



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 21 2013

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

RE: Sacred Heart Senior Living by the Creek
602 East 21st Street
Northampton, Pennsylvania 18067

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on July 24, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period September 29, 2013 to September 29, 2014 was issued on June 21, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 20136 - 07/24/2013 - O'Haire, Anne
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 7/24/13 Department Representatives determined that the facility does not have the Licensing Inspection Summary from the inspection conducted on 2/14/13, posted in a public and conspicuous place in the facility as required.

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.

The above violation was corrected prior to the end of current inspection. All documentation from February 14, 2013 inspection were posted in proper conspicuous public place as well as the annual inspection results from June 26, 2012 inspection.

All inspection results, including complaint and/or additional violation reports will be posted as required by Administrator and or designee.

** Adm or designee will check weekly to insure licensing inspection summaries are posted in the proper conspicuous public place. Q.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
James Kusk General Partner N. Personal Care Assoc LP Member		9-4-2013	
Sacred Heart Assisted Living LLC			

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The above plan of correction is approved as of <u>9-5-13</u> (Date)	Plan of correction implementation status as of <u>9-5-13</u> (Date)
The above plan of correction was approved by <u>Q</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: 20136 - 07/24/2013 - O'Haire, Anne
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 During the time period of July 2012 thru 2013, eight out of 12 monthly fire drills conducted by the facility, were held during the last week of the month.

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.

Upon review of fire drills conducted during the time period of July 2012 thru July 2013, the following drills were conducted according to Regulation 2600.132g. The interpretation of monthly drills was taken as different days of week and different times of day and night. The drills conducted are different days of week and different times of day and night. In the future, monthly drills will also include different weeks of month. Maintenance Director will rotate week, day and time. Administrator to monitor all fire drill procedures for ongoing compliance

July 2012	Day: Saturday 29 th	Time: 3:27PM	
August 2012	Day: Tuesday 28 th	Time: 9:00AM	
Sept 2012	Day: Wed 26 th	Time: 4:45AM	
Oct 2012	Day: Monday 22 nd	Time: 7:30PM	
Nov 2012	Day: Friday, 16 th	Time: 6:40AM	Witnessed Annual Fire Drill
Dec 2012	Day: Saturday 9 th	Time: 2:05PM	
Jan 2013	Day: Tuesday, 29 th	Time: 8:40AM	
Feb 2013	Day: Tuesday, 26 th	Time: 3:47PM	
Mar 2013	Day: Sunday, 24 th	Time: 12:30AM	
April 2013	Day: Friday, 26 th	Time: 10:04AM	
May 2013	Day: Friday, 31	Time: 8:55AM	
June 2013	Day: Tuesday, 18 th	Time: 9:35AM	
July 2013	Day: Monday, 29 th	Time: 4:30PM	

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: James Kusko
 (Required on EVERY Page) Gen. Partner, N. Care Assoc. L.P. Member
Sacred Heart Assisted Living LLC Date: 9-4-2013

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Violation Report: 20136 - 07/24/2013 - O'Haire, Anne
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The Medical Evaluation form completed on 2/25/13 for resident # 1 does not include the name of the medical professional that completed the evaluation, signature of the medical professional, or license number of the medical professional.

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.

The Medical Evaluation for Resident #1 was returned to the physician for review and signature.
 Signature of physician was obtained on the Medical Evaluation and placed in resident file.

Resident file review will be conducted by Admissions Director and a second review conducted by Administrator for compliance.

** Adm or designee will conduct an audit of resident records for all current residents to insure compliance. Documentation of this audit will be retained by Home.*

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: James Kusko Date: 9-4-2013
 (Required on EVERY Page) Gen. Partner N. Personal Care Assoc. LP Member
SACRED HEART ASSISTED LIVING LLC

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Violation Report: 20136 - 07/24/2013 - O'Haire, Anne
 PCH Name: SACRED HEART SENIOR LIVING BY THE 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
 The previous medical evaluation for resident # 2 was completed on 2/16/12. The most recent medical evaluation for resident # 1 was completed on 4/4/13, which was more than 12 months after the previous medical evaluation. A medical evaluation is required annually.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Resident #2 Medical evaluation dated 2/6/12 was reviewed and signed by physician on 4/4/12.

When scheduling for the annual 2013 Medical Evaluation, Resident Care Coordinator mistakenly took the 4/4/12 date and scheduled 2013 appt in April rather than February. This error was an oversight by staff member. Resident Care Coordinator is fully aware of annual dates are taken from Date Resident was evaluated. RCC will continue the Annual Medical Evaluation process. Administrator will review all resident files for compliance.

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*
Gen. Partner N. Personal Care Assoc LP Member
SACRED HEART ASSISTED LIVING LLC 9-4-2013

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Violation Report: 20136 - 07/24/2013 - O'Haire, Anne
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

Resident #3's Artificial tears, 1 drop in both eyes 4 times a day was not initialed as being given on 07-07-13 at 8:00pm. No diagnosis or purpose was listed with this medication.
 Resident #4's Optivar 0.05 % Drops, instill 1 drop in each eye 2 times a day, 8:00am and 8:00pm for allergies was not initialed as being given on 07-15-13. No reason for this omission was listed on the resident's MAR's.

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.

MARs for Resident #3 Artificial tears medication includes Diagnosis: Tear film insufficiency. Med Technician failed to initial 8:00PM on MARs. Unable to obtain reason why 7-7-2013 date was not initialed. Med Tech mistakenly missed initialing this medication.

Medication Aide staff members were informed of this violation and counseled on importance of documenting that medications were given. Director of Wellness and Resident Care Coordinator conducted "Basic Training" classes for all shifts on Aug 16, 20, 23, 2013 for medication procedures and personal care review.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>JAMES RUSKO</u> <u>Gen. Partner N. Personal Care Assoc LP Member</u> <u>Sacred Heart Assisted Living LLC</u>		

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