



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

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' annual licensing inspection on October 4, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberli
 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

On 10/14/16, it was discovered that Resident #1 Melatonin 5 mg, daily at 11pm was not available in the home. According to the home the resident was prescribed this medication upon admission and in December 2015 the resident no longer wanted to take the medication and it was not reordered by staff. The home did not report this medication error to the department.

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

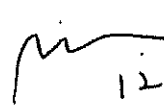
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.16(c):

- **EXPLANATION:** The Medication Error was not reported by the Med Techs to Nursing Administration. The error was discovered during inspection on October 4, 2016.

CORRECTION:


Medication Trainer [redacted] will review (1) all types of Medication Errors and (2) the importance and necessity of reporting errors immediately to Nursing Administration and the Administrator as they must be reported to DHS within 24 hours. This review will be completed by 12/9/16 and will be emphasized in all new Med Tech trainings. Newhard Pharmacy will check all medications including OTC's during their monthly medication cart audit.

The administrator shall monitor and assure ongoing compliance.

 12/14/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/13/2016

Signature of Legal Entity Representative (Required on EVERY Page) James Kusko, President
 Northampton Personal Care Inc.,
 General Partner Saucun Creek
 Assisted Living LP, Member
 Sacred Heart Assisted Living by
 Saucun Creek, LLC 12/9/16

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The above plan of correction is approved as of 12/14/16 (Date)

 The above plan of correction was approved by _____ (Initials)
 Plan of correction implementation status as of 12/14/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberli
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:
 (i) A copy of the Department of Health license for the hospice agency.
 (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
 (iii) Written informed consent as specified in § 2600.29a(b)(2).
 (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION
 The home's fire drill record does not contain a copy of the hospice agency's license from the Department of Health.

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.

Regulation 2600.29a(b)(11):

- EXPLANATION:** The Administrator believed that the Maintenance Director, who maintains the Fire Drill Record, had received a copy of the Hospice Agency's License, which was present in the Resident Record.

CORRECTION:

The Hospice Agency License was added to the Fire Drill Record on the day of inspection. The Administrator reviewed Hospice Policy with the Maintenance Director. The Administrator will review the Fire Drill Record with the Maintenance Director as Hospice residents transition to "Actively Dying" status and again monthly to ensure compliance.

The administrator shall be responsible for ongoing compliance.
M
12/14/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		James Kusko, President Northampton Personal Care Inc., General Partner Saucun Creek	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Assisted Living LP, Member Sacred Heart Assisted Living by Saucun Creek, LLC <i>12/9/16</i>	

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Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberli
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 On 10/4/16 at 10:25am the utility room on the 3rd floor had the door left propped open and unattended. The following items were unlocked and accessible to residents in the home. Alpha HP disinfectant that MSDS sheets indicate "If swallowed get medical attention immediately", Crew restroom floor and surface non aerd disinfectant cleaner that MSDS sheets indicate "If Ingested call medical attention or poison control center immediately", Clean Peroxy that MSDS sheets indicate "Ingestion, Get medical attention if you feel unwell", Pure Bright Germicidal Ultra Bleach that MSDS sheets indicate "If Ingested seek doctor immediately", and BAB-O cleanser with bleach that MSDS sheets indicate "Ingestion, consult physician or poison control center". Not all residents of the home have been assessed capable of recognizing and using poisons safely.

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.

Regulation 2600.82(c):

- **EXPLANATION:** The Utility Room door was not propped open. The keyed door appeared to be closed but did not completely latch; hence the Inspector was able to open the door. Upon questioning in [redacted] by her Supervisor, the 3rd Floor Housekeeping Aide stated that she was not aware that the door was still open. It was determined that the door's spring load required adjustment.

CORRECTION:

The Utility Closet door spring load was adjusted the day of inspection. The Housekeeping Supervisor [redacted] reviewed with his staff the importance of (1) ensuring the Utility Room doors remain closed to ensure the safety of the residents and (2) the reporting process for repairs if the doors are not working properly. The Housekeeping Supervisor, Maintenance Director and Administrator are checking Utility Closet doors during daily building walk through.

The administrator shall monitor for ongoing compliance. m 12/14/16

Repeat Violation: No	Date(s) of Previous Violation(s):	James Kusko, President Northampton Personal Care Inc.
Signature of Legal Entity Representative (Required on EVERY Page)		General Partner Saucun Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucun Creek, LLC
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 12/9/16

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Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberl
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION
 On 10/4/16, the fireplace located in the home's main lobby sitting area was in use. During this time no screens or protective guards were in place. The fire place was turned up like it would be used during the colder months and at 10:34am the reading on the thermometer was over-200 degrees fahrenheit and representatives could not hold the thermometer there any longer. The home has a total of three fire places that are the same. The other two fire places are located in the private dining room and the 2nd floor main area and they also do not have screens.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 2600.129(a):

- **EXPLANATION:** The three building fireplaces require screens as protective guards.

