



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 03 2016

Mr. James Kusko, President  
Sacred Heart Assisted Living by Saucon Creek LLC  
3910 Adler Place, Suite 100  
Bethlehem, Pennsylvania 18017

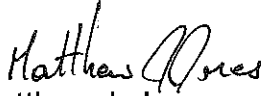
RE: Sacred Heart Senior Living by Saucon Creek  
4851 Saucon Creek Road  
Center Valley, Pennsylvania 18034  
License #: 216750

Dear Mr. Kusko:

As a result of the Department of Human Services' annual licensing inspections on October 14, 2015 and October 16, 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,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 21675 - 10/14/2015 - Hummel, Jesse  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A was hired on [redacted] 15. Staff person A began providing unsupervised care to residents on 7/11/15. Direct care staff person A has not resided in Pennsylvania for the previous two years and therefore requires an FBI criminal history check as well as a Pennsylvania State Police Criminal Background Check. The facility did not complete the Pennsylvania State Police Criminal Background Check until 7/3/15 and did not complete an FBI check until 8/25/15. The facility did not complete the required criminal history background checks to ensure the staff person was not convicted of any prohibited offenses under the Older Adult Protective Services Act prior to staff person A having contact with residents.

**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 2600.51:**

- **EXPLANATION:** The Human Resources Manager did not follow new hire protocol, which resulted in several avoidable errors. Both the FBI and PATCH final results showed No Criminal Record for Employee A.

**CORRECTION:**

The Administrator created a Criminal Record Check Policy, formally stating what has been standard procedure, attached. This policy has been reviewed with the HR Manager and Department Heads to ensure that ALL new hires are kept off the schedule until Criminal Record Check results are complete and available in-house. The Human Resources Manager will report weekly by email to the Administrator on the Criminal Record Check status of all new hires.

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)	Jim Kusko, Manager	Date	11/13/15
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The above plan of correction is approved as of <u>12-28-15</u> (Date)	Plan of correction implementation status as of <u>12-28-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented
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Violation Report: 21675 - 10/14/2015 - Hummel, Jesse  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Ancillary Staff person B who was hired on [redacted] 13 did not receive annual training in Resident Rights or the Older Adult Protective Services Act for the 2014 training year.

**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 2600.65(g):**

- **EXPLANATION:** At the time of inspection Staff person B's Resident Rights and OAPSA training were not available for the inspector to view. These trainings are typically offered annually online every January. In 2014, the Deputy Administrator of the Lehigh County Department of Aging provided this training in-person in March. The records were not filed in the training binder. *Staff person B did in fact complete the training.*

**CORRECTION:**

The Administrator will ensure that all training records are filed by the 15<sup>th</sup> day of the following month by reviewing the Training Binder monthly after the 15<sup>th</sup>.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Kusko</i>	Date <i>11/13/15</i>
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Violation Report: 21675 - 10/14/2015 - Hummel, Jesse  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives reviewed the facility's fire drill log. The facility conducted a fire drill on 7/27/15 at 10:01am. The fire drill log indicates there were 69 residents in the facility when the alarm sounded and only 64 residents evacuated. The facility conducted a fire drill on 8/25/15 at 3:22pm. The fire drill log indicates there were 70 resident in the facility when the alarm sounded and only 63 residents evacuated. The facility conducted a fire drill on 9/21/15 at 9:51am. The fire drill log indicates there were 70 residents in the facility when the alarm sounded and only 69 residents evacuated. It was determined through staff interviews that all residents were in fact evacuated during these drills. The fire drill log was inaccurately documented.

**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 2600.132(c):**

- **EXPLANATION:** The Fire Drills were conducted and completed in accordance with Chapter 2600 regulations. All residents in-house were safely evacuated into fire safe areas within the established safe evacuation time. The Maintenance Director incorrectly documented the information on the Fire Drill Log.

**CORRECTION:**


The Administrator will review the Fire Drill Log with the Maintenance Director following each monthly Fire Drill, thereby ensuring accuracy in documenting.

