Sent via email to: [redacted]
MAILING DATE: July 18, 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 April 13, 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

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

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK	**License Number:** 21675
Address: 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034	**County:** Lehigh
Administrator: Suzanne Panick	**Region:** NORTHEAST

Legal Entity Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC

Legal Entity Address: 3910 ADLER PLACE SUITE 100, BETHLEHEM, PA 18017

Certificate(s) of Occupancy

I-1
12/27/2005
Upper Saucon Township

Staffing Hours

Resident Support: NM **Total Daily Staff:** 99 **Waking Staff:** 74

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

Off-Site Inspection Dates and Inspectors, if Applicable

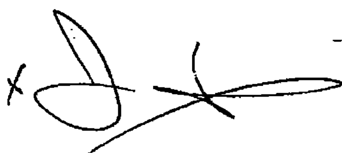
04/13/2016: Valence, Duane

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

	Number of Residents who:
Licensed Capacity: 100	**Receive Supplemental Security Income:** 0
Number of Residents Served: 71	**Are 60 Years of Age or Older:** 70
Secured Dementia Care Unit in Home: No	**Have Mental Illness:** 2
Area:	**Have an Intellectual Disability:** 0
Secured Dementia Unit Capacity, if Applicable:	**Have a Mobility Need:** 28
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Physical Disability:** 3
Number of Current Hospice Residents: 7	
Number of Hospice Residents in past year: 12	


James Kusko, Manager 6/9/16

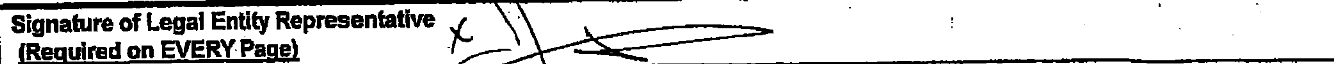
Violation Report: 21675 - 04/13/2016 - Valence, Duane
PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
The home failed to report timely a medication error that occurred on 3/11/2016 and 3/12/2016 when staff person "A" administered medication to resident #1 through the wrong route. Resident #'1's medication on the above noted dates was administered to resident #1 by mouth. The resident's physician ordered that medications be administered by peg tube feeding only. The home's incident report was submitted to Northeast Regional Personal Care Home Office on 3/25/2016.

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.

Please see the attached Plan of Correction.



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

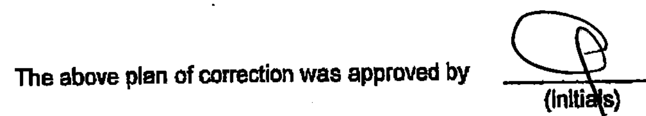
Signature of Legal Entity Representative (Required on EVERY Page) X [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Kusko, Manager **Date** 6/9/16

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

The above plan of correction is approved as of 7-14-16 (Date)

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



Plan of correction implementation status as of 7-14-16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Sacred Heart
Senior Living
by Saucon Creek℠

p 2 of 4

PLAN OF CORRECTION

Off-site Inspection 04/13/2016: Valence, Duane

Regulations: 2600.16(c), 187(d), 188(b):

EXPLANATION:

Staff Member A administered medications to this resident via the wrong route on 3/11/2016 PM and 3/12/2016 AM because he did not read the eMAR or blister pack correctly nor did he read the Shift Report or Physician Order requiring that all medications be administered by peg tube only. Staff Member A did not report the error. On 3/24/2016, an on duty Med Tech immediately reported to Nursing Administration when she was informed that the Resident 1 told ███ daughter that ███ had been given medication orally "a couple of times". The Director of Nursing investigated. Upon questioning, Staff Member A admitted the error to and clarified the dates with the Director of Nursing. The resident, resident's designated person, and the prescriber were informed. The incident was reported by the facility to the Department's Personal Care Home Regional Office on March 25, 2016, within 24 hours of discovery.

CORRECTION:

1. Staff Member A repeated the Medication Administration course and was retested by the facility Medication Trainer.
2. Staff Member A was observed and shadowed by other staff Med Techs for two of three required observation shifts. On the second shift, he was observed not following proper procedure. The observing Med Tech immediately took over and reported the incident to the Director of Nursing.
3. Staff Member A was terminated as a result of his unwillingness to follow proper procedure.
4. A Mandatory Med Tech meeting was held by the Director of Nursing on April 12, 2016. The Agenda included the following talking points:
   - Five Rights
   - Med Errors must be reported immediately to the on-call supervisor.
   - Importance of following physicians orders
   - Shift Report must be reviewed at the beginning of every shift.
   - Reportable Incident requirements and Reporting procedure
5. Any future NPO orders will be posted on the resident's room wall.
6. Administrator reviewed with all department heads the Reportable Incident requirements and Reporting procedure.

James Kusko, Manager 6/9/16

4851 Saucon Creek Road, Center Valley, PA 18034 • Phone: 610-814-2700 • Fax: 610-625-2707
www.sacredheartseniorliving.com

Violation Report: 21675 - 04/13/2016 - Valence, Duane
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
Direct Care Staff Person "A" administered one (1) Lansoprazole DR 30 mg capsule to Resident # 1 during the morning of 03/12/16 and again on 03/13/16 via the wrong route. Resident # 1's Lansoprazole Rx on the above dates was to be administered via the resident's peg tube, not by mouth.

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.

