



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: August 1, 2016

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

RE: Sacred heart Senior Living by the Creek  
601 East 21<sup>st</sup> Street  
Northampton, Pennsylvania 18067  
License #: 201360

Dear Mr. Kusko:

As a result of the Department of Human Services' licensing inspection on March 9, 2016 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,

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: June 2, 2016**

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

RE: Sacred Heart Senior Living by the Creek  
602 East 21<sup>st</sup> Street  
Northampton, Pennsylvania 18067  
License # 201360

Dear Mr. Kusko:

The Department of Human Services' (Department) licensing inspection of the above facility on March 9, 2016 found violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The enclosed License Inspection Summary specifies the violations.

The Department requires that you submit an acceptable plan to correct noncompliant items pursuant to 55 Pa.Code § 20.52 (relating to plan of correction). You should begin to implement your plan immediately upon submission. The Department will notify you if the plan you submit is not acceptable and must be changed.

In order to submit an acceptable plan of correction, you must complete Section 3 of the attached License Inspection Summary, by stating the actions you will take to correct each of the violations. Your plan of correction must immediately correct the specific issue cited, as well as include an ongoing, step-by-step plan to assure continued compliance with the regulation over a substantial period of time. Your plan of correction for each violation should include: what specific change will be made, who will make the change, when will the change be made, how will the change be made, what system have you implemented to make sure that the same violation will not occur again and what training will be provided to your staff. Send any supporting documentation to verify compliance of any corrected violation. If you believe any violation is incorrect, you may say that in your comments under Section 3 but you still must include a plan to reach and maintain compliance. **Sign and date the bottom of each page of the License Inspection Summary.**

**Return the attached License Inspection Summary within 10 calendar days of the mailing date of this letter.** Your license to operate the above facility may be revoked if the License Inspection Summary is not received within the required time period. You may, if you wish, submit your License Inspection Summary and plans to correct the violations as an attachment via electronic mail to [lindscott@pa.gov](mailto:lindscott@pa.gov) with a cc to [mmoskalczy@pa.gov](mailto:mmoskalczy@pa.gov) and [agraziano@pa.gov](mailto:agraziano@pa.gov).

I am available to explain any statements on the attached form and to assist you in the development of an acceptable plan of correction. Thank you for your cooperation.

Sincerely,

*Anne Graziano*  
Anne Graziano

Regional Licensing Administrator

Enclosure-Licensing Inspection Summary



Violation Report: 20136 - 03/09/2016 - Dumas, Gerald  
PCH Name: SACRED HEART SENIOR LIVING BY THE 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 home's narcotic policy states all expired and/or unused narcotic medication must be returned to facility pharmacy. This procedure is to include signatures of two staff members. Former staff person A did not follow the home's required second signature on 11/24/15 which must be listed on the narcotic count sheet. The medication was not returned to the Pharmacy for destruction.

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.

- Home scheduled a mandatory Medication review on December 8, 2015. Seminar included review of Narcotic Count Medication procedures. Detailed instruction concentrated on performing count with TWO Med Techs, discrepancy in amounts, and return/destruction of unused narcotics.

Reviewed Regulation 185a. b. Safe Storage and Security of Medications and Controlled Substances.

All Med Techs signed policy review and will comply with Home's guidelines.

- Staff reminded to contact Administrator immediately in the event of a Narcotic discrepancy
- Staff will be assured strict confidentiality of report if medication violation involves a supervisor, nurse or other.
- Director of Wellness and Administrator will monitor for continued compliance with Home policies and with PCH Regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Phes. Northampton Personal Care Inc. 7-29-16*  
*General Partner N. Personal Care*  
*Board - LP Member*  
*Sacred Heart Assisted Living, LLC*

Date

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

The above plan of correction is approved as of 8-1-16  
(Date)

Plan of correction implementation status as of 8-1-16  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress