



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **FEB** 2 2012

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 December 16, 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 cursive script that reads "Maria Stepanovich".

Maria Stepanovich
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) 12/16/2011		REGIONAL REPRESENTATIVE L. Mazza, B. McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham PC ADMINISTRATOR MLM</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham PC ADM</i>		DATE 1-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Marisa Stepanovich (MS)</i>
			DATE 1/31/12

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
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 A, hired on 4/17/07, has been providing unsupervised ADL's and has not completed the Department-approved direct care training course and has not passed the competency test. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region JAN 26 2012 Adult Residential Licensing </div>	1-26-12	The Director or Designee WILL AUDIT all new hires employment file for documentation of all required TRAINING for the next 3 months and report findings at the next Quality Assurance meeting New hires will complete Department approved Direct Care STAFF TRAINING course & pass competency test prior to performing direct care all staff onsite have passed competency test STAFF MEMBER A TOOK DIRECT CARE STAFF TEST 12-24-11 New hire TOOK exam 1/25-12 prior to direct care started 1-25-12 on floor	MS 1/31/12

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan): <i>Joyce Cunningham PC ADMINISTRATOR M.L.M</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham PC</i>	DATE <i>1-26-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>1/31/12</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
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	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>JAN 26 2012</p> <p>Adult Residential Licensing</p> </div>			

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham PC Administrator M.L.M</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham PC Admin</i>	DATE <i>1-26-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>NIS</i>	DATE <i>1/31/12</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
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.	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>JAN 26 2012</p> <p>Adult Residential Licensing</p> </div>			

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SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham PC Admin</i>		DATE <i>1-26-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>
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(xii) 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.	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>JAN 26 2012</p> <p>Adult Residential Licensing</p> </div>			

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jayce Cunningham PC ADMINISTRATOR M.L.M.</i>			
SIGNATURE OF LEGAL ENTITY <i>Jayce Cunningham PC Admin</i>	DATE <i>1-26-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>1/31/12</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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	At approximately 3:15pm, staff member A was observed by ARL Inspectors walking away from the medication cart with 2 different medication cups that had 1 pill in each cup. Neither of the cups were labeled with resident names. Also, at the same time, staff member A took an unlabeled nebulizer and an unlabeled breathing treatment. Staff member A stated that the medications/treatments were for 4 different residents. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region JAN 26 2012 Adult Residential Licensing </div>	<i>1-26-12</i>	<i>STAFF member WAS IMMEDIATELY removed AND reprimanded removed from medication assistance responsibilities AND delegated TO a CAREaide POSITION. Residents medications were reviewed and confirmed were administered correctly by the Director. The nebulizer was identified with the residents name ALL MED TECHNICIANS were educated on proper medication adm. protocols Director will observe STAFF medication delivery and procedures for the next 3 months and report findings to the Quality Assurance committee all medos will be locked in med cart DIRECTOR WILL START MED OBS. IN JAN AND 4me after</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable 1/31/12 MS Date Initials (DPW):</i>

Jan. 26, 2012 5:31PM Sugar Creek Rest

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VIOLATION REPORT
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham Peason M.L.M.</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham Peason</i>		DATE <i>1-26-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>
			DATE <i>1/31/12</i>

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	At approximately 3:15pm, staff member A was observed by ARL inspectors walking away from the medication cart with 2 different medication cups that had 1 pill in each cup. Neither of the cups were labeled with resident names. Also, at the same time, staff member A took an unlabeled nebulizer and an unlabeled breathing treatment. Staff member A stated that the medications/treatments were for 4 different residents.	<i>1-26-12</i>	<i>STAFF member A was immediately reprimanded and removed from medication assistance responsibilities and relegated to a care aide position. Residents medications were reviewed and confirmed by Director that they were Admin. Correctly. Nebulizer identified with the residents name. All med techs. were educated on proper medication administration protocols. Director will observe and audit staff medication delivery procedures for the next 3 months and report findings to the Quality Assurance Committee. Residents not checked for ADAM.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable.</i> <i>1/31/12 MS</i> Date Initials (DPIA)

Jan. 26. 2012 5:31PM Sugar Creek Rest

No. 3297 P. 7