



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 25 2016

Ms. Joyce Cunningham, Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262
License #: 426810

Dear Ms. Cunningham:

As a result of the Department of Human Services' annual licensing inspection on April 5, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SUGAR CREEK REST		License Number: 42681
Address: 109 PERSONAL CARE LANE, WORTHINGTON, PA 16282		County: Armstrong
Administrator: Joyce Cunningham		Region: WEST
Legal Entity Name: SUGAR CREEK REST		RECEIVED
Legal Entity Address: 120 LAKESIDE DRIVE, WORTHINGTON, PA 16282		
Certificate(s) of Occupancy 1-2 12/01/2015 Richardson Inspec. LLC		SEP 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 24	Working Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 04/05/2016: Garrigan, Laurie; Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 21 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

RECEIVED

SEP 08 2016

Page 2 of 10

Violation Report: 42681 - 04/05/2016 - Garrigan, Laurie PCH Name: SUGAR CREEK REST		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.			
2a. DESCRIPTION OF VIOLATION The home provides financial assistance for Residents #1 and #2; however, the home does not provide a quarterly itemized account of financial transactions to the residents or the residents' designated persons.			
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.			
<p>A quarterly statement was provided to residents #1 & #2. 9/27/16</p> <p>Business office will provide quarterly itemized account of all financials made for resident on a quarterly basis</p> <p>See attached 10-1-2</p> <p>ADMINISTRATOR WILL monitor quarterly</p> <p>Immediately: The administrator or designated staff person shall review all financial records for all residents the home manages financial records for to ensure each resident and their designated person is provided an itemized account in the past quarter. 9/27/16</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Joyce Cunningham	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	9/9/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9/27/16</u> (Date)		Plan of correction implementation status as of <u>9/27/16</u> (Date)	
The above plan of correction was approved by <u>L</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	

RECEIVED

SEP 08 2016

Page 3 of 10

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42881 - 04/06/2016 - Garrigan, Laurie
PCH Name: SUGAR CREEK REST

1. REGULATION 65 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #3's contract, dated 3/4/16, was not signed by the resident.
Resident #4's contract, dated 12/28/15, was not signed by 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.

ADMINISTRATOR OR DESIGNEE WILL
ENSURE ON ALL ADMISSIONS RESIDENT
SIGNS CONTRACT.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident-home contracts to ensure all contracts are signed by the resident, payer, administrator or designee of the home and the resident's designated person, if applicable.
See attached nos #3 & 4 signed

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall develop and implement a system to ensure all resident-home contracts are signed by all parties specified in 2600.25b within 24 hours of admission

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joyce Wunningham*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joyce Wunningham* Date *9/9/16*

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

The above plan of correction is approved as of <u>9/27/16</u> (Date)	Plan of correction implementation status as of <u>9/27/16</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

RECEIVED

SEP 08 2016

Page 4 of 10

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42881 - 04/05/2016 - Garrigan, Laurie
PCH Name: SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2800
2800.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION
Residents do not have access to a telephone to make phone calls in privacy.

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.

New telephone was INSTALLED IN private area for residents to use AND provide privacy for calls.
STAFF + RESIDENTS educated on 4/6/16.

9/27/16

See attached picture and education picture

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joyce Cunningham

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

Joyce Cunningham

Date

9/9/16

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

The above plan of correction is approved as of 9/27/16
(Date)

Plan of correction implementation status as of 9/27/16
(Date)

The above plan of correction was approved by *J*
(Initials)

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

Joyce Cunningham 9/16/16

RECEIVED

SEP 08 2016

Page 5 of 10

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42881 - 04/06/2016 - Garrigan, Laurie
PCH Name: SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2800
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
Neither of the home's two first aid kits included a breathing shield.

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.

BREATHING shields placed in ~~first aid kits~~ home first aid kits.

Administrator will check weekly to ensure items are in kit

See attached picture -

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Joyce Cunningham* 9/9/16

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

The above plan of correction is approved as of 9/27/16
(Date)

Plan of correction implementation status as of 9/27/16
(Date)

The above plan of correction was approved by L
(Initials)

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

RECEIVED

SEP 08 2016

Page 6 of 10

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42081 - 04/05/2016 - Garrigan, Laurie
PCI Name: SUGAR CREEK REST

1. REGULATION 66 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
Resident #5 does not have a bedside table or shelf within reach of the bed.

