



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: October 3, 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 August 11, 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 - 08/11/2016 - Novak, Ryan
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
 Resident #1's glucometer was used to test Resident #2's blood glucose on 7/16/16 at 7am.

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.

DESCRIPTION OF INCIDENT:

On 7/18/2016 at approximately 12:30 PM, during routine glucometer checks, it was discovered that the Med Tech on duty (Staff Member A) used Resident 1's glucometer to check Resident 2's blood sugar on 7/16/2016. The error was reported to BHSL within 24 hours. Resident 2 is neither on insulin nor subject to any sliding scale. [redacted] receives one Accucheck per day, first thing in the morning, due to monitoring for the results of a medication.

PLAN OF CORRECTION:

1. Resident physicians, families and residents were notified. Physician letters were obtained documenting no communicable diseases and required no further follow-up.
2. A new glucometer had already been ordered and received for Resident 1, delivered to the facility by the DME on 7/15/16. The old glucometer was immediately replaced with the new one. @ the home's cost.
3. At the time of discovery, all building glucometers and corresponding documentation were checked for accuracy; no additional errors were discovered. Glucometer checks are completed weekly by the Med Tech Supervisor. Results are logged and reported verbally to the Resident Care Director, Director of Nursing and the Administrator.
4. All glucometer cases and the front face of the glucometers are labeled with the resident's name. In addition a resident picture tag is attached as an extra level of identification. Going forward, all Accuchecks will be completed in resident rooms to avoid any further confusion. Glucometers for residents on 1st and 2nd floors are now stored in the residents' rooms in a locked box. New lock boxes are currently being installed in resident rooms on 3rd floor.
5. A three-step glucometer identification process continues to be reviewed in Medication Training courses and with current staff.

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 9/16/16

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

The above plan of correction is approved as of <u>10-1-16</u> (Date)	Plan of correction implementation status as of <u>10-1-16</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

Violation Report: 21675 - 08/11/2016 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
Staff person A did not complete the Department approved diabetes patient education program. Staff person A provided diabetic care to residents on 7/16/16.

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.

DESCRIPTION OF INCIDENT:

The Med Tech (Staff Person A) completed the Department's Medication Training course and the supervised Med Tech three day on-floor training on 5/26/2016. It was discovered during investigation that she was scheduled for but failed to complete the required May 24, 2016 Diabetic course, a fact not known by the Medication Trainer.

PLAN OF CORRECTION:

1. The Med Tech (Staff Person A) was removed from the schedule as a Med Tech in order to repeat the Medication Administration course and complete the Diabetic Training. She worked for several shifts as a PCA and then quit.
2. Going forward, all new Med Tech training must be submitted to the Administrator for signature prior to scheduling a new Med Tech.


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 Date
(Required on EVERY Page) James Kusko, Manager 9/16/16

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The above plan of correction is approved as of 10-1-16
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10-1-16
(Date)

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