will include fire drill requirements in quality management yearly meetings, [beginning January 2025].

Administrator

132c - Fire Drill Records (continued)

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [REDACTED] - 03/26/2024)

132g - Fire Drills Days/Times

7. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely has only two staff persons in the home working the 11:00 pm-7:00 am. shift. However, the home has not conducted a fire drill during sleeping hours with the minimum number of staffing, as evidenced by the following drills:

* 6/2023 at 5:20 am. - 4 staff persons

* 9/2023 at 5:36 am. - 5 staff persons

Plan of Correction

Accept [REDACTED] - 03/26/2024)

- 1. Sun Valley Acres overnight fire drill will be between 12:00 am and 4:00am
- 2. Staff will document time and dates. Additional staff will not be allowed to participate in the fire drills who are not typically scheduled, beginning in 2024.
- 3. Administrator will complete a monthly audit for six months.
- 4. The fire drill audits will be reviewed at the home's quality management meetings beginning in 2025.

[REDACTED] Administrator

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [REDACTED] - 03/26/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED].

141b1 Annual Medical Evaluation (continued)

Plan of Correction

Accept (█ - 03/21/2024)

1. Administrator was reeducated on the rules when the residents medical evaluation is due yearly [on 2/15/2024].
2. Administrator will do a monthly tracking log completeness in resident files for 6 months [beginning April 2024].
3. The owner will do a monthly check for 6 months to ensure completeness of all annual medical evaluations [beginning April 2024].

█ Administrator

Licensee's Proposed Overall Completion Date: 09/14/2024

Implemented (█ E - 03/26/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed █ 2 hours as needed for █ or █. However, this medication was not administered on █ as it was not available in the home.

Plan of Correction

Accept (█ - 03/21/2024)

1. Resident's medicine was enroute to the home and delivered on 2/15/2024
2. Med supervisor will do a med cart audit and order meds a week before expired date to ensure they are delivered to the home for 6 weeks [beginning April 2024].
3. Med supervisor will complete a tracking lof for med cart audit for 6 weeks [beginning April 2024].

Amy K. Boring Administrator

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented (█ - 03/26/2024)

225c - Additional Assessment

10. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on █.

Plan of Correction

Accept (█ - 03/21/2024)

1. The Administrator was reeducated on the requirement of yearly assessment [on 2/15/2024].
2. The administrator will do a monthly tracking log for six months to ensure completeness [beginning April 2024].

225c - Additional Assessment (continued)

3. The owner will do a monthly audit for 8 months [beginning April 2024] to ensure completeness.

Administrator

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented - 03/26/2024

227c - Support Plan Revision

11. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's most recent support plan was completed on

Plan of Correction

Accept - 03/21/2024

- 1. The Administrator was reeducated on the requirements of the yearly support plan revision [on 2/15/2024].
- 2. The administrator will do a monthly tracking log for 6 months to ensure completeness [beginning April 2024].
- 3. The owner will do a monthly audit for 8 months to ensure completeness [starting April 2024].

Amy K. Boring Administrator

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented - 03/26/2024

227h - Support Plan Refuse Sign

12. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3 did not sign the support plan, dated . The home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept - 03/21/2024

- 1. If a resident refuses to sign the administrator will document that resident refused to sign, and ensure correct box is checked [moving forward].
- 2. Administrator will complete a tracking log to ensure RASP will be completed as required for six weeks [starting April 2024].
- 3. Administrator will complete a monthly audit for six months [beginning April 2024].

227h Support Plan Refuse Sign (continued)

██████████ Administrator

Licensee's Proposed Overall Completion Date: 09/14/2024

Implemented (██████████ - 03/26/2024)