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.

Bedside TABLE placed by residents
bed WITHIN reach

STAFF EDUCATED ON THIS
staff educated on 4/6/16 & 9/27/16

ADMINISTRATOR will monitor daily
within 30 days of receipt of the plan of correction: the administrator or
designated staff person shall inspect all resident rooms to ensure
each resident has a bedside table or shelf within reach of their
bed. for 9/27/16
see attached picture

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham*

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

Date *9/9/16*

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

The above plan of correction is approved as of 9/27/16
(Date)

Plan of correction implementation status as of 9/27/16
(Date)

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

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

RECEIVED

SEP 08 2016

WEST REGION FIELD OFFICE Page 7 of 10
Human Services Licensing

Violation Report: 42881 - 04/05/2016 - Garrigan, Laurie
PCH Name: SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #5 does not have a source of light that can be turned on/off from bedside.

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.

Lamp was placed on residents
Nightstands
All STAFF INSERVED & EDUCATED
staff educated on 4/6/16 & 9/27/16
ADMINISTRATOR WILL MONITOR DAILY
Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall inspect all resident rooms to ensure each resident has an operable source of light which can be turned on/off from bedside. 9/27/16
See attached picture

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham* Date *9/9/16*

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

The above plan of correction is approved as of 9/27/16 (Date)

The above plan of correction was approved by J (Initials)

Plan of correction implementation status as of 9/27/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

SEP 08 2016

WEST REGION FIELD OFFICE Page 8 of 10
Human Services Licensing

Violation Report: 42681 - 04/06/2016 - Garrigan, Laurie
PCH Name: SUGAR CREEK REST

1. REGULATION 65 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home's maximum safe evacuation time, determined by a fire safety expert on 7/24/16, is 4 minutes 16 seconds. However, the fire drill conducted on 3/8/16 at 1:00 a.m. took 4 minutes and 30 seconds to complete.

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.

Fire drills were conducted monthly in May, June, July and August 2016. All residents were evacuated within the maximum fire safe time. *pr 9/27/16*

MAINTENANCE EDUCATED on evacuation times

ADMINISTRATOR WILL MONITOR DRILL TIMES monthly.

Within 30 days of receipt of the plan of correction: All staff members shall be re-educated on fire drill evacuation procedures, including the location of all fire safe areas of the designated meeting place outside of the home, as well as the home's maximum safe evacuation time as determined by a fire safety expert. *pr 9/27/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham* Date *9/9/16*

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

The above plan of correction is approved as of <u>9/27/16</u> (Date)	Plan of correction implementation status as of <u>9/27/16</u> (Date)
The above plan of correction was approved by <u><i>pr</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>+</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 08 2016

Page 9 of 10

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42881 - 04/05/2016 - Garrigan, Laurie
PCH Name: SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The first aid kit in the home's bus does not include scissors, breathing shield, and eye coverings .

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.

Scissors breathing shield & eye coverings placed in home Bus FIRST AID KIT

Immediately: A designated staff person shall inspect all first aid kits located in all vehicles used to transport residents, on a weekly basis, to ensure all items specified in 2600.171b5 are present in the first aid kit.

for 9/27/16

see attached photo

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham* Date *9/9/16*

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

The above plan of correction is approved as of 9/27/16 (Date)

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

Plan of correction implementation status as of 9/27/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

SEP 08 2016

Page 10 of 10

Violation Report: 42881 - 04/06/2016 - Garrigan, Laurie
PGH Name: SUGAR CREEK REST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
A bottle of Pain Reliever 325 mg tablets prescribed for resident #4 were in the medication cart; however, this medication was discontinued on 3/31/16.

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.

MEDICATION WAS REMOVED
AND all staff instructed on
removing meds when discontinued
staff education was conducted on 9/5/16.
ADMINISTRATOR WILL monitor when meds
are discontinued. weekly
Immediately: All resident medication storage areas shall be inspected to
ensure only current prescription, OTC, Sample and CAM for
individuals living in the home are present
9/27/16

See attached education

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham* Date *9/9/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9/27/16
(Date)

Plan of correction implementation status as of 9/27/16
(Date)

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

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