



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: August 6, 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 the Creek
602 East 21st Street
Northampton, Pennsylvania 18067
License # 201360

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on June 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20136 - 06/26/2014 - Hummel, Jesse
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

On 6/25/14 it was determined through viewing video surveillance of the facility's medication room, that the evening prior staff person A removed 4 tablets of Morphine Sulfate from the blister package prescribed to resident #1. Staff person A then placed the pills in the staff person's breast pocket. The staff person then folded the now empty blister package, placed it in the garbage and then removed the garbage from the facility. Staff person A then reported that the blister package could not be located. Staff person B and C assisted in searching for the blister package which was not located. Staff person A then removed a Morphine Sulfate tablet from a blister package prescribed to resident #1 which was received from the pharmacy earlier in the day. The Morphine Sulfate tablet was then administered to resident #1. Staff person A then left the facility at approximately 11:15pm.

The facility's policy on Medication Administration procedures state in the event a narcotic is not accounted for "under no circumstances will the current shift leave the community until full investigation is completed by the Nursing Director and Administrator. Staff person A was permitted to leave the facility prior to the Nursing Director or the Administrator having any knowledge of the incident.

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.

Plan of Correction:

Facility conducted an internal investigation into the above incident.

The following actions were taken:

1. Reported incident to Northampton Borough Police Department.
2. Immediate response by Northampton Police Detective to facility for investigation
3. Administrator interviewed staff to investigate and collect facts about incident. Ceased with internal investigation upon direction from Detective [redacted] as to not hamper professional police investigation.
4. Immediate Suspension of involved staff member. Termination of staff member at conclusion of Police Detective questioning.
5. Continued use of security camera video recording according to PCH Regulations in Medication Stations.
6. Facility to enforce Narcotic Count Policy for all Medication Techs to ensure accurate count of medications and to comply with all instructions on Narcotic Count Policy.
7. Maintenance Director to monitor security cameras / equipment for Medication Stations
8. Facility to schedule on-site Seminar on Security by Northampton Police Dept representative.

The administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* *8/5/14*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, General Partner, N. Care Assoc LP Member, Sacred Heart Assisted Living LLC.* *8-1-2014*

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The above plan of correction is approved as of *8/5/14* (Date)

Plan of correction implementation status as of *8/5/14* (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- NOT Implemented