



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: July 1, 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' licensing inspection on March 23, 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
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21675 - 03/23/2016 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

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

2a. DESCRIPTION OF VIOLATION
 On 3/9/2016 the home's Resident Care Coordinator conducted an audit of resident #1's and #2's glucometers; on 3/9/2016 the home self-reported an incident of sharing resident #1's glucometer with resident #2 to the Department.

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 3/9/2016, the Med Tech on duty confused Resident 1's and Resident 2's glucometers, which were identical. The residents' names were incorrectly labeled on the back of the glucometers rather than the front. The correct glucometer readings were recorded for the residents' blood sugars; therefore, medication administration was completed properly. Both glucometers were replaced immediately at the facility's expense. The error was reported to the Department by the facility.
- **CORRECTION:**
 1. All Glucometers are labeled in three places to ensure proper usage:
 - A plastic tag containing the resident's name, picture, and room number is attached to the zipper of glucometer case.
 - The resident's name is labeled on the front of the glucometer case.
 - The resident's name is labeled on the front of the glucometer.
 2. All new Med Techs are trained and existing Med Techs have been coached and counseled by the Director of Nursing Carol Blazo to ALWAYS check the resident's picture first AND then check the printed names on both the glucometer case and the glucometer prior to proceeding with the Accu-check.
 3. The 1st shift Med Techs are (1) checking glucometers and their respective cases to be sure they match and (2) checking glucometer readings daily for the past 24 hours to ensure everything matches. Any discrepancies will be reported immediately to the Director of Nursing and the Administrator.
 Admor Designee will perform random periodic checks to insure ongoing compliance. CD: 6-18-16

Repeat Violation: No Date(s) of Previous Violation(s):

X Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 James Kusko, Manager 4/29/16

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The above plan of correction is approved as of 6-18-16 (Date) Plan of correction implementation status as of 6-18/16 (Date)

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

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