



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 25, 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' licensing inspection on October 25, 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.

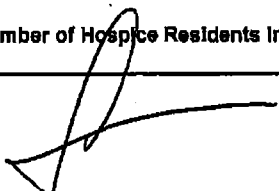
Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK		License Number: 21675
Address: 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034		County: Lehigh
Administrator: SUZANNE PANICK		Region: NORTHEAST
Legal Entity Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC		
Legal Entity Address: 3910 ADLER PLACE SUITE 100, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy I-1 12/27/2005 Township of Upper Saucon		
Staffing Hours Resident Support: 16 Total Dally Staff: 95 Waking Staff: 71		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/25/2016: Yellenic, Cindy		
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: 100 Number of Residents Served: 63 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: 4 Number of Hospice Residents In past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1	



James Kusko, Manager 11/11/16

Violation Report: 21676 - 11/25/2016 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(6) - If the provisions of § 2600.29a(b)(4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

2a. DESCRIPTION OF VIOLATION

On 10-18-16, the fire alarm was activated by smoke located in room 312.. Resident #1, who is receiving hospice services and is not required to evacuate during fire drills only, didn't evacuate to a fire safe area or out of the building as required during a fire event.

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)(6):

- **EXPLANATION:** At the time of the Fire Company arrival, a staff member was with Resident 1 in [redacted] room awaiting a second staff member needed to evacuate [redacted]. The Fire Company issued an all-clear within minutes of arrival as the source of the smoke was burned rice, overcooked in 312's microwave oven. At that point, staff stopped the evacuation process and returned residents to their rooms. There was no fire; however, the staff followed proper protocol and treated the evacuation as if there were.
- **CORRECTION:**
 1. A private duty caregiver's scheduled time was changed to night shift, 11 PM to 7 AM in order to have an extra person available to evacuate.
 2. Good Shepherd Physical Therapy will conduct a Staff Retraining and Review of a sheet transfer into a high back wheelchair on Thursday, November 17 at 3:00 PM.
 3. A "Fire Safety Review and Conversation" was held with staff on Friday, October 28, 2016 with Fire Safety Expert [redacted] agenda attached. Actively dying Hospice resident evacuation procedures were reviewed again with staff. Additional trainings are scheduled for Friday, November 18, 8:00 AM and 7:00 PM.
 4. The Administrator and Maintenance Director will watch for proper staff evacuation procedure during fire drills, reminding staff monthly of the Hospice Protocol.

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)

James Kusko, Manager

Date *11/11/16*

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

The above plan of correction is approved as of *1-21-17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction Implementation status as of *1-21-17*
 (Date)

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

Violation Report: 21675 - 11/25/2016 - Yellenc, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2800
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 On 10-18-16, the fire alarm was activated by smoke located in room 312. Resident #1, who is receiving hospice services, was not evacuated to a fire safe area or out of the building. Resident's #2 and #3 refused to evacuate the building. Resident #4 was not evacuated due to a fall requiring emergency assistance.

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.

Please see the attached Plan of Correction.

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	11/11/16
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The above plan of correction is approved as of 1-21-17
 (Date)

see P 3 A g 3 please.

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 1-21-17
 (Date)

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

P3A 93

Violation Report: 21675 – 10/25/2016 – Yellenic, Cindy

Regulation 2600.132(h):

- **EXPLANATION:** At the time of the Fire Company arrival and subsequent announcement of an "All-Clear", four residents remained in the building. At that point, staff stopped the evacuation process and returned residents to their rooms. There was no fire; however, the staff followed proper protocol and treated the evacuation as if there were.

Resident 1 – is a Hospice Resident, actively dying status. A staff member was with [redacted] in [redacted] room awaiting a second staff member needed to evacuate [redacted].

Resident 2 – This resident adamantly refused get out of bed to evacuate. A staff member returned to [redacted] room several times to try again. There is no history of past refusal to participate in the fire evacuation process. *Adm/Designer will counsel res & R.P.*

Resident 3 - This resident adamantly refused get out of bed to evacuate. A staff member returned to [redacted] room several times to try again. There is no history of past refusal to participate in the fire evacuation process. *Adm/Designer will counsel res & R.P.*

Resident 4 – Resident fell attempting to get out of bed. [redacted] was laying on the floor with severe right hip pain (fracture). A staff member remained with this resident until EMS services arrived. Moving [redacted] could have caused further injury.

• **CORRECTION:**

1. The Administrator spoke with both Residents 2 and 3 and their respective POA's about the importance and necessity of participation when the fire alarm sounds. Both residents participated fully in the next fire drill held on October 24, 2016.
2. Resident 1's private duty caregiver's scheduled time was changed to night shift, 11 PM to 7 AM in order to have an extra person available to evacuate.
3. Good Shepherd Physical Therapy will conduct a Staff Retraining and Review of a sheet transfer into a high back wheelchair on Thursday, November 17 at 3:00 PM.
4. A "Fire Safety Review and Conversation" was held with staff on Friday, October 28, 2016 with Fire Safety Expert [redacted] agenda attached. Actively dying Hospice resident evacuation procedures were reviewed again with staff. Additional trainings are scheduled for Friday, November 18, 8:00 AM and 7:00 PM.
5. The Administrator and Maintenance Director will watch for proper staff evacuation procedure during fire drills, reminding staff monthly of the Hospice Protocol.

Repeat failure to evacuate will be followed up w/ a decision to issue 30 day notice. Qp. 1-21-17

*AG
1-21-17*