



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 10, 2015

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 February 4, 2015 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 that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 216750 - 2/4/2015 - Foulkes, Kimberli; Harvey, Jason  
PCH Name: Sacred Heart Senior Living by Saucon Creek

**PLAN OF CORRECTION:** REGULATION 2600.182(b)

**EXPLANATION:**

Staff Member A (Med Tech) was late beginning his med pass due to a late pharmacy delivery. He was rushing to complete his med pass according to regulatory parameters. Staff Member B (PCA) offered to take the medications for him to a resident. The Med Tech gave the medications for Resident 1 to the PCA, who attempted to administer the medications to Resident 2. The residents share the same first name. Resident 2 refused the medications and immediately reported the incident to her daughter by phone. The daughter reported the error to [REDACTED] DON, by phone.

**CORRECTION:**

1. Staff Member 1 was immediately pulled from medication administration, received a written warning, suspended for three days, and taken off of the Med Tech schedule pending repeat of the Medication Administration course. The decision has been made that he will no longer serve as a Med Tech.
2. Staff Member 2 received a written warning and was suspended for three days. Any attempt by her to be involved in medication administration will result in her immediate termination.
3. Regulation 182b has been reviewed with all nursing staff.
4. Regulation 182b will be reviewed and emphasized in all future Medication Administration trainings and annual practicums.

*M*  
3/19/15

Signature of Legal Entity Representative: 

Printed Name and Title of Legal Entity Representative:

JAMES KUSKO PRESIDENT

Date: 3/18/15

Violation Report: 21675 - 02/04/2015 - Foulkes, Kimberli  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**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**

On 1/20/15, staff person A, who has completed the Department's medication administration training, gave medications to staff person B to administer to resident #1. Staff person B is not a medical professional and has not completed the Department's medication administration training. Staff person B attempted to administer the medication to resident #2, which was not the correct resident.

**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.

*See Attached*

*The administrator shall monitor and assure ongoing compliance - M 3/9/15*

Repeat Violation: No      Date(s) of Previous Violation(s): 3/9/15

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 JAMES KUSKO PRESIDENT      3/8/15

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

The above plan of correction is approved as of 3/9/15 (Date)

Plan of correction implementation status as of 3/9/15 (Date)

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

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