



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 29 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 II  
4801 Saucon Creek Road  
Center Valley, Pennsylvania 18034  
License #: 220800

Dear Mr. Kusko:

As a result of the Department of Human Services' licensing inspection on May 14, 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.

Your regular license for the period August 3, 2015 to August 3, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director *SM*

Enclosure  
License Inspection Summary



Violation Report: 22080 - 05/14/2015 - Rushin, Julianne  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

**1. REGULATION 55 Pa.Code §2600**  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**  
 The home does not have their most recent licensing inspection summary (dated 5/29/14) posted in a conspicuous and public place.

**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 most recent licensing inspection summary is always posted at the front entrance of the building. At some point, the copy was taken and not replaced. No checks were in place to ensure that the copy was still there.

**CORRECTION:**

1. A copy was posted at the time of inspection.
2. The Plan going forward is to laminate the current licensing inspection summary, upon approval, and attach it to the wall at the front entrance. This will allow easy viewing and prevent removal.

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) <i>James Kusko, Manager</i>	Date <i>6/4/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/8/15</u> (Date)	Plan of correction implementation status as of <u>6/8/15</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

Violation Report: 22080 - 05/14/2015 - Rushin, Julienne  
 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**  
 The door lock to the electrical room, off of the dining room on the 2nd floor, was locked but the latch does not lock into the strike plate. The room contained 2-1 gallon cans and 3 spray cans of paint. The door had a sign on it that read, "Keep door locked at all times". Residents have not all been assessed to avoid poisonous materials.

**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:**

Our new Maintenance Supervisor had worked only a few days at the time of inspection and was unaware of the problem. Administration was also unaware that a problem existed.

**CORRECTION:**

1. The door latch to the electrical room was repaired by the Maintenance Supervisor on the day of inspection.
2. The Maintenance Supervisor will check doors daily during his walk through of the building. In his absence, the Med Tech on each floor on every shift will check all doors marked "to be kept locked" and document on shift report. Shift reports will be submitted to and reviewed daily by [REDACTED] LPN, DON, Co-Administrator. The Maintenance Supervisor will report to the Administrators at Stand-Up Meetings.
3. This new procedure was reviewed with all Med Techs by [REDACTED] on 5/14/15, 5/15/15 and 5/18/15.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/29/2014	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
James Kusko, Manager	6/4/15

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Violation Report: 22080 - 05/14/2015 - Rushin, Juliene  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 There was an abundance of lint and some dryer sheets behind both dryers in the laundry room on the 2nd 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.

**EXPLANATION:**

Housekeeping was consistently checking inside the dryers, but not behind them.

**CORRECTION:**

1. Lint and dryer sheets were removed from behind the dryers on the day of inspection.
2. Housekeeping will clean this area weekly. The person completing the check and subsequent cleaning will record the date and his/her initials on the Lint Cleaning and Dryer Check Form (Attachment 1).
3. The Co-Administrators will review the Form monthly to ensure compliance.

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Printed Name and Title of Legal Entity Representative: James Kusko, Manager      Date: 6/4/15  
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Violation Report: 22080 - 05/14/2015 - Rushin, Julienne  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

**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 Med Tech failed to remove the lotion from the room after completing the resident's treatment.

**CORRECTION:**

1. The Lubriderm lotion was removed from the resident's room immediately upon discovery and stored in the Med Room until a bedside order was received from the physician (Attachment 2).
2. Going forward, (a) bedside/self-administration orders must be received from the physician prior to storage of any prescription or over-the-counter medications in the resident's room AND (b) the most recent Documentation of Medical Evaluation has been updated, initialed and dated by the physician. (c) The medication must be labeled for "self-administration". (d) If necessary, the resident's RASP will be updated to reflect a change. Co-Administrator [redacted] will approve the process before the medications are placed in the resident room to ensure compliance.
3. This procedure was reviewed with all Med Techs by [redacted] LPN, DON, Co-Administrator on 5/14/15, 5/15/15 and 5/18/15. A reminder was posted in the Med Rooms (Attachment 3).

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Violation Report: 22080 - 05/14/2015 - Rushin, Julienne  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #4's RASP had white-out correction tape over part of the assessment of Securing Healthcare, and then the assessment was rewritten.  
 Resident #5's RASP had white-out correction tape over part of the assessment of the Resident's Hobbies and Interests and then the assessment was rewritten.

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 Activities Director and Resident Care Coordinator used white-out correction tape during RASP creation.

**CORRECTION:**

1. The errors were corrected at the time of inspection. Pages with white-out were copied and replaced in the RASPs for Residents #4 and #5.
2. All resident files were checked by Co-Administrator [redacted] to ensure all entries are permanent.
3. The Co-Administrators will review the RASPs upon completion to ensure compliance.

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