



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

Ms. Sherry Kelly, CEO
Sugar Valley Lodge, Inc.
323 Causeway Drive
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge (Polk)
196 Church Street
Polk, Pennsylvania 16342
License #: 445490

Dear Ms. Kelly:

As a result of the Department of Human Services' annual licensing inspections on July 7, 2016 and July 8, 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 VALLEY LODGE POLK		License Number: 445490
Address: 196 CHURCH STREET, POLK, PA 16342		County: Venango
Administrator: Sherry Kelly		Region: WEST
Legal Entity Name: SUGAR VALLEY LODGE INC		
Legal Entity Address: 323 CAUSEWAY DRIVE, FRANKLIN, PA 16323		
Certificate(s) of Occupancy R-4 07/30/2013 L & I		RECEIVED OCT 17 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/07/2016: McConnell, Deb 07/08/2016: McConnell, Deb		
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: 15 Number of Residents Served: 15 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 7 Have Mental Illness: 14 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44549 - 07/07/2016 - McConnell, Deb
 PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION
 The home's quality management review, conducted on 3/10/16, did not include a review address of staff training and resident or family council as described in the home's quality management plan.

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.

Sugar Valley Lodge next Quality Management Review is on Nov 15, 2016 at our Polk Facility.

Attached is the Agenda and sign in sheet for the meeting. Administration will send the info/minutes of the meeting to DHS for review after the meeting.

SVL will include a review address of staff training and resident/family council, at future Quality Management meeting.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly* Date *10/13/16*

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

The above plan of correction is approved as of <u>10-24-16</u> (Date) The above plan of correction was approved by <u>g</u> (Initials)	Plan of correction implementation status as of <u>10-24-16</u> (Date) <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
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Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive training in Medication Self-Administration and Safe Management Techniques during the 2015 training year.

Direct care staff person B, did not receive training in Medication Self-Administration and Safe Management Techniques during the 2015 training year.

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.

Staff Persons A + B Both Had Training in Safe Management Techniques in 2015. (See Attached) where both staff attended training.

All staff are scheduled for Medication Self Administration Training on 11-3-16. (See attached sign in sheet) Training Schedule.

Administrator will Review Staff Training Schedules to Verify all Staff will Have Required Training.

Within 30 days of receipt of the plan of correction: The administrator or designee shall review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65(f) and a record of all training is maintained in the staff records. 10-24-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERRY Thelley* Date *10/13/16*

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<p>The above plan of correction is approved as of <u>10-24-16</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>10-24-16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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OCT 17 2016

Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 7/7/16, at approximately 3:30p.m., the home's outside trash receptacle, containing multiple garbage bags and boxes 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.

Sugar Valley Lodge Had a Bear that Had Pulled the Door off of the Dumpster. Tri County Ind. was notified immediately of the doors needing replaced on Dumpster. Tri County replaced the Dumpster with a new one with doors/covers. Game Commissioner also notified and they set a trap to try to catch the bear. Administrator will check daily to ensure that the Dumpster doors/cover is on Dumpster.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Healey

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

Sherry Healey

Date

10/13/16

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(Date)

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

OCT 17 2016

Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The lightbulb socket for resident #1's light, on the nightstand closest to the door in bedroom #10, was loose and could be moved from side to side.

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.

The Lamp was immediately disposed of and a new Lamp was purchased in Room 110, as soon as it was brought to our attention.

Administrator developed a checklist for housekeeping manager to do walk through of all residents rooms weekly. This will ensure all lights/lamps are working and is in good repair. (see attached checklist)

The checklist will be reviewed weekly by the administrator and repairs/replacements will be done immediately or within 24 hours.

walkthroughs & check list will begin today 10/13/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Healey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERRY HEALEY* Date *10/13/16*

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OCT 17 2016

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 On 7/7/16, there was a large unsealed plastic bag of sausage patties in the kitchen ice cream freezer.

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.

Sausage Patties was removed and disposed of immediately. Another stand up freezer was purchased to make more room for freezer foods making it easier to store + check foods for dates + labeling and proper containers/bags.

Dietary staff will have additional training on Regulations 2600.103(a-j) pertaining to food service which is scheduled for Oct 21, 2016.

Dietary staff will use the attached form to do daily checks, dietary manager will check for correct storage and labeling weekly and the administrator will do monthly checks to ensure food is stored + labeled correctly.

See attached training forms.

Administrator will mail training completion after training.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2014
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Signature of Legal Entity Representative (Required on EVERY Page)

Sherry Kelly

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sherry Kelly	10/13/16

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Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

OCT 17 2016

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/7/16, there was a large opened and undated plastic bag of sausage links in the kitchen ice cream freezer.

On 7/7/16, there was a large opened and undated green plastic bag of egg patties in the kitchen ice cream freezer.

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.

Sausage Links + Egg Patties Both was removed and disposed of immediately. A stand up freezer was purchased to make more room for freezer foods to make it easier to store + check labeling and storage of foods.

Dietary staff will have additional training on regulations 2600.103(a-j) pertaining to food service which is scheduled for Oct 21, 2016.

Dietary staff will use the attached form to do daily checks, Dietary manager will do weekly checks and the administrator will do monthly checks to ensure food is stored and labeled correctly.

