



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: spanick@shfamily.org
MAILING DATE: December 13, 2012

Ms. Suzanne Panick, Administrator
Sacred Heart Assisted Living by Saucon Creek, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

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

Dear Ms. Panick:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 21, 2012 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 Human Services Licensing so that compliance can be verified.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report:
PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 most recent medical evaluation was completed on 4/18/11. The home did not complete a new medical evaluation within the annual timeframe.
 Resident # 2 most recent medical evaluation was completed on 6/23/11. The home did not complete a new medical evaluation within the annual timeframe.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES KUSKO, MANAGER	Date 10/25/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-12-12
 (Date)

Plan of correction implementation status as of 12/12/12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report:
PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 most recent assessment was completed on 5/14/11. The home did not complete a new medical evaluation within the annual timeframe.
 Resident # 2 most recent assessment was completed on 7/17/11. The home did not complete a new medical evaluation within the annual timeframe.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES KUSKO, MANAGER	12/25/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/12/12</u> (Date)	Plan of correction implementation status as of <u>12/12/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 216750 – 8/21/2012 – OHaire, Anne; Novak, Ryan
PCH Name: Sacred Heart Senior Living by Saucon Creek

PLAN OF CORRECTION: REGULATIONS 2600.141(b)(1) AND 2600.225(c): Deficiencies in both areas were the result of the same errors and corrected through the same processes.

EXPLANATION:

Resident #1: The prior Resident Care Director maintained a spreadsheet to alert her of Medical Evaluation, Assessment and Support Plan due dates. The date for this resident was incorrect; therefore, neither the Medical Evaluation nor the RASP was completed on time. As the Administrator, I should have double-checked the dates.

Resident #2: The resident's primary physician evaluated the resident on Feb. 21, 2012, at which time he recommended Hospice services. He completed the form on Feb. 24, 2012; however, he failed to return it to the facility. The RASP was completed by Nursing on time, but was held to compare against the Medical Evaluation. The mistake resulted from a lack of communication and follow-through.

CORRECTION:

Resident #1 was examined by [redacted] primary care physician on 7/26/2012, with the Medical Evaluation and RASP completed on 8/22/2012. Both documents are stored in the resident's file.

Resident #2's Medical Evaluation and RASP are complete and stored in the resident's file. (The Administrator contacted Resident #2's physician, who apologized profusely and immediately found and sent the Medical Evaluation.)

The Resident Care Coordinator immediately checked all resident files to be sure the documented Medical Evaluation and RASP due dates are correct for all residents.

We have implemented the following accountability measures in order to prevent this from happening again:

1. The Administrator is in the process of reviewing all resident files and has created a new Tracking System (Excel Document) designating Medical Evaluation and RASP due dates for the remainder of 2012 and 2013. As forms are completed, new due dates will be set immediately for the following year. The Tracker will be completed by November 9, 2012.
2. The Tracker will be reviewed weekly by the Administrator with the Nursing Department to ensure compliance with annual due dates and ensure that all status changes are recorded.
3. Nursing provides the Receptionist with a monthly list of residents due for appointments. The Receptionist is currently working 1 ½ months out, contacting and assisting family members with scheduling annual appointments. The Receptionist reviews her progress weekly to ensure the appointments are scheduled in a timely manner.

Signature of Legal Entity Representative: _____

Printed Name and Title of Legal Entity Representative: JAMES KUSKO, MANAGER

Date: 10/25/12

[Signature] 12/12/12