



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: September 8, 2017

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 21<sup>st</sup> Street  
Northampton, Pennsylvania 18067  
License #: 201360

Dear Mr. Kusko:

As a result of the Department of Human Services' licensing inspection on May 9, 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,

*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 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		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 09/11/1997 L&I	C-2 LP 02/16/2000 L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 111	Waking Staff: 83
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/09/2017: Harvey, Jason; Yellenic, Cindy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 124 Number of Residents Served: 87 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: 20	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 97 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 3	

Violation Report: 20136 - 05/09/2017 - Harvey, Jason  
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 4/30/2017 at approximately 6:38 pm the home reported to the Department resident to resident physical abuse. The home did not complete the incident reporting on the Departments most current standardized incident reporting form.

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.

State standardized form was not submitted on April 30, 2017, as a complete oversight.

All required forms are submitted for each incident as standard practice. Human error oversight for this incident.

Licensing Inspector was present in the facility on May 9, 2017 to review incident. Required State form was given to Inspector prior to departing facility. See attached required Incident Reporting Form.

In 19 years of operation, this form has been submitted as required.

Plan of Correction: Human oversight.

Facility will submit required State documentation for all future incidents. Administrator will continue to follow this protocol.

James Kusko, President, Northampton Personal Care Inc.

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

General Partner, Northampton Personal Care Associates, LP

Signature of Legal Entity Representative  
(Required on EVERY Page)

Member, Sacred Heart Assisted Living, LLC

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Date 8-30-2017

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

The above plan of correction is approved as of 9-6-17  
(Date)

Plan of correction implementation status as of 9-6-17  
(Date)

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

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