



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 09 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 Human Services' licensing inspection on October 30, 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 December 17, 2014 to December 17, 2015 was issued on August 25, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones".

Matthew J. Jones
Director *SK*

Enclosure
License Inspection Summary

Violation Report: 21675 - 10/30/2014 - Rushin, Julienne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract dated 10/25/14 for Resident # 1 is not signed by the payer.

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.

Regulation 2600.25(b):

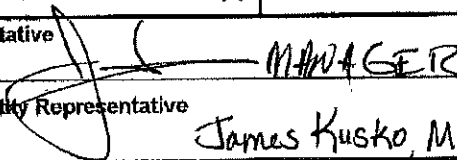
- EXPLANATION:** With several admissions occurring simultaneously, the Admissions Director failed to properly complete the contract for this resident, a change from a respite contract to permanent residency.

CORRECTION:

In order to ensure accuracy and completeness, the Administrator will review each resident contract on the day of, prior to admission, and again immediately upon completion of admission paperwork.

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, Manager** Date **11/17/14**

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

The above plan of correction is approved as of 11/20/14
 (Date)

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

Plan of correction implementation status as of 11/20/14
 (Date)

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

Violation Report: 21675 - 10/30/2014 - Rushin, Julianne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract dated 10/25/14 for Resident # 1 does not indicate a daily rate.

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.

Regulation 2600.25(c)(2):

- EXPLANATION:** With several admissions occurring simultaneously, the Admissions Director failed to properly complete the contract for this resident, a change from a respite contract to permanent residency.

CORRECTION:

In order to ensure accuracy and completeness, the Administrator will review each resident contract on the day of, prior to admission, and again immediately upon completion of admission paperwork.

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

[Handwritten Signature] MANAGER
 James Kusko, Manager

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

Date 11/17/14

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 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 21675 - 10/30/2014 - Rushin, Julianne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person "A" hired 10/15/12 does not have a high school diploma, GED diploma or an active registry in the PA Nurses Registry.

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.

Regulation 2600.54(a):

- **EXPLANATION:** Direct Care Staff person "A" took the GED course in accordance with this regulation; however, she failed two parts of the exam and failed to notify Human Resources. The Human Resources Director failed to follow up in a timely manner.

CORRECTION:

1. Staff person "A" was removed from the Nursing schedule and subsequently terminated on the day of inspection. She was offered a position in the Dietary department and encouraged to retake the failed portions of the GED exam.
2. Going forward, the Human Resources Director will notify the Administrator by email of any new employees not meeting the High School Diploma/CNA standard. The Administrator will track and follow up accordingly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Kusko, Manager Date 11/17/14

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The above plan of correction is approved as of 11/20/14
 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

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Violation Report: 21675 - 10/30/2014 - Rushin, Julienne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 Resident room #301 does not have the required emergency phone numbers posted.

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.

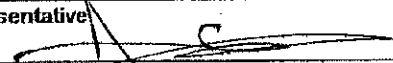
Regulation 2600.91:

- **EXPLANATION:** The Housekeeping department checks resident rooms daily, as they did on the morning of inspection, for the Emergency Phone Number posting. The resident in room 301 removed the posting prior to the inspector entering.

CORRECTION:

1. A new Emergency Phone List (attached) has been created and installed using heavy duty plastic ties in a conspicuous place in all resident rooms. The residents were informed that the lists must be in plain sight at all times and are non-removable as per regulation.
2. Housekeeping will continue to check daily to assure the lists are in place. Any lists removed by the resident will be reported to the Administrator.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)  VITWASER

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) James Kusko, Manager Date 11/17/14

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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

Violation Report: 21675 - 10/30/2014 - Rushin, Julianne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident room # 333 has 2 bedside lamps. One lamp is missing a bulb and the other has a bulb that is burned out. There is no other light source near the resident's bedside.

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.

Regulation 2600.101(j)(7):

- **EXPLANATION:** The burned out and missing light bulbs in Room 333 were reported by nursing staff to the Maintenance Director the afternoon before inspection; however, he failed to complete the work order prior to the inspector entering the room.

CORRECTION:

1. Housekeeping and Nursing will continue to check resident rooms daily for working nightstand lighting. Work orders will continue to be written as is protocol. Bulb replacement must be completed the same day, by the end of the day.
2. Copies of all work orders (3-part forms) will be given to the Administrator as written in order to follow up on with the Maintenance Director.

The administrator shall monitor and assure ongoing compliance

m
 11/20/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* **MANAGER**

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, Manager* Date *11/17/14*

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Violation Report: 21675 - 10/30/2014 - Rushin, Juliene
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 A 2" size ball of lint was noted in the lint trap of the clothes dryer in the Resident Laundry Room located on the second floor.

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.

Regulation 2600.105(g)(1):

- **EXPLANATION:** The lint discovered in the dryer of the Third Floor Resident Laundry Room was the result of ONE resident's laundry. The resident did not remove the lint.