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) *Jim Kusko, Manager* Date *11/13/15*

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Violation Report: 21675 - 10/14/2015 - Hummel, Jesse  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

As per interviews with Staff Members E and F, the facility's sleeping hours are from 6:00 am to 9:00 pm. An overnight fire drill was conducted on 11/18/14 at 6:54 am. Based on interviews with staff, morning care to residents is well under way at 6:00 am. The 6:54 am drill was not conducted within the home's sleeping hours when the residents are typically asleep in their beds.

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 2600.132(e):

- **EXPLANATION:** The sleeping hours fire drill was held at 6:54 AM, outside of the facility specific 9:00 PM – 6:00 AM sleeping hours window.

**CORRECTION:**

The Administrator will ensure that sleeping hours fire drills occur within the 9:00 PM – 6:00 AM established window.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative Jim Kusko, Manager Date 11/19/15  
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Violation Report: 21675 - 10/14/2015 - Hummel, Jesse  
 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**

On 10/12/15 staff person C, who has not completed the Department approved diabetes patient education program tested the blood glucose level of resident #1 and administered insulin to the resident. Staff person then documented on the resident's Medication Administration Record the initials of staff person D.

**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 2600.187(a) and 2600.190(b):**

- **EXPLANATION:** Staff person D reported the incident to the Director of Nursing, who investigated the incident and found the report to be true. The incident was reported by the facility to the BHSI via the Reportable Incident Form. Staff person C was fully aware of proper protocol and in her impatience made a poor decision that resulted in her termination. It was determined that the Accucheck and insulin administration were completed correctly with no ill effects to the resident.

**CORRECTION:** Med Techs will no longer be scheduled on Meds until the Diabetic Course has been completed. Director of Nursing [redacted] reinstructed all Med Techs on the requirements of Regulations 187(a) and 190(b), emphasizing the importance of the diabetic training and signing ONLY for the medications they administer.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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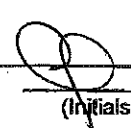
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Printed Name and Title of Legal Entity Representative  
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Jim Kusko, Manager

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Violation Report: 21675 - 10/14/2015 - Hummel, Jesse  
 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 #1 is prescribed Humalog insulin based upon a sliding scale of the residents blood glucose levels. On 10/11/15 at 7:22pm the resident's blood glucose was tested: 249. Based upon the resident's sliding blood glucose scale, the resident required 2 units of insulin coverage. The resident did not receive any insulin coverage. The facility is not following prescribers orders regarding insulin administration for resident #1.

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 2600.187(d):

- **EXPLANATION:** On 10/11/15, the Med Tech for Resident #1 failed to administer insulin according to the sliding scale order, an undiscovered medication error. The facility is following prescriber's orders for this resident with the exception of this one medication error.

**CORRECTION:**

Implemented the day after inspection, every oncoming shift is checking the prior shift's insulin coverage. Any discrepancies found will be reported immediately to the Director of Nursing, who will investigate and report to the Administrator. The Administrator will confirm proper protocol has been followed.

The Adm/Designer will ensure only properly trained staff will administer insulin. Employees who are unable/unwilling to properly admin insulin will be relieved of duties for additional training, remediation, reassignment or other steps deemed necessary by the administrator.  
 J. 12/28/15

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jim Krusho, Manager* Date *11/13/15*

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 (Initials)

**Violation Report: 21676 - 10/14/2015 - Hummel, Jesse**  
**PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK**

**1. REGULATION 55 Pa.Code §2600**  
**2600.190(b)** - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**  
 On 10/12/15 staff person C, who has not completed the Department approved diabetes patient education program tested the blood glucose level of resident #1 and administered insulin to the 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.

**Regulation 2600.187(a) and 2600.190(b):**

- **EXPLANATION:** Staff person D reported the incident to the Director of Nursing, who investigated the incident and found the report to be true. The incident was reported by the facility to the BHSL via the Reportable Incident Form. Staff person C was fully aware of proper protocol and in her impatience made a poor decision that resulted in her termination. It was determined that the Accucheck and insulin administration were completed correctly with no ill effects to the resident.

**CORRECTION:** Med Techs will no longer be scheduled on Meds until the Diabetic Course has been completed. Director of Nursing [redacted] instructed all Med Techs on the requirements of Regulations 187(a) and 190(b), emphasizing the importance of the diabetic training and signing ONLY for the medications they administer.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jim Husko, Manager	11/13/15

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