pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to:** [redacted]
**MAILING DATE: July 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 May 23, 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:** SUSANNE 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
12/17/2005
PA L&I

**Staffing Hours**

**Resident Support:** 0 **Total Daily Staff:** 91 **Waking Staff:** 68

**Type of Inspection:** Partial **BHA Docket Number:** **Notice:** Unannounced

**Reason(s) for Inspection(s)**

Incident

**On-Site Inspections Dates and Department Representatives On-Site**

05/23/2017: OHaire, Anne

**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:** 64

**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:** 10

**Number of Residents who:**

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 63

**Have Mental Illness:** 0

**Have an Intellectual Disability:** 0

**Have a Mobility Need:** 27

**Have a Physical Disability:** 0

X James Kusko, Manager 7/20/17

Violation Report: 21875 - 05/23/2017 - OHaire, Anne
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**
The home shared resident #1 and resident #2 glucometers on 05-07-17 thru 05-09-17. The home's staff accidently placed the two residents' glucometers in the wrong rooms following the use of the glucometers on 05-07-17 and were used in the blood glucose testing on the wrong resident on 05-07-17 and 05-08-17. The home replace the glucometers and obtained statements from the residents' physicians stating they were free form communicable diseases.

**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:**
  Upon investigation, it was discovered that a Med Tech collected two glucometers belonging to Resident #1 and Resident #2 at the same time. The residents share the same first name and one of the glucometer labels had fallen off. Upon completion of the accuchecks, the glucometers were returned to the wrong rooms. The error was not discovered until 5/9/17. The Med Techs for this floor did not follow the glucometer three check identification protocol mandated in the Blood Glucose Monitors (Glucometer) Policy.
- **CORRECTION:**

1. The glucometers were immediately replaced at the facility's expense (receipt attached).
2. Statements from the residents' physicians were obtained, stating that both residents are free from communicable disease (statements attached).
3. The Med Techs involved were coached and counseled on the importance of identifying the right person prior to completing an accucheck.
4. The Glucometer Policy "Safe Practices" section was updated, adding the requirement that one accucheck must be completed and the glucometer returned to storage before the next glucometer check is initiated.
5. The Resident Care Director reviewed The Blood Glucose Monitor Policy with all Med Techs (signature page attached).
   The Policy requires that each glucometer is checked in three ways prior to every use:
   (a) Check the resident's name on the case.
   (b) Check the resident's name on the face of the glucometer.
   (c) Check the glucometer tag which shows the resident's picture, name and room number.
   If any of the above identifiers is missing from a glucometer, a nursing supervisor must be notified immediately.
6. Weekly glucometer checks will continue to be completed by the Med Tech Supervisor.
7. The Administrator will ensure compliance.

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

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

**Printed Name and Title of Legal Entity Representative** (Required on EVERY Page) James Kusko, Manager **Date** 7/20/17

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

The above plan of correction is approved as of 7/24/17 (Date)

The above plan of correction was approved by m (Initials)

Plan of correction implementation status as of 7/24/17 (Date)

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