CORRECTION:

1. Housekeeping and Nursing will continue to check the Resident Laundry Room dryers daily as is protocol.
3. A Dryer Lint Removal Tracker (*attached*) has been created and implemented. Nursing staff have been trained to check both dryers at the beginning and end of each shift and document accordingly. Completed Trackers will be forwarded to the Administrator weekly.

The administrator shall monitor and assure ongoing compliance.

M
11/20/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *M MANAGER*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, Manager* Date *11/17/14*

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Violation Report: 21675 - 10/30/2014 - Rushin, Juliene
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON 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

The medication administration policy notes the oncoming and off going medication aides will initial the narcotic count sheets after the count has been confirmed as correct. The following days were not initialed:

- The off going 3p-11pm shift on 10/1/14
- The oncoming and off going 3p-11pm shift on 10/12/14
- The off going 3p-11p shift on 10/29/14

On 10/30/14 at 9:45am this writer observed Staff member "B" initial the narcotic count sheet that was conducted at 7am that morning.

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.

Regulation 2600.185(a):

- **EXPLANATION:** While the Narcotics Counts were completed appropriately, both the incoming and outgoing Med Techs were not consistently signing the Narcotics Count Sheet.

CORRECTION:

1. The Narcotic Count Medication Procedure (*attached*) was revised on the day of inspection, requiring both the incoming and outgoing Med Techs to sign the Narcotics Count Sheet.
2. All Med Techs have been instructed on the updated policy and are responsible for reporting any unsigned boxes from the prior shift to the Resident Care Director and the Administrator.

• The administrator shall monitor and assure ongoing compliance.
[Signature]
 11/20/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* **MANAGER**

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *James Kusko, Manager* Date *11/17/14*

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 (Initials)

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- Not Implemented

Violation Report: 21675 - 10/30/2014 - Rushin, Julianne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON 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 # 2's Fexofenadine did not include a diagnosis or purpose.
 Resident # 3's Tropicium CHL 60mg was on the medication administration record but is not a current order.
 Resident # 4's Metoprolol tartrate and Simvastatin was not initialed as administered on 10/2/14 at 8pm.
 Resident # 5's has an order for Accu checks 4 times daily according to a sliding scale. The medication administration record does not include the amount of insulin being administered from 10/1-10/30/14.

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 attached.

The administrator shall monitor and assure ongoing compliance. *Mr. 11/20/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. H. BEEK*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, Manager* Date *11/17/14*

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The above plan of correction is approved as of 11/20/14
 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

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

Regulation 2600.187 (a):

- **RESIDENT #2:** The pharmacy listed the diagnosis for this medication on the medication card, but did not enter it into the eMAR system. The staff did not catch the error.

CORRECTION:

1. The eMAR was corrected by the pharmacy on the day of inspection, see *attached* MAR.
 2. All Med Techs have been instructed to check the diagnosis for all medications listed on the eMAR at the time of medication administration, EVERY MED PASS.
 3. Errors will be documented on the Missing MAR Medication Diagnosis Sheet, *attached*, copies to the Resident Care Director and Administrator.
 4. Trinity Pharmacy has been advised of the error and subsequent violation.
- **RESIDENT #3:** The pharmacy failed to remove a discontinued medication from the eMAR system. This medication was not in-house, nor was it administered; however, staff did not report the error.

CORRECTION:

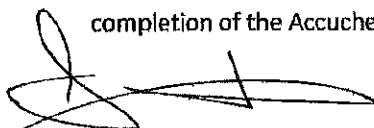
1. The eMAR was corrected by the pharmacy on the day of inspection, see *attached* MAR.
 2. All Med Techs have been instructed to report to the Resident Care Director and the Administrator any discontinued medications not removed from the eMAR system within 24 hours.
 3. Trinity Pharmacy has been advised of the error and subsequent violation.
- **RESIDENT #4:** The medication was administered as ordered. Med Tech failed to initial the eMAR.

CORRECTION:

1. The Med Tech was counseled on proper Medication Administration.
 2. As per the *attached* Three Check Policy, the 1st Floor Med Tech will run a CueShift "MAR Log Report" upon completion of each med pass. "Exceptions" will be immediately investigated with each floor's Med Tech, confirming medication administration by checking: (a) the corresponding medication card for date and signature and (b) the creation of a signed paper MAR.
 3. Copies of the *attached* MAR Log Report will be distributed at the end of each day to the Resident Care Director and the Administrator.
 4. Any medications administered outside of the window will continue to be reported as required by regulation.
- **RESIDENT #5:** CueShift does not contain fields for a sliding scale insulin order or insulin units administered. Med Tech administered medication properly; however, it was documented on the wrong form.

 **CORRECTION:**

1. All Med Techs were counseled on the proper procedure for Accuchecks and immediate completion of the Accucheck Log, *attached*.

