



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 08 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' annual licensing inspection on May 20, 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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22080 - 05/20/2016 - Harvey, Jason  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION §5 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The garbage can located in the second floor serving kitchen was uncovered.

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.

**PLAN OF CORRECTION: REGULATION 2600.85d**

**EXPLANATION:**

The dietary staff removed the broken trash can lid and failed to report it.

**CORRECTION:**

The trash can was replaced on the day after inspection. The trash can lid is now permanently connected to the base. The Administrator worked with the Dietary Director to create a regulation review for all Dietary staff, which was presented at the June 8 mandatory department meeting.

*Adm will oversee to ensure ongoing compliance. Cf: 7/23/16*

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 *6/27/2016*

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

The above plan of correction is approved as of <u>7/23/16</u> (Date)	Plan of correction implementation status as of <u>7/23/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 22080 - 05/20/2016 - Harvey, Jason  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCÓN CREEK II

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The temperature in the True band refrigerator's freezer located on the second floor had a temperature reading of 8 degrees at 3:15pm.

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.

**PLAN OF CORRECTION: REGULATION 2600.103f**

**EXPLANATION:**

Historically, refrigerator/freezer temperatures have been taken and documented twice daily. All temperatures were compliant prior to the day of inspection, with no incidents of food spoilage.

**CORRECTION:**

An additional temperature check at 2:00 PM has been added to the daily schedule. All freezer temperatures have been at or below 0 degrees since the day of inspection. A noncompliant reading will be immediately reported to the Dietary Director and the Administrator. Maintenance will be notified to investigate and contact repair service as needed.

*Adm will oversee in order to ensure ongoing compliance. JP. 7/23/16*

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)      Date 6/27/2016  
*James Rusko, manager*

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The above plan of correction was approved by <u><i>JP</i></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

Violation Report: 22080 - 05/20/2016 - Harvey, Jason  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill record for the drill conducted on 3/19/2016 at 4:30 does not indicate am or pm.

**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.

**PLAN OF CORRECTION: REGULATION 2600.132c**

**EXPLANATION:**  
 The Maintenance Director failed to write "PM" after the fire drill time.

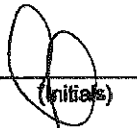
**CORRECTION:**  
 The Administrator will review the fire drill log documentation after each monthly fire drill.

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)	Date
James Kusko, Manager	6/27/2016

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Violation Report: 22080 - 05/20/2016 - Harvey, Jason  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

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  
 Resident #1 is prescribed Advair Diskus 250/50 twice daily. The manufacturer directions indicate the Advair Diskus is to be used within 30 days of being opened. The home did not have documentation when the Advair Diskus was opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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**PLAN OF CORRECTION: REGULATION 2600.183d**

**EXPLANATION:**

It was discovered upon investigation on the day after inspection that the Med Tech dated the foil wrapper rather than the inhaler itself.

**CORRECTION:**

Newhard Pharmacy is supplying "date opened" stickers to be attached directly to all Advair inhalers. All Med Techs have been instructed to date the pharmacy sticker and apply directly to the inhaler upon opening. Upon the administration of the Advair Diskus, Med Techs are to ensure the date has been recorded. Resident Care Director will check weekly to ensure all Advair inhalers are dated. Administrator will review date checks monthly with Resident Care Director.

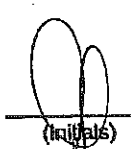
*in order to ensure ongoing compliance. QP. 7/23/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *X*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, Manager* Date *6/27/2016*

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