Please see the attached Plan of Correction.

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

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** 6/9/16

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

The above plan of correction is approved as of 7-14-16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7-14-16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Sacred Heart
Senior Living
by Saucon Creek SM

p3 of 4

PLAN OF CORRECTION

Off-site Inspection 04/13/2016: Valence, Duane

Regulations: 2600.16(c), 187(d), 188(b):

EXPLANATION:
Staff Member A administered medications to this resident via the wrong route on 3/11/2016 PM and 3/12/2016 AM because he did not read the eMAR or blister pack correctly nor did he read the Shift Report or Physician Order requiring that all medications be administered by peg tube only. Staff Member A did not report the error. On 3/24/2016, an on duty Med Tech immediately reported to Nursing Administration when she was informed that the Resident 1 told [redacted] daughter that [redacted] had been given medication orally "a couple of times". The Director of Nursing investigated. Upon questioning, Staff Member A admitted the error to and clarified the dates with the Director of Nursing. The resident, resident's designated person, and the prescriber were informed. The incident was reported by the facility to the Department's Personal Care Home Regional Office on March 25, 2016, within 24 hours of discovery.

CORRECTION:

1. Staff Member A repeated the Medication Administration course and was retested by the facility Medication Trainer.
2. Staff Member A was observed and shadowed by other staff Med Techs for two of three required observation shifts. On the second shift, he was observed not following proper procedure. The observing Med Tech immediately took over and reported the incident to the Director of Nursing.
3. Staff Member A was terminated as a result of his unwillingness to follow proper procedure.
4. A Mandatory Med Tech meeting was held by the Director of Nursing on April 12, 2016. The Agenda included the following talking points:
   - Five Rights
   - Med Errors must be reported immediately to the on-call supervisor.
   - Importance of following physicians orders
   - Shift Report must be reviewed at the beginning of every shift.
   - Reportable Incident requirements and Reporting procedure
5. Any future NPO orders will be posted on the resident's room wall.
6. Administrator reviewed with all department heads the Reportable Incident requirements and Reporting procedure.

James Kusko, Manager 6/9/16

4851 Saucon Creek Road, Center Valley, PA 18034 • Phone: 610-814-2700 • Fax: 610-625-2707
www.sacredheartseniorliving.com

Violation Report: 21675 - 04/13/2016 - Valence, Duane

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

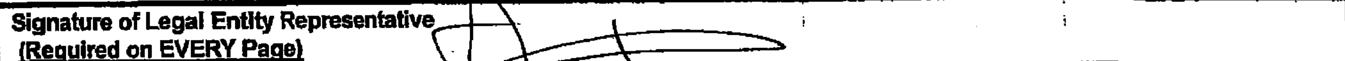
2a. DESCRIPTION OF VIOLATION

On 3/11/2016 and 3/12/2016, staff person "A" administered medication to resident #1 through the wrong route. Resident #1's medication on the above noted dates was administered to resident #1 by mouth. The resident's physician ordered that medications be administered by peg tube feeding only. The home did not immediately report the medication error to the resident, the resident's designated person and the resident's prescriber on 3/11 and 3/12/2016.

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.

Please see the attached Plan of Correction.



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

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** 6/9/16

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

The above plan of correction is approved as of 7-14-16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7-14-16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Sacred Heart
Senior Living
by Saucon Creek℠

p4 a 94

PLAN OF CORRECTION

Off-site Inspection 04/13/2016: Valence, Duane

Regulations: 2600.16(c), 187(d), 188(b):

EXPLANATION:
Staff Member A administered medications to this resident via the wrong route on 3/11/2016 PM and 3/12/2016 AM because he did not read the eMAR or blister pack correctly nor did he read the Shift Report or Physician Order requiring that all medications be administered by peg tube only. Staff Member A did not report the error. On 3/24/2016, an on duty Med Tech immediately reported to Nursing Administration when she was informed that the Resident 1 told ██ daughter that ██ had been given medication orally "a couple of times". The Director of Nursing investigated. Upon questioning, Staff Member A admitted the error to and clarified the dates with the Director of Nursing. The resident, resident's designated person, and the prescriber were informed. The incident was reported by the facility to the Department's Personal Care Home Regional Office on March 25, 2016, within 24 hours of discovery.

CORRECTION:
1. Staff Member A repeated the Medication Administration course and was retested by the facility Medication Trainer.
2. Staff Member A was observed and shadowed by other staff Med Techs for two of three required observation shifts. On the second shift, he was observed not following proper procedure. The observing Med Tech immediately took over and reported the incident to the Director of Nursing.
3. Staff Member A was terminated as a result of his unwillingness to follow proper procedure.
4. A Mandatory Med Tech meeting was held by the Director of Nursing on April 12, 2016. The Agenda included the following talking points:
    - Five Rights
    - Med Errors must be reported immediately to the on-call supervisor.
    - Importance of following physicians orders
    - Shift Report must be reviewed at the beginning of every shift.
    - Reportable Incident requirements and Reporting procedure
5. Any future NPO orders will be posted on the resident's room wall.
6. Administrator reviewed with all department heads the Reportable Incident requirements and Reporting procedure.

James Kusko, Manager 6/9/16

4851 Saucon Creek Road, Center Valley, PA 18034 • Phone: 610-814-2700 • Fax: 610-625-2707
www.sacredheartseniorliving.com