



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

Ms. Joyce Cunningham,
Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262
License #: 426810

Dear Ms. Cunningham:

As a result of the Department of Human Services' annual licensing inspection on January 27, 2017 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUGAR CREEK REST		License Number: 42681
Address: 109 PERSONAL CARE LANE, WORTHINGTON, PA 16262		County: Armstrong
Administrator: Joyce Cunningham		Region: WEST
Legal Entity Name: SUGAR CREEK REST		
Legal Entity Address: 120 LAKESIDE DRIVE, WORTHINGTON, PA 16262		RECEIVED
Certificate(s) of Occupancy I-2 12/01/2015 Worthington Twp.		APR 20 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/27/2017: Georgoulis, Karen; Park, Belh; Garvey, Jody		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 27 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: 6 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

APR 20 2017

Violation Report: 42681 - 01/27/2017 - Georgoulis, Karen
PCH Name: SUGAR CREEK REST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There was no lock or latch to provide privacy for the common shower room/bathroom in the Armstrong Hallway.

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.

Door knob on shower room/bathroom in
Armstrong hall replaced TO ALLOW
RESIDENTS the ABILITY TO LOCK while &
DURING CARE. TO allow privacy

Immediately: The administrator or designee shall check the home monthly to ensure each bathroom or bathroom stall has an operational lock or latch which provides privacy. 4-21-17

SEE ATTACHED PICTURE #1 & #2

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joyce Cunningham* Date *4-19-17*

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

The above plan of correction is approved as of 4-21-17
(Date)

Plan of correction implementation status as of 4-21-17
(Date)

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

The above plan of correction was approved by *J*
(Initials)

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APR 20 2017

Violation Report: 42681 - 01/27/2017 - Georgoulis, Karen
PCH Name: SUGAR CREEK REST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.44(g) - The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania (DRN), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The telephone numbers for the Department's personal care regional office, local ombudsman or protective services, law enforcement, Commonwealth Information Center, and the personal care home complaint hotline were not posted in a conspicuous and public place.

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.

ALL NUMBERS AS LISTED ABOVE WERE
POSTED IN A CONSPICUOUS SPACE
of public area

The administrator or designee shall check the home monthly to ensure all required telephone numbers in accordance with regulation 2600.44(g) are posted in a conspicuous and public place. 4-21-17

See ATTACHED photo #3

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Joyce Cunningham

Printed Name and Title of Legal Entity Representative
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Joyce Cunningham

Date

4-19-17

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JC
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PCH Name: SUGAR CREEK REST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a telephone in his/her room. However, none of the required telephone numbers are posted on or by the telephone.

Resident #2 has a telephone in his/her room. However, none of the required telephone numbers are posted on or by the telephone.

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.

Numbers were posted on wall behind Resident #1 & #2 phones in their rooms.

The administrator or designee shall check the home monthly to ensure all required telephone numbers in accordance with regulation 2600.91 are posted in a conspicuous and public place. 4-21-17

See ATTACHED photos. #4 + #5

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Violation Report: 42681 - 01/27/2017 - Georgoulis, Karen
PCH Name: SUGAR CREEK REST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's vehicle used to transport residents did not contain a thermometer.

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.

Thermometer was placed in first aid kit in homes vehicle

ADMINISTRATOR WILL CHECK MONTHLY TO ENSURE ALL FIRST AID CONTENTS ARE IN HOMES. FIRST AID KIT IN VEHICLES

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/05/2016

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Violation Report: 42681 - 01/27/2017 - Georgoulis, Karen
PCH Name: SUGAR CREEK REST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A completed medication practicum observation training on 12/23/11. Staff person A did not complete the required training to continue to be a practicum observer and the qualification expired on 12/23/14. Staff person A continued to perform practicum observations for all staff persons administering medications until 1/27/17. None of the staff persons administering medications in the home completed the required annual practicum observations by a qualified medication practicum observer and were not qualified to administer medications. Unqualified staff administered medications to residents of the home to include:

- * Staff person B on 1/21/17.
- * Staff person C on 1/25/17.

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.

ON 1-31-17 STAFF PERSON (A) COMPLETED REQUIRED TRAINING TO BE PRACTICUM OBSERVER

ON 1-31-17 STAFF PERSON B. WAS ADMINISTERED PRACTICUM FOR MED TRAINING CERTIFICATION

ON 1-31-17 STAFF PERSON C WAS ADMINISTERED PRACTICUM FOR MED TRAINING CERTIFICATION

ADMINISTRATOR WILL ENSURE THAT ALL OBSERVATIONS ARE UP TO DATE AS REQUIRED BY CODE AND NEW EMPLOYEES ALSO.

See attached forms
#6 - #7 + #8

Immediately: The administrator shall check all records for staff who administer medications every six months to ensure all staff administering medications are qualified to administer medications. 4-11-17

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3's preadmission screening, dated [redacted] 17, did not include an assessment of the resident's ability to self-administer medications. This section was 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.

ADMINISTRATOR OR Designee WILL MAKE
SURE all boxes on preadmission screen
are filled in properly for preadmission
screen on all new admissions

Repeat Violation: No

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Joyce Cunningham

Date

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WEST REGION FIELD OFFICE
Human Services Licensing

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 #4's annual assessment, dated 10/24/16, did not include an assessment of the residents hearing, communication, olfactory, or tactile needs. These sections were 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.

Assessments are done on computer when was printed out these sections showed empty while they were filled in on computer.

Administer or designee will ensure all sections of assessments are filled in properly when completed. when done.

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