

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

September 29, 2026

[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 07/23/2026 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: 06/02/2027

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: 04/17/1997

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 27

Waking Staff: 20

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/03/2026

Inspection Dates and Department Representative

07/23/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 27

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: 24

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

07/23/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/27/2026

09/10/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/17/2026

Inspections / Reviews (*continued*)

09/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2026

09/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

132a - Monthly Fire Drill**1. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation*An unannounced fire drill was not held during the month of June 2026.***Plan of Correction****Accept** () - 09/24/2026)*Staff was re-educated on fire drill procedures and the importance of monthly drills. Once the fire drill is completed for the month I sheet will be turned into administrator to sign off that it is complete. Administrator completed the re-education on fire drills per the regulations on 8/21/26.***Licensee's Proposed Overall Completion Date:** 09/16/2026**Implemented** () - 09/29/2026)**141b1 - Annual Medical Evaluation****2. Requirements**

2600.

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

Description of Violation*Resident #1's most recent medical evaluation was completed on ()***Plan of Correction****Accept** () - 09/24/2026)*A current list will be maintained on residents and the dates that the medical evaluations are to be done. Administrator will update the list as residents leave and arrive at the facility. Once doctor completes the medical evaluation the owner and administrator will check over forms for all signatures are completed accurately. Owner and administrator will complete a monthly sign off sheet. Dr. () was contacted and visited the facility 8/24/26 and filled in () missing date on resident #1 DME form.***Licensee's Proposed Overall Completion Date:** 09/16/2026**Implemented** () - 09/29/2026)**187a - Medication Record****3. Requirements**

2600.

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

8. Frequency of administration.

Description of Violation*Resident #2 is prescribed Novolog Flexpen, 100 Unit/ML, per sliding scale. However, resident #2's July 2026 medication administration record did not indicate the frequency of medication.*

187a Medication Record (continued)

Plan of Correction

Accept () - 09/24/2026)

Medication staff was re educated on the importance of completion of MARS on a daily basis. A sign off sheet will be completed daily for the first month. Then go to monthly for the next 6 months. Administrator will sign off after verifying the MARS were completed on monthly bases. The MAR was updated by [REDACTED] on 7/23/26. Administrator [REDACTED] went over the regulations on MARS with med staff on 8/21/26.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/29/2026)

227d - Support Plan Medical/Dental

4. 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

The assessment for resident #1, dated [REDACTED] indicates the resident has a need for hospice services. The resident's support plan, dated [REDACTED] did not document the hospice agency's contact information.

Plan of Correction

Accept () - 09/24/2026)

A current list of residents will be maintained and updated by administrator as residents leave and arrive at the facility. A log will be kept monthly on all residents and marked off if there is a need or no need for changes to their support plans. There will be a monthly audit completed for the next 6 months. The owner and Administrator will alternate the monthly audit ie... Owner completed July, Administrator completed August and will continue alternating the remaining 6 months.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/29/2026)