



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: **DEC 1 2011**

Mr. Philip E. Tack, Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Meadow Lake Manor of Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262

Dear Mr. Tack:

As a result of the Department of Public Welfare's licensing inspection on September 21, 2011 and November 10, 2011, 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.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011, 11/10/11		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Aleta Hook - P.C. Administrator M.L.M.</i>			
SIGNATURE OF LEGAL ENTITY <i>Aleta Hook PC Adman</i>	DATE 11-28-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe Pazzino (JFP)</i>	DATE 11-30-11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>On 8/24/2011, Resident #1 was being assisted off of the toilet by Staff person A when the resident fell backward into the toilet tank with enough force to crack the tank of the toilet with his/her lower back or buttocks causing the toilet to need to be replaced. Resident #1 was never evaluated for injury following this fall. On 8/28/2011, Resident #1 fell out of his/her dining room chair while sitting at the table in the dining room of the home. Multiple resident interviews state that Resident #1 fell to the floor and the chair tipped over with him/her. Staff bandaged a skin tear on the elbow but did not have the resident evaluated by a physician or sent to the hospital.</p> <p>Neither of these falls were reported to the Department.</p> <p>Western Region</p>	11-28-2011	<p>1 All staff was re-educated on 55 Pa Code 2600. Reg 16c that all incidents and or conditions must be reported within 24 hrs to supervisor - family - dr. and DPW.</p> <p>2 Training will continue on annual training and new hires.</p> <p>3 Implementation and follow-up will be done and continue to be monitored by PC Administrator</p> <p>4 Training is immediate</p> <p>5 Documentation enclosed.</p> <p>The administrator will ensure that all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method. 11/30/11 JFP</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/30/11 Date Initials (DPW)</p>
	Adult Residential License	12/30/11		

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011 , 11/10/11		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Alota Hook - P.C. Administrator M.L.M.</i>			
SIGNATURE OF LEGAL ENTITY <i>Alota Hook PC Admin</i>	DATE 11-28-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 11-30-11

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 8/24/2011, Resident #1 was being assisted off of the toilet by Staff person A when the resident fell backward into the toilet tank with enough force to crack the tank of the toilet with his/her lower back or buttocks causing the toilet to need to be replaced. Resident #1 was never evaluated for injury following this fall. On 8/28/2011, Resident #1 fell out of his/her dining room chair while sitting at the table in the dining room of the home. Multiple resident interviews state that Resident #1 fell to the floor and the chair tipped over with him/her. Staff bandaged a skin tear on the elbow but did not have the resident evaluated by a physician or sent to the hospital. On 9/15/2011, Resident #1 was sent to Butler Memorial Hospital due to weakness, refusing meds and not eating. Hospital records indicate that Resident #1 had sustained a fracture to the left hip and a fracture of the left clavical. The home failed to have Resident #1 evaluated after these falls in the home and did not secure timely care which led to the decline of Resident #1 and the hospitalization.	11-28-2011	<p>All staff was re-educated on Pa 55-2600 - Reg 42b that no one will not be neglected, physically, verbally, abused, mistreated. If at any time this is noted, punishment will follow.</p> <p>2. Training will continue annually and with new hires.</p> <p>3. Implementation and follow-up will be done and continue by P.C. Administrator</p> <p>4. Done immediate</p> <p>5. Documentation enclosed</p> <p>All direct care staff and management staff including the administrator will receive training in resident rights, abuse reporting and prevention from a Department approved outside source. Documentation of training will be kept. 11-30-11 JWP</p>	12/30/11

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 11/30/11 Initials (DPW): JWP

Western Region

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011, 11/10/11		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Aleta Hook PC Administrator M.L.M</i>			
SIGNATURE OF LEGAL ENTITY <i>Aleta Hook PC Admin</i>	DATE 11-28-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 11-30-11

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for Resident #1 was dated 6/30/2010.	11-28-11	<ol style="list-style-type: none"> All charts were reviewed, All charts documentation is current according to reg. 225c. Tracking form put in each chart. Review will be done monthly by PC Administrator 	<i>JYP</i> 11-30-11
Western Region				
2011				
Adult Residential Licensing				

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA		CURRENT LICENSE NUMBER 426810	
16262 INSPECTION DATES (Include all dates of the inspection) 09/21/2011, 11/10/11		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Aleta Hook - PC Administrator M.L.M.</i>			
SIGNATURE OF LEGAL ENTITY <i>Aleta Hook P.C. Admin</i>	DATE <i>11-28-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE <i>11-30-11</i>

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
227c 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.	The most recent support plan for resident #1 was dated 6/30/2010.	<i>11-28-11</i>	<ol style="list-style-type: none"> <i>1. All charts were reviewed. All charts were done to be in compliance with 227c.</i> <i>2. Tracking forms put in each chart.</i> <i>3. Done immediately and will continue by PC Administrator</i> 	
Western Region				
Adult Residential Licenses				