

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SACRED HEART ASSISTED LIVING BY SAUCON CREEK, LLC

LEGAL ENTITY

To operate SACRED HEART ASSISTED LIVING BY SAUCON CREEK

NAME OF FACILITY OR AGENCY

Located at 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967 P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 16, 2010 until December 16, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216750

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 10 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. James Kusko, President  
Sacred Heart Assisted Living by Saucon Creek, LLC  
3910 Adler Place, Suite 100  
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Assisted Living by Saucon Creek  
4851 Saucon Creek Road  
Center Valley, Pennsylvania 18034

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on October 4, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

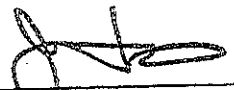
Enclosures  
License  
Violation Report

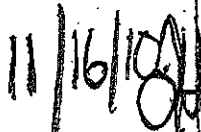
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

P. 2/24  
PAGE 2 of 15

TO: 6106253266  
AUDRA WALLIS

MAR-1-2004 01:28A FROM: RHAGLIND ADMINISTRAT 6106252706  
11/03/2010 10:50 6106253266

NAME AND ADDRESS OF PERSONAL CARE HOME Sacred Heart Assisted Living By Saucon Creek, 4851 Saucon Creek Road Center Valley, PA 18034		CURRENT LICENSE NUMBER 216750
INSPECTION DATES (Include all dates of the inspection) 10/04/2010	REGIONAL REPRESENTATIVE Ann O'Haire, Florence Habiarz, Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC		
SIGNATURE OF LEGAL ENTITY 	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 11-10-10	DATE 11-16-10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
63b Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.	Staff Person #B (DOH 3/17/08) completed an online Adult CPR course that is not an approved training program. This course did not include a CPR practicum that was observed by a certified CPR trainer.	11-23-2010	-Scheduled to attend an approved Adult CPR course to include a CPR practicum observed by a certified CPR trainer at Sacred Heart Senior Living by Saucon Creek location.  -Only an approved Adult CPR course to include an observed CPR practicum will be accepted for all employees.	11/16/10 

**RECEIVED**  
NOV 15 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


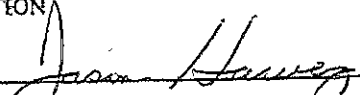
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
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PRINTED NAME AND TITLE OF LEGAL ENTITY representatives produce the plan)	SIGNATURE OF LEGAL ENTITY  Sacred Heart Assisted Living by Saucon Creek, LLC	
James Kisko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living L.P. Member	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-16-10
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65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Staff person #D (Date of Hire 5/13/10) did not have a record that they completed the initial direct care competency training .	11-13-2010	-Schedule DPW on-line Initial Direct Care Competency Training prior to next work schedule.  -Need to have completed course, or staff person may not provide unsupervised direct care.  Staff person D completed	11-16-10 

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**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**



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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			See Previous Page	

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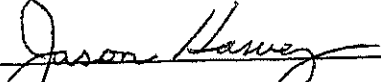
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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				See Previous Page

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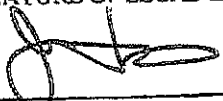
P. 6/24  
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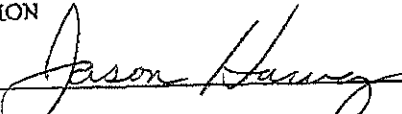
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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				See previous Page

VIOLATION REPORT  
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MAR-1-2004 01:30A FROM: RHAGLUND ADMINISTRAT 6106252706 AUDRA WALLIS  
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 P. 7/24

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hot line shall be posted on or by each telephone with an outside line.	The home did not have the required emergency telephone numbers attached or located near the resident telephones in the following areas: Room #s 231, 224, 215, and 206.	10-4-2010 <i>completed</i>	-Emergency Telephone Numbers have been visually placed near each resident telephone in rooms #231, 224, 215, and 206.  -All other occupied resident rooms will also be checked by assigned housekeeping staff to ensure that Emergency Telephone Numbers are visually placed near each resident telephone.	11-16-10 <i>JH</i>
		By 11-12-2010		



