



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 17, 2014

Ms. Sherry Kelly, Administrator
Sugar Valley Lodge, Inc.
323 Causeway Drive
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge (Polk)
196 Church Street
Polk, Pennsylvania 16342
#445490

Dear Ms. Kelly:

As a result of the Department of Public Welfare's licensing inspection on July 8, 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,

A handwritten signature in black ink, appearing to read "Jill Pezzino" with a stylized flourish at the end.

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: SUGAR VALLEY LODGE POLK		License Number: 44549
Address: 196 CHURCH STREET, POLK, PA 16342		County: Venango
Administrator: Sherry Kelly		Region: WEST
Legal Entity Name: SUGAR VALLEY LODGE INC		
Legal Entity Address: 323 CAUSEWAY DRIVE, FRANKLIN, PA 16323		RECEIVED
Certificate(s) of Occupancy R-4 07/30/2013 L&I		SEP 05 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 07/08/2014: Williams, Jason		
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: 15 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 7 Have Mental Illness: 12 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44549 - 07/08/2014 - Williams, Jason

SEP 08 2014

PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

The home's documentation of this required orientation for staff persons A, B, and C is undated. Therefore, the timeliness of the orientation cannot be determined.

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 orientation dates on paperwork for staff A, B, C have been corrected. (See attached)

Human Resources provides the training and orientation for new staff. After orientation has been completed + paperwork is complete, Sherry Kelly and/or [redacted] will review

the paperwork to ensure its completed.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff member will review all current staff person training records to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a prior to or during the first work day with the date of completion clearly marked. JJP 9-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly Administrator* Date *9-4-2014*

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

The above plan of correction is approved as of <u>9-8-14</u> (Date)	Plan of correction implementation status as of <u>9-8-14</u> (Date)
The above plan of correction was approved by <u>JJP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JJP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44549 - 07/08/2014 - Williams, Jason
 PCH Name: SUGAR VALLEY LODGE POLK

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's documentation of this required orientation for staff persons A, B, and C is undated. Therefore, the timeliness of the orientation cannot be determined.

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.

Documentation of New Staff A, B, and C orientation + Training Have Been Corrected. (See attached)

Human Resources will continue to do orientation along with proper paperwork. Sherry Kelly and/or [redacted] (Administrators) will review the orientation paperwork to ensure dates are present + correct.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff member will review all current staff person training records to ensure all direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation for all subjects listed under regulation 2600.65(b) with the date of completion clearly marked. JFD 9-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherry Kelly Administrator Date 9-4-2014

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SEP 05 2014

Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

There was a bottle of charcoal lighter fluid sitting on the silver prep table in the pantry room beside a box of macaroni and cheese cups and assorted bagged snacks. The label indicated to call a physician immediately in case of accidental ingestion.

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 Charcoal Lighter Fluid was immediately removed from kitchen storage area. Sugar Valley Lodge has purchased a locked storage cabinet for under the sink to store poisonous materials such as cleaners. Dietary manager has scheduled a training with dietary staff, Sept 23, 2014 1pm to review storage of poisonous materials along with other violations in dietary dept. Sugar Valley Lodge has developed a daily checklist for dietary staff to ensure these items are locked and properly stored away from food, food prep surfaces and dining surfaces.

(See Attached Check list and Training Agenda)
Immediately: the administrator will monitor at least six per week to ensure all poisonous materials are stored separately from food, food preparation surfaces and dining surfaces. JMS 9-8-14

Repeat Violation: No Date(s) of Previous Violation(s): cleaning surfaces. JMS 9-8-14

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly Administrator* Date *9-11-2014*

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Plan of correction implementation status as of 9-8-14 (Date)

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

The above plan of correction was approved by JMS (Initials)

Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

SEP 05 2014

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
There were two bottles of apple cider vinegar sitting on the floor beside the shelf in the kitchen closest to the serving window.

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.

Bottles of Cider Vinegar was immediately removed from the floor and moved onto a storage shelf. Additional room on shelving has been made to store bottled items such as vinegars.

Dietary Staff Training is set for Sept 23, 14 1pm to review the regulation on storage of food. A checklist has been put in place in the kitchen to be monitored daily to ensure no food is stored on the floor. SVL feels this checklist (Daily) is realistic preventative measure due to the home only serves 15 residents and the kitchen area is small.

