



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: January 13, 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 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 November 5, 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: 22080 - 11/05/2015 - Foulkes, Kimberli
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 11/2/15 at 4pm Resident #1's glucometer was used on resident #2. Each resident must have their own individual glucometer to prevent the transmission of disease.

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 2600.85(a):

- **EXPLANATION:** On 11/2/15, the Med Tech on duty confused the two glucometers, which were identical, both residents named [redacted]. The error was reported to the Department by the facility.

CORRECTION: Upon investigation, it was determined that no additional errors had been made; however, it became obvious that additional resident identifiers needed to be in place. The resident glucometer cases were already marked. On the day of inspection the glucometers were also labeled with the resident names. In addition, plastic tags have been ordered and shipped. Once received at the facility, these tags will contain the resident's picture and be attached to the outside of the glucometer case.

All Med Techs have been trained by the Director of Nursing and Co-Administrator [redacted] to check the printed names on both the case and glucometer AND check the resident's picture prior to proceeding with the Accucheck.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 1/7/16

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 *1/7/15*

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The above plan of correction is approved as of <u>1/7/16</u> (Date)	Plan of correction implementation status as of <u>1/7/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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