



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 01 2016

Mr. James Kusko, President
Sacred Heart Assisted Living, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living by the Creek
602 East 21st Street
Northampton, Pennsylvania 18067
License #: 201360

Dear Mr. Kusko:

As a result of the Department of Human Services' annual licensing inspection on July 7, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK		License Number: 20136
Address: 602 EAST 21ST STREET, NORTHAMPTON, PA 18067		County: Northampton
Administrator: Gayle Yastrop		Region: NORTHEAST
Legal Entity Name: SACRED HEART ASSISTED LIVING LLC		
Legal Entity Address: 3910 ADLER PLACE SUITE 100, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy		
C-2 LP 09/11/1997 PA Dept of L&I	C-2 LP 02/16/2000 PA Dept of L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 94	Waking Staff: 71
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: Foulkes, Kimberli; Harvey, Jason		
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: 124	Number of Residents who:	
Number of Residents Served: 94	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 94	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 7	Have a Physical Disability: 29	
Number of Hospice Residents in past year: 20		

Violation Report: 20136 - 07/07/2016 - Foulkes, Kimberli
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 16 hours of annual training in training year 2015.

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: Administrator completed 24 hours of Annual Training for 2015.

In error, Human Resources Director assigned 2 unapproved classes to Administrator to complete.

Relias Learning Center provided proof of completion of 24 hours of continued training, although 2 one hour courses did not have DHS approval for Administrators, only direct care staff. Therefore, 22 credit hours were recorded.

Relias Learning Center had been approved by DHS for all but two hours of the required 24 hours for Administrator.

Plan of Correction: All classes assigned as Administrator Annual Training will be listed as approved by DHS. Courses will be completed from this approved DHS list only.

Administrator has consistently completed 24+ hours of Annual Training for 18 years.

Human Resource Director and Administrator will endure compliance and monitor for accuracy.

James Kusko, President Northampton Personal Care Inc.
General Partner, Northampton Personal Care Associates, LP
Member, Sacred Heart Assisted Living, LLC

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 10-6-2016

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

The above plan of correction is approved as of 10/12/16
(Date)

Plan of correction implementation status as of 10/12/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report: 20136 - 07/07/2016 - Foulkes, Kimbari
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

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

Resident # 3's annual RASP dated 7/3/15 did not include the section, "summary and determination", it was left blank.

Resident # 4's annual RASP dated 5/5/16 did not include the section, "summary and determination", it was left blank.

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: Prior the inception of RASP use, technical assistance training course was provided by DPW representatives in the Norristown region. This training was attended by Administrator, Director of Wellness and Resident Care Coordinator. Instructions on content requirement of RASP, its purpose and use were followed according to this training. Specific instruction was offered about the Summary and Determination section as 'optional to complete'. This instruction has been followed for several years. No prior inspection resulted in a violation due to this section being left blank.

RASP contents are very detailed and specific to the needs of each resident. Therefore, a summary of a detailed RASP seems redundant.

Plan of Correction: According to RCG Regulation 225c, Summary and Determination section will be completed in full in future.

Care Plan Coordinator has completed Summary and Determination section for all current residents of Sacred Heart Senior Living.

Care Plan Coordinator, Resident Services Director and Administrator will monitor for completion of Summary section and compliance with Regulation 225c.

James Kusko, President Northampton Personal Care Inc.

General Partner, Northampton Personal Care Associates, LP

Member, Sacred Heart Assisted Living, LLC

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 10-6-16

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The above plan of correction is approved as of 10/12/16
(Date)

Plan of correction implementation status as of 10/12/16
(Date)

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

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

Violation Report: 20136 - 07/07/2016 - Foulkes, Kimberil
FCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial RASP dated [redacted] 16 does not include the section, "summary and determination", it was left blank.

Resident #2's Initial RASP dated [redacted] 16 does not include the section, "summary and determination", it was left blank.

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: Prior the inception of RASP use, technical assistance training course was provided by DPW representatives in the Norristown region. This training was attended by Administrator, Director of Wellness and Resident Care Coordinator. Instructions on content requirement of RASP, its purpose and use were followed according to this training. Specific instruction was offered about the Summary and Determination section as 'optional to complete'. This instruction has been followed for several years. No prior inspection resulted in a violation due to this section being left blank.

RASP contents are very detailed and specific to the needs of each resident. Therefore, a summary of a detailed RASP seems redundant.

Plan of Correction: According to RCG Regulation 225c, Summary and Determination section will be completed in full in future.

Care Plan Coordinator has completed Summary and Determination section for all current residents of Sacred Heart Senior Living.

Care Plan Coordinator, Resident Services Director and Administrator will monitor for completion of Summary section and compliance with Regulation 225c.

James Kusko, President Northampton Personal Care Inc.

General Partner, Northampton Personal Care Associates, LP

Member, Sacred Heart Assisted Living, LLC

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

10-10-16

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The above plan of correction is approved as of 10/12/16
(Date)

Plan of correction implementation status as of 10/12/16
(Date)

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

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