 *M. ANJIBEN* James Kusko, Manager
11/17/14

2. CueShift is attempting to develop within the parameters of their software additional fields to accommodate (a) the sliding scale insulin order, (b) Accucheck results, and (c) insulin units administered.

[Handwritten signature]
11/20/14

[Handwritten signature] MANAGER
James Kusko, Manager 11/17/14

Three Check Medication Procedure

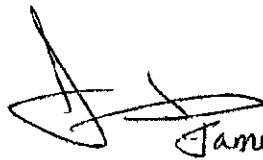
Policy: The Three Check Medication Procedure will ensure that all medications have been administered and initialed accurately, within time parameters, in accordance with PCH Regulations.

"Three Check" has been named for the process of checking for medication compliance on all three floors three times daily.

Procedure:

1. Upon completion of Medication Pass, Med Tech must notify the 1st Floor Med Tech. When all floors are complete, the 1st Floor Med Tech will run a CueShift MAR Log Report for all floors.
2. 1st Floor Med Tech will notify each Med Tech of any "EXCEPTIONS" (discrepancies) on the MAR Log Report, which will be investigated and corrected immediately by the Med Tech.
 - For a missing signature, check the medication card for missing medication with corresponding date and signature.
 - If the medication was administered on time, a paper MAR will be completed and signed off on by the Med Tech. If the medication was not administered or administered outside of time frame, follow the existing Medication Error process.
3. 1st Floor Med Tech will sign the MAR Log Report Form ensuring that the check has been completed and all exceptions corrected.
4. Completed Forms will be stored in the 1st Floor Med Room Binder, copies to the Resident Care Director and the Administrator.


11/20/14


MUNIZER
James Husko, Manager 11/17/14

11/14/14

Violation Report: 21675 - 10/30/2014 - Rushin, Julieanne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6's 8am Donepezil was administered on 10/10/14 at 9:27am.
 Resident # 4's 8pm DOK, Pantoprazole, Refresh optic drops and Warfarin was administered on 10/2/14 at 10:04pm.
 Resident # 4's 8pm Warfarin was administered on 10/25/14 at 10:03pm.
 Resident # 7's PRN Anti-Diarrheal tab and Cetirizine tab were not available.
 Resident # 8's PRN Guaitifenesin Syrup was not available.

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 attached.

- The administrator shall monitor and assure ongoing compliance

11/20/14

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 Kruskio, Manager

Date 11/17/14

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Regulation 2600.187 (d):

- **RESIDENTS #4, #6:** Upon investigation, it was discovered that the medications, which appear to have been administered outside of the window, were in fact administered on time. The Med Techs reported difficulty with randomly being kicked out of the eMAR system (CueShift). Rebooting and returning to the screen takes time; therefore, priority is given to administering the medications on time and the signature takes place outside of the window.

CORRECTION:


1. The IT department and CueShift are working together to resolve this technical issue.
 2. All Med Techs have been instructed to handwrite a MAR when unable to sign on time.
 3. See 2600.187(a) for the Three Check Policy and MAR Log Report. The 1st Floor Med Tech will run a CueShift "MAR Log Report" upon completion of each med pass. "Exceptions" will be immediately investigated with each floor's Med Tech, confirming medication administration by checking: (a) the corresponding medication card for date and signature and (b) the creation of a signed paper MAR.
 4. Copies of the *attached* MAR Log Report will be distributed at the end of each day to the Resident Care Director and the Administrator.
 5. Any medications administered outside of the window will continue to be reported as required by regulation.
- **RESIDENT #7:** Med Tech Supervisor failed to report to the pharmacy and Resident Care Director that reordered medications did not arrive from the pharmacy on time.

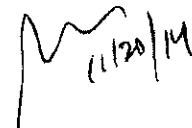
CORRECTION:

1. The missing medications arrived at the facility on the day of inspection (see attached PACKING SLIP from Trinity Pharmacy).
 2. The Med Tech Supervisor will check the Trinity Pharmacy Medication Reorder Sheet daily (*attached*), forwarding any reorders not received within 24 hours to the Resident Care Director, who will follow up immediately with the pharmacy, copy to the Administrator.
- **RESIDENT #8:** Resident's primary physician wrote a prescription for cough syrup to be held and filled for the resident when requested. The prescription was sent to the pharmacy to be held. The pharmacy profiled the order in CueShift, but did not fill the order. As a result the order was added to the resident's eMAR, with no medication in house, not administered nor signed for.

CORRECTION:

1. The eMAR was corrected by the pharmacy on the day of inspection, see *attached* MAR.
2. Pharmacy has been instructed and agreed to no longer profile any medications.
3. Med Techs have been instructed to notify the Resident Care Director and the Administrator upon discovery of any profiled medications.

 M. W. A. B. E. R. 11/17/14
James Kustko, Manager

 11/20/14