Immediately: the administrator will check all food storage areas at least 1x monthly to ensure food is stored off of the floor.
JMP 9-8-14

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

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(Required on EVERY Page) *Sherry Kelly*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherry Kelly Administrator* Date *9-4-2014*

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Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

SEP 05 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

There was a sandwich in a ziplock bag and two containers of pasta shells in the stainless steel cooler just inside the kitchen door which were not dated.

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.

Dietary Staff Have Been Notified that the food they pack for residents who are going out of the home for the day need to be properly marked + dated as they do for other items in the refrigerator. Dietary staff will review this regulation on their training on Sept 23, 2014. This has been added to the checklist also.

(See Attached)

Immediately: The administrator will check all food storage areas at least weekly to ensure safe food storage practices are followed, including labeling and dating of leftover food. JHP 9-8-14

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly Administrator* Date *9-4-2014*

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

Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

SEP 08 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was a bag of sugar on a shelf in the pantry room that was opened and unsealed.

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 Bag of Sugar was disposed of in the garbage. Dietary Staff will have additional training on Sept 23, 2014 1pm on storing food in closed/sealed containers. We have purchased plastic sealable bags to place items like sugar + flour into. Staff also has been reminded to put dates on these bags.

Immediately: the administrator will check all food storage areas at least 1x weekly to ensure all food is stored in closed or sealed containers - JPK 9-8-14

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly Administrator* Date *9-4-2014*

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

The above plan of correction was approved by *JPK* (Initials)

Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

SEP 08 2014

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluations, both dated 5/19/14, for Residents #1 and #2, do not address the residents' immunization histories.

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 Immunization History on Both Residents #1 and #2 Have ^{been} Completed. After the Pcp Completes the Medical Evaluations and they are Returned to SVL. They will Be Reviewed By Director of Nursing and Administrator Before Being Filed in Charts. If Any part is Not Completed Then the Director of Nursing will Contact the Pcp to Complete the Information.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Kelly

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Sherry Kelly Administrator

Date 9-8-2014

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The above plan of correction is approved as of

9-8-14
(Date)

Plan of correction implementation status as of

9-8-14
(Date)

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

The above plan of correction was approved by

JKP
(Initials)

Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

09-05-2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 7/7/14, staff person D noted in the home's progress notes that Resident #1 had a black and blue middle toe on the right foot. On 7/8/14, the home faxed a request to Resident #1's doctor requesting an x-ray of the toe. An x-ray was not performed on Resident #1's toe until 8/8/14 which showed a fracture of the third toe. The resident's assessment and support plan, both dated 5/15/14, indicate that the resident needs staff to locate a healthcare provider for a specific need and to track doctor's appointments.

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 Director of Nursing will be contacted along with the person on call of any injuries of a resident. We have designated staff person who will along with the Director of Nursing who will follow up on progress notes & injury reports. ~~to~~ TO make sure residents injuries are addressed properly and in a timely manner. We have made a new policy for reporting and documenting & addressing resident injuries. (See Attached)

Within 30 days of receipt of the approved plan of correction, all staff persons will be educated on the new policy for reporting and documenting and addressing resident injuries. Documentation shall be kept. JHP 9-8-14

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly Administrator* Date *9-11-14*

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- Not Implemented

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Violation Report: 44549 - 07/08/2014 - Williams, Jason
PCH Name: SUGAR VALLEY LODGE POLK

SEP 06 2014

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 was administered Metoprolol Tartrate 25mg, Nystatin Powder 10,000 units/Gm, Clotrimazole Cream 1% and Artificial Tears 1.4 % on 7/4/14 at 8:00 PM but the staff person who administered the medications never initialed the July 2014 medication administration record.

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.

After each medication Administration, staff will Double check Residents MAR to ensure medication Has Been given and is documented that it was given. ~~Administrator~~ will continue to monitor staff on their medication Administration Reviews. The Director of Nursing will check MARs weekly to ensure staff is Doing Proper Documentation. A memo was placed on med cart along with a reminder on Administration. See Attached

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherry Kelly Administrator* Date *9-4-14*

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