

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

December 19, 2025

[REDACTED]
SUNNY CREST HOME INC
[REDACTED]

RE: SUNNY CREST HOME
2587 VALLEY VIEW ROAD
MORGANTOWN, PA, 19543
LICENSE/COC#: 32192

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2025, 11/04/2025 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: SUNNY CREST HOME **License #:** 32192 **License Expiration:** 11/20/2025
Address: 2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: SUNNY CREST HOME INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/07/2007 **Issued By:** License and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 11/05/2025

Inspection Dates and Department Representative

11/04/2025 - On-Site: [REDACTED]
 11/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71 **Residents Served:** 53

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 21 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 49 **Diagnosed with Intellectual Disability:** 53
Have Mobility Need: 3 **Have Physical Disability:** 3

Inspections / Reviews

11/04/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/22/2025

11/21/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/18/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/28/2025

Inspections / Reviews *(continued)*

12/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/19/2025

12/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Residents [redacted] and [redacted] are prescribed multiple PRN medications and PRN Blood Glucose monitoring. However, on Friday, [redacted] and Friday [redacted] from 10:00 PM through 6:00 AM the following mornings there were no staff in the home who had completed the Department approved medication administration training.

repeat [redacted] et al

Plan of Correction

Directed [redacted] - 12/01/2025)

Staffing shall meet the need of the residents specified in residents assessment and support plan
Starting 11/23/2025 scheduling staff will be responsible for the scheduling Agency Med Aide to cover 10pm-6am shift when we do not have Med Aide staff coverage for the residents that need PRN during the overnight shift the trainer to trainer and LPN are working to get the staff fully trained by 12/31/2025
The administrator will monitor the schedule daily to ensure the 10pm-6am shift is covered

[Directed]

- In addition to the above steps, the administrator or designee will educate the scheduling staff on regulation 60(a) by 12/19/25. Documentation of this education will be kept and available for review by the Department.
- Beginning no later than 12/8/25, the administrator or designee will review and sign off on the schedule weekly to ensure there is a med tech on the 10 PM to 6 AM shift.

Directed Completion Date: 12/19/2025

Implemented [redacted] - 12/18/2025)

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

On [redacted] at 11:55 AM, the hot water temperature in the bathroom sink of resident room [redacted] measured 127 degrees Fahrenheit, and on [redacted] at 10:53 AM, it measured 127.2 degrees Fahrenheit.

Plan of Correction

Accepted [redacted] 12/01/2025)

Hot water temperature in area accessible to the residents may not exceed 120 F

89b Hot Water Temperature (continued)

Administrator reviewed the regulation with maintenance staff 11/17/2025
Maintenance Staff called Burkholder on 11/17/2025 to have the temperature adjusted
and will continue to monitor the water temp daily as per the regulation 89. b.
starting 11/19/2025

Burkholder was called by maintenance staff and came out to the facility to adjusted the hot water in G wing not to
exceed 120 F on 11/19/2025 Maintenance staff takes a temperature check daily
see Attach;

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented ([redacted] - 12/18/2025)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is
locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 10:30 PM, [redacted] and [redacted] were unlocked,
unattended, and accessible in the shared shower room located in the A wing of the home.

Repeated Violation [redacted], et al

Plan of Correction

Accept [redacted] - 12/01/2025)

Prescription medication, OTC medication CAM and syringes shall be kept in a area container that is locked
*Charge Staff will do a daily walk through to ensures the boxes are locked starting 11/20/2025 and marked it off
on a check list
*All OTC Items labeled and locked
* New locking system was installed by Maintenance staff on 11/20/2025 in the shared bathroom
The supervising staff will educate staff on the importance of locking the items up
The charge staff will check daily to ensure the boxes are locked per regulation 183.b
staring 11/20/2025

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 12/18/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted]
[redacted], and [redacted]. Resident [redacted] October 2025 medication

187b - Date/Time of Medication Admin. (continued)

administration record does not include the initials of the staff who administered these medications on [redacted] at 4:00 PM, on [redacted] at 7:30 AM, on [redacted] at 4:00 PM, on [redacted] at 4:00 PM, on [redacted] at 4:00 PM, on [redacted] at 4:00 PM and on [redacted] at 4:00 PM.

Resident [redacted] is prescribed [redacted] and [redacted] at 7:30 PM. Resident [redacted] October 2025 medication administration record does not include the initials of the staff who administered these medications on [redacted] at 7:30 PM.

Plan of Correction

Directed [redacted] 12/01/2025)

the information in subsection (a) 13,14 shall be recorded at the time the medication administered
The administrator and LPN staff had a meeting and made a determination to pull Med Aide staff 11/1/2025
* Med Aide Staff was pulled from Med Pass due to Med errors 11/1/2025
*Failure to properly document date/time
LPN staff met with trainer to trainer, to review training procedure for the Med Aide staff and the time frame to have the training done
*retraining with trainer to trainer starting 11/20/2025. The training schedule was structured with clear step by step instructions
on how the tasks need to be completed and the right order, along with a checklist. The trainer will meet with Staff Med Aide to check on the Med pass and documentation and the completion of the task .
see attach;

[Directed]

- In addition to the above steps, beginning no later than 12/8/25, the administrator, LPN or designee will complete monthly MAR audits to ensure on-going compliance. Documentation of these audits are to be kept and available for review by the Department.

Directed Completion Date: 12/19/2025

Implemented ([redacted] - 12/18/2025)