See attached training forms + schedule.

Administrator will send training completion after training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Kelly

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

Sherry Kelly

Date

10/13/16

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(Date)

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(Initials)

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Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home's designated staff smoking area is directly outside of the home's kitchen door at the rear of the home.

On 7/7/16, there were two folding chairs in this designated smoke area that were not fire resistant.

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.

The nonfire resistant chairs was removed immediately from the facility. "No Smoking" signs was placed in this area and staff has been instructed to smoke in the designated smoking area in front of the building. The current smoking area is free from flammable objects.

Administration will check + verify weekly that area is free from flammable objects.

See Attached Smoking Policy.

Within 30 days of receipt of the accepted plan of correction - All staff residents shall be educated on the home rules for smoking and the homes policy and procedures for smoking and the location of the designated smoking area including the proper fire and safety measures and smoking is only permitted in the designated smoking area. Documentation of education shall be kept. 10-24-16 ✓

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly* Date *10/13/16*

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Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Anoro Ellipt AER, 62.5-25, inhale 1 puff by mouth once daily. The manufacturer's instructions indicate to discard 6 weeks after opening. However, the opened Anoro Ellipt AER was not dated to the open date; therefore the efficacy of the medication could not be determined.

Resident #3 is prescribed Incruse Elpt INH, 62.5mcg, inhale 1 puff by mouth once daily. The manufacturer's instructions indicate to discard 6 weeks after opening. However, the opened Anoro Ellipt AER was not dated to the open date; therefore the efficacy of the medication could not be determined.

Resident #3 is prescribed Advair Diskus, 250/50, inhale 1 puff by mouth twice daily. The manufacturer's instructions indicate to discard 30 days after opening. However, the opened Advair Diskus was not dated to the open date; therefore the efficacy of the medication could not be determined.

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.

The medications above was destroyed immediately and reordered from the pharmacy.

Additional training for Reg 2600.183(e) has been added to the training schedule for Nov 3, 2016 for all Direct Care Staff. (see attached training schedule)

The Director of Nursing will do weekly checks to verify medications are being handled properly according to manufacturers instructions.

Administrator will do monthly checks.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly* Date *10/13/16*

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- Fully Implemented
- Partially Implemented - Adequate Progress *g*
- Partially Implemented - Inadequate Progress
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Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed, Famotidine Tab 40mg, 1 tab by mouth at bedtime. However, the medication label indicates Famotidine Tab 40mg, 1 tab every morning.

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.

The physician was notified and the medication was ordered for bedtime. The pharmacy sent new card of medication with the right label.

(See attached order, MAR, Label)

The Director of Nursing will do monthly checks to verify labels with MARs are correct.

Additional staff training has been added & scheduled for 11-3-16 for Reg. 2600.184(a) (See attached)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelley* Date *10/13/16*

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Plan of correction implementation status as of 10-24-16 (Date)

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

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Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 7/7/16 at 8:00 p.m., direct care staff person A administered medications to residents of the home, including resident #2. However, direct care staff person A has not successfully completed the Department-approved medications administration course and passed the competency test.

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.

Staff Person A was not permitted to work in Med Room AS of 7-8-16. until completion of medication administration training.

After review it had been discovered that Staff Person A did not receive a passing score when she took the course. The instructor at that time no longer works at SVL.

On 7-12-16 staff person A completed and passed the medication administration course. (see attached) Administrator reviewed all staffs charts + scores to ensure they have completed the course correctly.

The Administrator will continue to review all direct care staff results of test scores before staff begins to work in med rooms to ensure they are qualified to pass meds.

The Director of Nursing and Administrator Teach the course

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Kelly

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

Sherry Kelly

Date

10/13/16

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress, 8
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 17 2016

Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On [redacted] 16, resident #1 was issued a 30 day notice for destruction of the home's property, being verbal and physically threatening toward staff, noncompliance with treatment plan, and refusals of medications. However, resident #1's assessment, dated 10/20/15, was not updated to address the resident's significant change in condition.

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.

Resident #1 Has been discharged on [redacted] 16

The Administrator and D.O.N. Reviewed Reg 2600.225 regarding additional assessments.

The Administrator + D.O.N. will review and update the Residents Assessment plan when there is changes in a Residents Behavior/Condition.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all current resident assessments for accuracy and completion.

10-24-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Sherry Healey	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Sherry Healey	
		Date	10/13/16

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(Initials)

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44549 - 07/07/2016 - McConnell, Deb
PCH Name: SUGAR VALLEY LODGE POLK

OCT 17 2016

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On [redacted] 16, resident #1 was issued a 30 day notice for destruction of the home's property, being verbal and physically threatening toward staff, noncompliance with treatment plan, and refusals of medications. However, resident #1's support plan, dated 10/20/15, was not updated to address the resident's significant change in condition.

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.

Resident #1 was discharged on [redacted] 16

The Administrator and D.O.N. Reviewed Reg 2600.227(c) regarding additional support plans/updates.

The Administrator and D.O.N. will review, update, and/or change Residents Support Plan ~~to~~ to address any significant changes in condition of a resident.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all current resident support plans for accuracy and completion. 10-24-16

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
Sherry Kelly			10/13/16

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(Date)

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(Initials)

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

Not Implemented