

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

September 13, 2025

[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 07/18/2025 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: *06/02/2026*
 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: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/18/2025*

Inspection Dates and Department Representative

07/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *26*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/18/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/14/2025*

09/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/13/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2025*

Inspections / Reviews *(continued)*

09/13/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

09/13/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There were jagged edges of peeling paint and concrete, approximately 1/4 inch thick, on the floor of the shower in #2 common resident bathroom posing a skin tear hazard.

Plan of Correction

Accept () - 09/13/2025)

Floors in shower area will be monitored weekly for any and all repairs. This will happen on Friday's. A sign off sheet will be kept in the office, and marked off weekly for 3 months. Then it will go to monthly for the remaining 9 months. The floor in bathrrom #2 was repaired and painted to correct the risk of skin tear to residents. Enclosed is log and sign off sheet.

is responsible to for monitoring the bathroom floors. The monitoring started on 8/15/2025. will fill out the log and the Administrator will sign off that the inspections are being completed correctly. Administrator, fixed the floor on 7/19/2025. Please find attached all documentation that was previously submitted, plus additional documentation as requested.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/13/2025)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 3:15 p.m., the hot water temperature at the #2 common resident bathroom sink was 122.4 degrees Fahrenheit and at 3:27 p.m., it was 125.2 degrees Fahrenheit.

Plan of Correction

Accept () - 09/13/2025)

Hot water was turned down on the tank when it was identified on the day of inspection. Water temperature will be monitored daily for 3 months at 7 a.m. and 7 p.m. A sign off sheet will be posted on each bathroom door. For the following 9 months water temperature will be checked daily at 6 a.m. If there are any issues during any of the checks. A recheck will be completed within 10 mins of the first check, and action will be taken to correct temperature as warranted. All staff will be educated on new procedure. Log and sign off sheet enclosed.

our medication tech turned down the water temperture. All staff memebers are responsible for monitoring the water tempertures. Whomever is scheduled that shift will check temps and sign off on the sheet. This new procedure started on 8/12/2025. Please find attached all documentation that was previously submitted, plus additional documentation as requested.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/13/2025)

130e - Hearing Impairment

3. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident #1 is unable to hear the fire alarm system. The home does not have a signaling device, approved by a fire safety expert and tested to ensure that resident #1 is alerted in the event of a fire, in the resident's current bedroom.

Plan of Correction

Accept (█) - 09/13/2025

Resident was moved immediately to room █ that has a signaling device approved by fire safety experts. This was completed prior to the inspectors leaving the building on day of the inspection. Staff was educated on devices needed for people with disabilities in case of fires. Sign off sheet enclosed.

Please find attached additional paperwork from the Fire Chief about the signaling device and evacuation process. █ Administrator, retrained resident on the signaling device and that when it goes off that █ is to evacuate the building. Please find attached all documentation that was previously submitted, plus additional documentation as requested.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented (█) - 09/13/2025

132g - Fire Drills Days/Times

4. 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 from 11:00 p.m. to 7:00 a.m. However, the home has not conducted a fire drill during sleeping hours with the minimum number of staffing, as evidenced by the following drills:

- On 4/25/25, at 4:50 a.m., three staff persons participated in the fire drill.
- On 10/25/24, at 4:30 a.m., three staff persons participated in the fire drill.

Repeat Violation: 2/15/24

Plan of Correction

Accept (█) - 09/13/2025

The PCH sleeping hours are from 10 p.m. to 6 a.m. There are routinely two staff scheduled. However at 4:30 a.m. morning med passer comes into start the day. Procedure for fire drills is that only scheduled staff for the designated shift are to participate in the drill. All staff has been educated on procedure. Sign off sheet enclosed.

Please find attached papers from the fire chief. Two overnight staff did a practice drill on 9/8/2025 at 4:30 a.m. █ was staff that were in the building at the time of drill. They were able to evacuate everyone in the time frame allotted. It took 3 mins and 29 seconds to get residents out of the building and across the parking lot to the meeting area at the Legion. Please find attached all documentation that was previously submitted, plus additional documentation as requested.

132g - Fire Drills Days/Times (continued)

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented () - 09/13/2025

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is ordered blood glucose checks 4 times daily at 7:00 a.m., 11:00 a.m., 4:00 p.m. and 7:00 p.m. However, on the following dates and times, the resident's blood glucose readings were incorrectly documented on the resident's July 2025 medication administration record (MAR):

On 7/17/25, at 11:00 a.m., the glucometer indicated 147; however, the MAR indicated 189

On 7/16/25, at 4:00 p.m., the glucometer indicated 136; however, MAR indicated 126

On 7/14/25, at 4:00 p.m., the glucometer indicated 129; however, MAR indicated 206

On 7/13/24, at 7:00 p.m., the glucometer indicated 124; however, MAR indicated 154

On 7/10/25, at 4:00 p.m., the glucometer indicated 147; however, MAR indicated 142

Plan of Correction

Accept () - 09/13/2025

Med staff will no longer utilize a tablet and put the glucometer readings directly in the MAR. Med staff will be educated on the procedure. A daily log will be utilized for the next 3 months to verify that the glucometer readings are put in correctly on the MAR. The log will be signed off at the end of each day. Education sign off sheet, and log enclosed.

We implemented the new procedure on 8/12/2025. Administrator, educated the staff on the new procedure on 8/12/5025. Please find attached all documentation that was previously submitted, plus additional documentation as requested.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/13/2025

187a - Medication Record

6. Requirements

2600.

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

4. Strength.

Description of Violation

Resident #1 is prescribed Sertraline 25mg, take 1 tablet by mouth once a day. However, resident's #1 July 2025 MAR indicates Sertraline 100mg, take 1 tablet by mouth each morning.

187a - Medication Record (continued)

Plan of Correction

Accept ([redacted] - 09/13/2025)

Resident was receiving the correct dosage of medication, however the label was incorrect that was on the medication by the pharmacy. When medication changes occur it will be kept in a log monthly. The label, medication, MAR, dosage will be matched to the prescription given by doctor. A medication change is as follows: When medication is increased, decreased, added, and discontinued. The log will be kept in the med room. Med staff will be educated on the procedure. Sign off sheet, and log enclosed.

Please find attached a paper that was gotten from doctor. This was taken care of the day of the inspection 7/18/2025, and a copy was provided to the inspectors before they left the building. The medication change log started on 8/12/2025. [redacted] will be responsible for keeping the log daily. [redacted] Administrator, will go over medication log with med staff at the end of the month and complete a monthly sign off sheet showing that it was reviewed. Please find attached all documentation that was previously submitted, plus additional documentation as requested.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented ([redacted] - 09/13/2025)