



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]

MAILING DATE: April 30, 2014

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 by Saucon Creek
4851 Saucon Creek Road
Center Valley, Pennsylvania 18034
License #216750

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on March 26, 2014 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 must be maintained.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21675 - 03/26/2014 - Hummel, Jesse
 PCH Name: SACRED HEART SENIOR LIVING BY SAUGON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 On 3/12/14 at approximately 5:30am, staff person A recorded resident #1 toileting. The video was taken via staff person A's personal cell phone. Staff peron A recorded resident #1 through a small opening in the bathroom door. Resident #1 was not aware of staff person A recording the resident toileting.

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.

Please see the attached Plan of Correction.

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	4/18/14

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

The above plan of correction is approved as of <u>4-30-14</u> (Date)	Plan of correction implementation status as of <u>4-30-14</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

Plan of Corrections for Violation Report 21675 – 3/26/2014 – Hummel, Jesse

EXPLANATION:

Resident 1 was evaluated by Physical Therapy and determined to be a fall risk. Resident 1 agreed to use her wheelchair for all transports except within her room at which time she would ring for assistance in using her walker, primarily for ambulating to and from the bathroom. Resident 1 was also on a toileting schedule during the overnight hours. On several occasions, staff members, while checking on Resident 1 during the night, found Resident 1 to be dry with urine in the toilet.

On 3/12/14, arriving to the resident's room at the scheduled toileting time, Staff Member A discovered Resident 1 in the bathroom alone and then video recorded the resident on her cell phone as evidence proving that the resident was taking herself to the bathroom on her own, a fact the resident adamantly denied.

Staff member A showed the video to three staff members. The incident was reported to the Nursing Director by a Med Tech, one of the three. Upon viewing the video, the Med Tech reported becoming very upset, scaring Staff Member A, who deleted the video within one hour after it was taken. The Med Tech also reported that the video was clearly intended to document and report, showing no frontal or back nudity. Staff member A's decision to video clearly violated Resident 1's Right to Privacy; however, no malicious intent was discovered.

CORRECTION:

1. Following the report by the Med Tech to the Nursing Director, Staff member A was immediately removed from the schedule pending investigation. Staff member A was subsequently terminated for the violation of Regulation 42(s).
2. Lehigh County Area Agency on Aging (LCAAA) was contacted by the Administrator. They did not immediately require an Act 13 Report, but requested that DPW advise regarding this matter. An Act 13 Mandatory Abuse Report was filed with the LCAAA as requested by the DPW Regional Licensing Administrator contacted. The LCAAA chose not to pursue this incident as an abuse case. (Submitted to DPW by fax 3/14/14)
3. Regulation 42(s) was posted in the employee break room by the time clock for the employees to read and sign. Additional copies were distributed with the March 20, 2014 payroll and are

stored in their respective employee files, audited by the Administrator. (Submitted to DPW by fax 3/12/14)

4. A new *Personal Cell Phone/Electronic Communication Device Use by Employees Policy*, prohibiting carrying personal cell phones while on duty unless authorized, has been written, distributed and signed by all employees, stored in the respective employee files, audited by the Administrator. This policy has been added to new hire paperwork. (Submitted to DPW by fax 3/21/14)

5. In addition to the annual staff training on Resident Rights held in January 2014, the LCAA Deputy Administrator conducted in-person staff training on "Resident Rights and Confidentiality", with special emphasis on Resident Privacy, on April 1, 2014. A second "evening" training is scheduled for April 22, 2014 (rescheduled from April 15 at the request of LCAA). (Training content submitted to DPW by e-mail 3/25/14)



4-30-14

SHSL 21675 4/18/14

X



4/18/14

2