



JUL 17 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 II
4801 Saucon Creek Road
Center Valley, Pennsylvania 18034
License #: 220800

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on May 29, 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.

Your regular license for the period August 3, 2014 to August 3, 2015 was issued on May 30, 2014. Your regular license remains in good standing.

Sincerely,

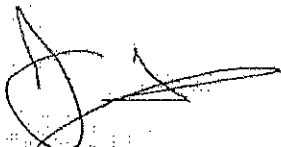
A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - <u>II</u>		License Number: 22080
Address: 4801 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034		County: Lehigh
Administrator: CAROL BLUZO		Region: NORTHEAST
Legal Entity Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC.		
Legal Entity Address: 3910 ADLER PLAGE, SUITE 100, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy I-1 02/20/2009 TOWNSHIP OF UPPER SAUCON		
Staffing Hours Resident Support: 0 Total Daily Staff: 34 Waking Staff: 26		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/29/2014: Dumas, Gerald; Patton, Leslie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 21 Secured Dementia Care Unit in Home: NO YES Area: Secured Dementia Unit Capacity, if Applicable: YES 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 21 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0


JAMES KUSKO 6/26/14
 Manager

Violation Report: 22080 - 05/29/2014 - Dumas, Gerald
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - II

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 5/29/2014, at approximately 10:00 a.m., a binder belonging to the activity staff, was left in a public seating area closest to the kitchenette. The binder contained each residents reaction and response to personal issues including medical, pain issues and residents moods on any particular day.

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.

EXPLANATION:

The forms discovered by inspectors were One-On-One Forms from 2012/2013 stored in the back of the binder. They are no longer used by the Activities and should have been filed away. The current form is a simple spreadsheet that lists the residents' names and check marks documenting the residents' attendance for each activity.

CORRECTION:

1. The Activities Binder is now stored in the 2nd Floor Medication Room when not in use, effective 5/29/2014.
2. The One-On-One Forms were used for residents who are now deceased or discharged and were filed away on May 30, 2014. There is no need for the form at this time.

The administrator shall monitor and assure ongoing Compliance - m 7/3/14

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

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

The above plan of correction is approved as of <u>7/3/14</u> (Date)	Plan of correction implementation status as of <u>7/3/14</u> (Date)
The above plan of correction was approved by <u>m</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

JAMES KOSKO MANAGER 6/26/14

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - II

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A 5 gallon plastic bucket of Sheetrock Joint Compound and an 18 pound bag of Sheetrock Joint Compound was stored in a closet located on the first floor of the secured dementia unit. Both the 5 gallon bucket and bag instructed the consumer if ingested, to call a physician.

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.

EXPLANATION:

On 5/28/2014, a subcontractor working on-site building a storage closet in the Secure Dementia Unit closed but failed to store the Joint Compound in a secure area prior to leaving for the day. While the label instructed the consumer to call a physician if ingested, the FDA states that ground limestone is Generally Recognized as Safe (GRAS). MSDS, Section 2: Hazard Identification lists "None known" as Potential Health Effects of ingestion. Section 4: First Aid Measures on the MSDS Sheet do suggest calling a physician upon ingestion IF gastric disturbance occurs. (Please find the attached MSDS sheet.)

CORRECTION:

1. On May 30, 2014, the subcontractor was reminded of his obligation to fully clean up and store all tools and supplies in a secure area upon completion of his daily work. He was reminded of our joint responsibility for the safety of the residents who live here.
2. The Maintenance Director will inspect work areas at the end of the day prior to leaving in order to ensure compliance. Any issues discovered will be remedied immediately and reported to the Administrator. (effective May 30, 2014)
3. To effectively communicate our expectations to contractors working on-site, a Responsible Contractor Policy was written, see attached, and implemented on 6/25/2014. The receptionist will maintain the binder.

The administrator shall monitor and assure ongoing compliance per 7/3/14

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JAMES KUSICO MANAGER 6/26/14

Violation Report: 22080 - 05/29/2014 - Dumas, Gerald
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - II

1. REGULATION 55 Pa. Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 A baggie containing approximately 1 lb. bag of cheese was not dated or labeled. In addition, there were several plastic baggies of ham which were also was not labeled or dated. The food items were stored in the home's kitchenette.

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.

EXPLANATION:

The employee responsible for this violation was trained on proper procedure and did not follow through.

