



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: December 19, 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 October 6, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21675 - 10/06/2016 - Rushin, Julienne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

The home sent resident #1's Power of Attorney a 48 hour "notice of discharge" on [redacted] 5. The home failed to issue the Department required 30 day advance written notice citing resident #1's increased risk for falls, increased confusion and need for 24 hour care as the reasons for discharge.

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 2600.228(b):

- **EXPLANATION:** Following discussions and a formal meeting, facility Administration and the resident's family were unable to reach a mutual understanding of the facility's regulatory and moral obligations to the resident nor were they able to agree upon a plan of care for this resident with increased fall risk, increased confusion and need for additional daily care beyond the two hours per day required by regulation for an immobile resident. Concerned for the resident's safety and well being, alternate placement was found at a skilled nursing facility and a 48 hour notice was incorrectly issued. The notice, however, was never executed as the resident remained well cared for at the facility with some daily private duty until [redacted] passed away more than a year later.

• **CORRECTION:**

In such cases going forward, the facility will immediately notify and involve the Department of Human Services Adult Residential Licensing, Northeast Regional Office, in order to assist in determining appropriate level of care. The facility will always issue a 30-day notice, but seek a waiver from the Department if a physician written letter indicating a resident's need for a higher level of care has been received by the Administrator. The Department's Regional Director will be notified via email correspondence by the Administrator prior to any facility initiated discharges.

The administrator shall monitor and assure ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):	<i>Compliance</i>
Signature of Legal Entity Representative (Required on EVERY Page)		<i>12/17/16</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		<i>James Kusko, Manager</i> Date <i>12/15/16</i>

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

The above plan of correction is approved as of <u>12/17/16</u> (Date)	Plan of correction implementation status as of <u>12/17/16</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