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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located on the first floor medication room did not include a pair of goggles.  The 2nd floor first aid kit located in the employee bathroom did not include adhesive tape.	10-4-2010 completed  10-4-2010 completed	-A pair of goggles was placed in the First Aid Kit located in the first floor medication room.  -A roll of adhesive tape was placed in the First Aid Kit located in the employee bathroom.  -First Aid Kits will be checked monthly by Director of Resident Care and assigned nursing staff.  -First Aid Kits in company vehicles will be checked monthly by assigned maintenance staff.  -All First Aid Kits are to be secured with numbered tab, and documented.  -Checklist will include items listed from LMI PCH Regulations number 96a.	11-16-10 

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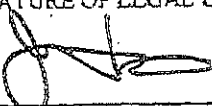

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
ADMINISTRAT 6106252706

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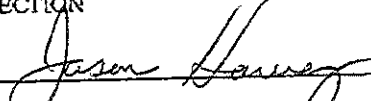
18:58

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		DATE 12-8-10

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home has a letter from a fire safety expert, dated 6/30/10, which specifies an evacuation time of 11 minutes and 0 seconds for the building. The home's fire drill times exceeded the evacuation time on the following dates: 1. 1/18/10 at 8:45 am, 11 minutes & 17 Seconds 2. 1/18/10- at 11:15 am 12 mins & 3 secs 3. 3/8/10, at 11:28 am, 11 mins & 43 secs. 4. 4/28 /10, at 4:30 am 14 mins 39 secs. 5. 5/31/10 at 5:00 am 13 mins & 27 secs. 6. 8/30/10 at 11:30 am 12 mins 0 secs 7. 9/26/10 at 11:00 pm 15 mins 0 secs	By 11-19-2010	-Schedule a meeting with Fire Safety Expert to review and update letter to reflect the current appropriate Fire Drill Evacuation Time. -Inform staff and residents of the updated current appropriate Fire Drill Evacuation Time for monthly fire drills.  The provider has agreed to the following plan of corrective steps to reduce fire drill times to under 11 minutes or less as specified in their fire safety letter dated 6/30/10 by the Northampton Fire Dept.  1. Continue to practice fire drills monthly to reduce the evacuation times. 2. Educate residents individually and as a group regarding the importance of responding immediately in the event of a fire alarm. 4. Monitor resident evacuation ability and fire drill times on an ongoing basis to assess capability for a safe evacuation. 5. Assign additional staff to any shift when fire drill times are not met for more than 2 consecutive fire drills on that shift.  12-8-10	Steps have been taken to correct violation; full compliance is not verifiable Date 12-8-10 (Initials (DPW))

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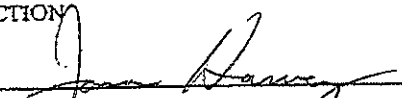
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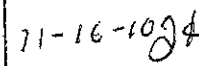
TD:6106253266

AUDRA WALLIS

MAR-1-2004 01:31A FROM: RHAGLUND ADMINISTRAT 6106252706

11/03/2010 10:50 6106253266

NAME AND ADDRESS OF PERSONAL CARE HOME Sacred Heart Assisted Living By Saucon Creek, 4851 Saucon Creek Road Center Valley, PA 18034		CURRENT LICENSE NUMBER 216750	
INSPECTION DATES (include all dates of the inspection) 10/04/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Florence Babiarz, Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-16-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Medications located in the rooms of Resident #1 and Resident #2 were not locked and secured. Both residents are both capable of self administration and do self-administer their medications.	10-4-2010 completed	-Speak with both residents to inform and remind to place all medications in night stand and to lock and secure nightstand with key.  -All medications placed in nightstand locked and secured with key.  -Director of Resident Care is to keep current list of residents who are capable to self-administer medications.  -Director of Resident Care and assigned nursing staff to conduct monthly visual checks of each resident's room of the residents who are capable of self-administering medications.  -Monthly visual checks to be documented on list of residents capable of self-administering medications.	11-16-10 



VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

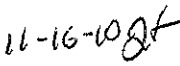
P. 12/24  
PAGE 13/13

TO: 61066253266

AJUKA WALLIS

MAR-1-2004 01:32A FROM: RHAGLAND ADMINISTRAT 61066252706  
11/7/03/2010 10:50 61066253266


NAME AND ADDRESS OF PERSONAL CARE HOME Sacred Heart Assisted Living By Saucon Creek, 4851 Saucon Creek Road Center Valley, PA 18034		CURRENT LICENSE NUMBER 216750
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	The medication training record for staff person B has a pass date of 5/14/08 for initial training with a date of 11/1/08 for the initial annual practicum. Staff person B was required to complete annual practicums by 5/14/09 and 5/14/10. No training record form was present after 11/1/08 that demonstrated this staff person had maintained their medication training requirement.	10-6-2010 completed	-Staff person B attended a Medication Administration Training Program for retraining conducted by a certified trainer on October 6, 2010. Staff person B completed and passed.	11-16-10 
	Staff person E had an initial training pass date of 7/30/09 but did complete the required initial annual practicum due by 7/30/10.	10-8-2010 completed	-Staff person E attended a Medication Administration Training Program for retraining conducted by a certified trainer on October 8, 2010. Staff person B completed and passed.	
	Staff persons B and E are no longer qualified to administer medications and need to be retrained.	By: 10-6-2011 § 10-8-2011	-Observation and documentation by a certified trainer is required for Initial Annual Practicum in order to maintain medication training requirements.  -Medication Administration Training documentation will be reviewed monthly by Resident Care Coordinator and Director of Resident care to ensure requirements are met.	

VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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TO: 6106253266  
 AUDRA WALLIS  
 FROM: RHAGLUND ADMINISTRAT 6106252706  
 6106253266  
 11/03/2010 10:50

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.				See previous page.

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PAGE 13/13

TO:61066253266



AUJKA WALL,LS

ADMINISTRAT 61066253266

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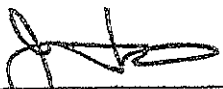
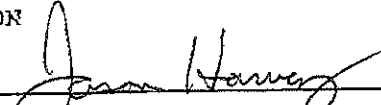
11/03/2010 10:50

MAR-1-2004 01:33A FROM:RHAGLND

NAME AND ADDRESS OF PERSONAL CARE HOME Sacred Heart Assisted Living By Saucon Creek, 4851 Saucon Creek Road Center Valley, PA 18034		CURRENT LICENSE NUMBER 216750
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SIGNATURE OF LEGAL ENTITY 	DATE 11-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 11-16-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>Resident # 3 had the following elements missing from their Medication Administration Record for their following medications: Lisinopril &amp; Omaprazole. No strength, dosage form, dosage, and diagnosis &amp; purpose.</p> <p>Resident #4 Prednisone 10 mg tab did not have a diagnosis or purpose for this medication listed on the Medication Administration Record for this resident.</p> <p>Resident #5 did not have a diagnosis or purpose listed on their Medication Administration Record for their Warfarin Sodium 4 mg to be taken daily.</p> <p>Repeated Violations: 09/10/2009 09/11/2009</p>	<p>10-4-10 Completed</p> <p>10-4-10 Completed</p> <p>10-4-10 Completed</p>	<p>-All handwritten entries in Medication Administration Record must be legible.</p> <p>-All entries for each medication will include a diagnosis and purpose, strength, dosage form, and dosage.</p> <p>-All entries for each medication on Medication Administration Record will be reviewed closely by the pharmacy and assigned medication nursing staff during monthly change over.</p> <p>-Pharmacy will be contacted to make necessary corrections and send corrected labels.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 11-16-10 Initials (DPW)</p>

VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				See previous page

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PAGE 10/13

TD:6106253266

AUJURA WALLIS

6106252706

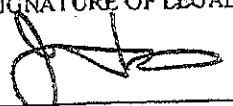

ADMINISTRAT 6106253266

10:50

11/05/2010

MAR-1-2004 01:33A FROM: RHAGLUND

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening forms for the following residents were not filled out completely and were missing information indicating whether the resident has special needs and/or behavioral needs: Resident #5, Resident #6, Resident #7, Resident #9 and Resident #10.  Repeated Violations: 09/10/2009 09/11/2009	Completed 10-5-10	-Pre-Admission Screening forms will be filled out completely.  -If not applicable, so state by writing "Not Applicable", "None", or "None noted at this time", but do not leave blank.	Steps have been taken to correct violation; full compliance is not verifiable 11-16-10 Date Initials (DPW)

**RECEIVED**  
 NOV 15 2010  
 SCRANTON FIELD OFFICE  
 Adult Residential Licensing

MAR-1-2004 01:34A FROM:RHA@LIND ADMINISTRAT 6106252706  
 11/03/2010 10:50 5106253256  
 AUDRA WALLIS  
 TO:6106253256  
 P.16/24