CORRECTION:

1. The Dietary Director reviewed proper procedure with all staff members that work in the 4801 building.
2. The Dietary Director implemented a Kitchen Label/Date Checklist, see attached, effective 6/25/2014.
 In conjunction with checking temperatures, Dietary staff must check the refrigerator and freezer items for proper packaging and date twice daily and initial.

The administrator shall monitor and assure ongoing compliance.
MW
7/3/14

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JAMES SISIG MANABEN 6/26/14

Violation Report: 22080 - 05/29/2014 - Dumas, Gerald

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - TL

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The annual practicum for Staff Person A is incomplete; only 2 of the required 4 reviews were completed in 2013. Additionally, Staff Person B also completed only 2 of the required 4 reviews in 2013.

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.

EXPLANATION:

The Medication Trainer did not receive a written copy of the annual practicum procedure at the Train the Trainer seminar. She misunderstood the proper procedure and did not recognize her error as she has been inspected six times without a violation.

CORRECTION:

- 1. The Medication Trainer re-administered the annual practicum for employees A and B on the day of inspection, see attached documentation.
- 2. The Medication Trainer has reviewed all training records and made corrections as needed.
- 3. The Medication Trainer contacted and received from the corresponding trainer at our Northampton facility a copy of the correct protocol.

The administrator shall monitor and assure Ongoing Compliance. m 7/3/14

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Jim Kusko Manager 6/26/14

Violation Report: 22080 - 05/29/2014 - Dumas, Gerald
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - IV

1. REGULATION 55 Pa. Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Acetaminophen take 2 tabs by mouth every 4 hours as needed for pain/fayer expired on 5/13/2014.

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.

EXPLANATION:

While we do have a Three-Check Policy in place to check for missing/expired medications, a PRN medication was missed.

CORRECTION:

1. On the day of inspection all PRN medication expiration dates were checked.
2. The Administrator implemented a weekly (on Thursdays) PRN Expiration Date Check to be completed by the first shift Med Tech, see attached form.

The administrator shall monitor and assure ongoing compliance.

M
7/3/14

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Jim Kusk, Manager 6/26/14

Violation Report: 22080 - 06/29/2014 - Dumas, Gerald
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - II

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the home on 12/20/13. The resident's assessment was completed on 12/4/13, before the resident's admission to the home, and was therefore not completed in a timely manner.

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.

EXPLANATION:

The Resident Care Coordinator was working on multiple RASPs at the same time and wrote the wrong dates. The RASPs are completed in a timely manner, but require a double check for accuracy.

CORRECTION:

1. The Resident Care Coordinator will complete one RASP at a time and immediately forward to the Administrator for review.
2. The Administrator will check all RASP's immediately upon completion.
2. See attached corrected RASP.

The administrator shall monitor and assure ongoing compliance -

*M
7/3/14*

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[Signature] Jim Kusko, Manager
 6/26/14

Violation Report: 22080 - 05/29/2014 - Dumas, Gerald

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - II

1. REGULATION 55 Pa. Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Pages 6 and 8 of the RASP (Resident Assessment and Support Plan) completed for resident # 2 on 12/12/13 were left blank and did not indicate the home's plan to meet the resident's physical and psychological needs.

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.

EXPLANATION:

The Resident Care Coordinator was working on multiple RASPs at the same time and failed to complete two sections of the RASP. The RASPs require a double check for accuracy.

CORRECTION:

1. The Resident Care Coordinator will complete one RASP at a time and immediately forward to the Administrator for review.
2. The Administrator will check all RASP's immediately upon completion.
2. See attached corrected RASP.

The administrator shall monitor and assure ongoing compliance.

*M
7/3/14*

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*Jim Kusko, Manager
6/26/14*

Violation Report: 22080 - 05/29/2014 - Dumas, Gerald
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK - II

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The RASP in the record of resident # 3 (dated 3/29/14) and the RASP in the record of resident # 1 (dated 12/14/14) were not signed by the residents nor was there any indication why they were not signed.

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.

EXPLANATION:

The Resident Care Coordinator was working on multiple RASPs at the same time and neglected to check off the "unable to sign" box. The RASPs are completed in a timely manner, but require a double check for accuracy.

CORRECTION:

1. The Resident Care Coordinator will complete one RASP at a time and immediately forward to the Administrator for review.
2. The Administrator will check all RASP's immediately upon completion.
2. See attached corrected RASP.

The administrator shall monitor and assure ongoing compliance

*M
7/3/14*

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[Signature]
 Jim Kusko, Manager