



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: April 11, 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 February 15, 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.

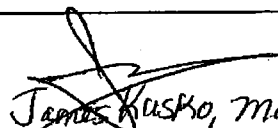
Sincerely,

Michele Moskalczyk
Michele Moskalczyk
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 Twp. of Upper Saucon Valley		
Staffing Hours Resident Support: NM Total Daily Staff: 85 Waking Staff: 64		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/15/2017: Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable 02/22/2017: Rushin, Julienne		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 70 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: 2 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1	

X  James Kusko, manager 4/7/17

Violation Report: 21675 - 02/15/2017 - Rushin, Julianne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 1/23/17 at 5:00pm, resident #2's glucometer was used by Med Tech "C" to test resident #3's blood glucose level.

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.

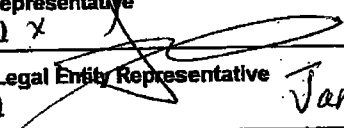
• EXPLANATION:

It was discovered on 1/25/2017 during a routine weekly glucometer check by a Med Tech Supervisor that Staff Member C used Resident 2's glucometer on Resident 3 on 1/23/2017 at 5:00 PM. Upon investigation, it was discovered that glucometers belonging to Resident #2 and Resident #3 were being stored in the Medication Cart, not in the residents' rooms as mandated by our Glucometer Policy (attached). Families and Physicians were notified immediately. Resident 2's glucometer was replaced on 1/25/2017 at the facility's expense. The Department was notified through a faxed Incident Reporting Form. Physician letters confirming that both residents are free of communicable diseases were received and faxed to the Department on 2/1/2017.

• CORRECTION:

1. The Med Techs were coached and counseled by the Resident Care Director on the importance of storing the glucometers, as required by policy, checking the resident's name (on the glucometer case and glucometer) and checking the resident's picture (on the glucometer case) prior to completing the accucheck. Each resident's glucometer, when not in use, is to be stored ONLY in the locked cabinet or black wall box in the resident's room.
2. The Glucometer Policy was updated, requiring staff to report to the Director of Nursing and the Administrator:
 - a Glucometer missing from a resident's room
 - a Glucometer that is discovered somewhere other than in a resident's room
3. The updated Glucometer Policy was reviewed again with all Med Techs during a nursing meeting held on February 10, 2017, agenda and Sign-In Sheet attached.
4. Weekly glucometer checks will continue to be completed by the Med Tech Supervisor.
5. The Administrator will ensure compliance.

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 Date
 (Required on EVERY Page) James Kusko, Manager 4/7/17

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The above plan of correction is approved as of 4/10/17
 (Date)

Plan of correction implementation status as of 4/10/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21675 - 02/15/2017 - Rushin, Julienne
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is on a pureed food/nectar thick liquid diet. On 1/21/17 at 5:30 pm, resident #1's private duty aide placed a dinner tray in front of him/her. The dinner consisted of pureed food and Thick- it was added to the juice and coffee; however Thick- it was not added to the broth. Resident #1 quickly grabbed the cup of broth and drank it. Resident #1 immediately reported having difficulty breathing. Staff person "A" called Med-Tech "B" for assistance and 911 was called. Resident #1 was admitted to the hospital and was intubated for acute respiratory failure and hypoxia. Staff failed to check all the items on the resident's tray to ensure that resident #1's special dietary needs were met.

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:**
 The cook failed to add Thick-It to the broth placed on Resident 1's dinner tray due to a miscommunication with another staff member. Neither Staff Member A nor the private duty aide checked the broth to ensure it was correct and ready for consumption. Resident 1 is fully recovered from the incident.
- **CORRECTION:**
 1. In addition to issuing a written disciplinary warning, the Administrator coached and counseled the cook on proper procedure for residents with special dietary needs. This procedure was again reviewed with the cook by the Dietary Director.
 2. The Administrator immediately issued a Special Dietary Needs Policy and Procedure, attached, which was reviewed with all dietary staff by the Dietary Director and with all nursing staff by the Director of Nursing.
 3. On February 16, 2017, a Good Shepherd Speech Therapist presented a Speech and Swallow In-Service for Dietary and Nursing staff members; agenda, content and Sign-In Sheet are attached.
 4. All resident special dietary needs are posted in the kitchen for the Dietary Staff to check at any time. To ensure that every Dietary staff member is clear on new and existing residents' special dietary needs, the cook on-duty holds a brief Stand-Up meeting daily, prior to every meal.
 5. The Administrator will ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *X*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>James Kusko, Manager</i>	Date <i>4/7/17</i>
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The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>M</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