CORRECTION:

The Maintenance Director ordered and installed fireplace screens on all three fireplaces.

The administrator shall monitor and assure ongoing compliance.

*(m)
12/14/16*

Repeat Violation: No	Date(s) of Previous Violation(s):	James Kusko, President
Signature of Legal Entity Representative (Required on EVERY Page)		Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Sacred Heart Assisted Living by Saucon Creek, LLC <i>12/9/16</i>

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Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberli
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 During the fire drill on 5/27/16 at 11:06pm, the overnight drill, 11 staff people participated in the drill. During the fire drill on 11/24/16 at 11:50pm, the overnight drill, 12 staff people participated in the drill. According to staff records, the average number of staff people on duty during the overnight shift is 5.

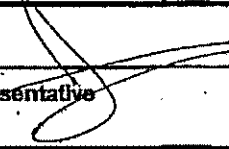
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Regulation 2600.132(g):

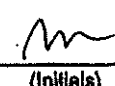
- EXPLANATION:** The cited overnight drills included both second and third shift staff.

CORRECTION: The Administrator will ensure that only thlrd shift staff participate in the overnight fire drills.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)		James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		12/9/16

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Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberil
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. **REGULATION 55 Pa.Code §2600**
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. **DESCRIPTION OF VIOLATION**
 On 10/14/16, it was discovered that Resident #1 Melatonin 5 mg, daily at 11pm was not available in the home. According to the home the resident was prescribed this medication upon admission and in December 2015 the resident no longer wanted to take the medication and it was not reordered by staff. The home did not contact the physician for a discontinue order until 10/14/16.


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.

Regulation 2600.185(a):

- **EXPLANATION:** The Med Techs did not notify Nursing Administration nor did they contact the physician for a discontinue order at the time the resident no longer wanted to take the medication. The error was discovered during inspection on October 4, 2016.

CORRECTION:

All Med Techs were immediately counseled on the safe storage, access, distribution and use of medications by Medication Trainer [redacted]. Specifically, the Med Techs were instructed that any medication appearing in the Medication Administration Record must be available for distribution. If the medication is not in-house, the Director of Nursing and the Resident Care director must be notified immediately. If a resident requests a medication be discontinued, the resident's family and physician will be notified immediately. The Director of Nursing and Resident Care Director will be made aware.

The administrator shall monitor and assure ongoing compliance

 12/14/16

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)		12/9/16

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Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberl
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

On 10/14/16, it was discovered that Resident #1 Melatonin 5 mg, daily at 11pm was not available in the home. According to the home the resident was prescribed this medication upon admission and in December 2015 the resident no longer wanted to take the medication and it was not reordered by staff. The home did not contact the physician for a discontinue order until 10/14/16.

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.

Regulation 2600.185(b):

- **EXPLANATION:** The Med Techs did not follow proper procedure by notifying Nursing Administration nor did they contact the physician for a discontinue order at the time the resident requested to stop the medication. The error was discovered during inspection on October 4, 2016.

CORRECTION:

On 11/18/2016, all Med Techs were counseled by Medication Trainer [redacted] on correct medication protocol for discontinuing medication. This counseling included the review of documentation of all medications including OTC's in the Medication Administration Record. As an added check, Newhard Pharmacy will check all medications including OTC's during their monthly medication cart audit.

The administrator shall monitor and assure ongoing compliance. M, 12/14/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		James Kusko, President Northampton Personal Care Inc., General Partner Saucun Creek	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Assisted Living LP, Member Sacred Heart Assisted Living by Saucun Creek, LLC	

12/9/16

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Violation Report: 21675 - 10/04/2016 - Foulkes, Kimberli
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 for the month of October 2016 has Metoprolol Succ ER 50mg tablet, one tablet by mouth twice daily at 8am and 8pm listed. The order was changed on 10/3/16 to Metoprolol Succ ER 50mg tablet, one tablet twice daily to Metoprolol Succ ER 25mg tablet, one tablet, once daily. The home is not maintaining the resident's MAR.

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.

- **EXPLANATION:** Upon investigation it was discovered that the order was not appearing in the electronic Medication Administration Report due to a programming problem. The pharmacy discovered that the medication was entered with an incorrect year, 2017. When we contacted the Med Tech, she had the order and the new medication that had come down from the pharmacy. She handwrote a MAR where she could administer as per the new order and sign off on administration. The medication was administered properly; there was no medication error; however, she did not notify Nursing Administration of the computer error.

CORRECTION:

The Administrator shall monitor and assume ongoing compliance. m 12/14/16
 The error has been corrected in the computer and the Med Tech is able to follow procedure. Med Techs were instructed by Medication Trainer [redacted] to notify Nursing Administration and the Administrator of any discrepancies between the electronic MAR and physician's orders.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/16/16	Signature of Legal Entity Representative
		Jennifer Kusko, President	<i>[Signature]</i>
		Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member	
		Sacred Heart Assisted Living by Saucon Creek, LLC	Date: 12/9/16

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