



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
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Sent via email to: [REDACTED]
MAILING DATE: January 30, 2012

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

RE: Sacred Heart Senior Living
4801 Saucon Creek Road
Center Valley, Pennsylvania 18034

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on November 22, 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.

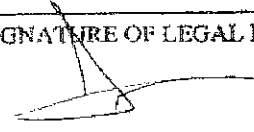
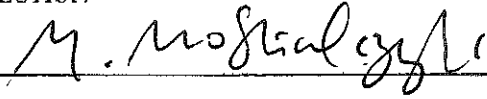
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

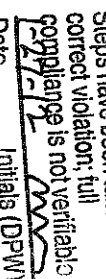
Sincerely,

Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SACRED HEART SENIOR LIVING, 4801 SAUCON CREEK ROAD CENTER VALLEY, PA 18034		CURRENT LICENSE NUMBER 220800	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE James Jesse Hummel	
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 12/29/11	DATE 1-27-12	

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>Resident #1 is prescribed Abilify 20mg to be administered daily at 8:00am. The home failed to administer this medication to resident #1 on 11/6/11 and 11/7/11. The home did not submit an incident report to the Department in regards to this prescription medication error.</p> <p>Resident #1 is prescribed Seroquel 200mg to be administered daily at 8:00pm. The home failed to administer this medication to resident #1 on 11/7/11. The home did not submit an incident report to the Department in regards to this prescription medication error.</p>	12/29/11	<p>-Medication was missed because Med Techs were unable to obtain refill order from physician. Med Techs did not follow proper procedure which is to notify the Resident Care Director, who in turn completes and submits the Reportable Incident Form.</p> <p>-Med Techs were immediately counseled and coached regarding proper procedure.</p> <p>-Med Techs now check daily for number of remaining meds/resident. Any count less than 5 days will result in a call to the doctor on the day of discovery.</p> <p>-A Check System has been implemented: Resident Care Coordinator checks the MAR's daily.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p></p> <p>Date _____ Initials (DPW) _____</p>