



pennsylvania

DEPARTMENT OF HUMAN SERVICES

NOV 16 2017

Ms. Tammy Pfeuffer
Administrator
Sugar Valley Lodge, Inc.
190 Sugar Valley Lane
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge
Silver Oaks Building
158 Sugar Valley Lane
Franklin, Pennsylvania 16323
License #: 447710

Dear Ms. Pfeuffer:

As a result of the Department of Human Services' annual 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.

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 VALLEY LODGE SILVER OAK BUILDING		License Number: 44771
Address: 158 SUGAR VALLEY LANE, FRANKLIN, PA 16323		County: Venango
Administrator: Tammy Pfeuffer		Region: WEST
Legal Entity Name: SUGAR VALLEY LODGE INC		
Legal Entity Address: 190 SUGAR VALLEY LANE, FRANKLIN, PA 16323		RECEIVED
Certificate(s) of Occupancy I-1 05/20/2016 Sugarcreek Borough		OCT 05 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/23/2017: Pfaff, Vicki; Park, Beth		
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: 15 Number of Residents Served: 15 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 9 Have Mental Illness: 14 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

10/05/2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44771 - 05/23/2017 - Pfaff, Vicki
PCH Name: SUGAR VALLEY LODGE SILVER OAK BUILDING

1. REGULATION 55 Pa.Code §2600
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have documentation that direct care staff person A and ancillary staff person B received orientation in general fire safety and emergency preparedness when they began providing services in the home in August 2016.

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.

- * Staff had been trained prior to the move into the new homes, however was not documented.
- * Sugar Valley Lodge will document any and all trainings and orientations.
- * Attached is staff persons A and B training in general fire safety with Rocky Grove Volunteer fire department on 08/31/2016.
- * Attached is staff persons A and B training in emergency preparedness on 11/15/2016.

Immediately: The administrator or designee shall review all documentation of training through the quality management review process to ensure all required training is documented in accordance with regulation 2600.65(i).

10-11-17y

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jimmy Pfeuffer

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

TAMMY PFEUFFER ADMINISTRATOR

Date

10/04/2017

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

The above plan of correction is approved as of

10-11-17
(Date)

Plan of correction implementation status as of 10-11-17
(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: 44771 - 05/23/2017 - Pfaff, Vicki
PCH Name: SUGAR VALLEY LODGE SILVER OAK BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The home's first aid kit located in the medication room did not contain tweezers or 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.

- * On 05/23/2017 tweezer and thermometer had been replaced in first aid kit.
- * On 6/01/2017 a check list for the first aid kit had been implemented. [REDACTED] DON or [REDACTED] Administrator will check first aid kits monthly and initial sheet.
- * Please see attachment.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tommy Pfeuffer Administrator</i>	Date <i>10/04/2017</i>
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Violation Report: 44771 - 05/23/2017 - Pfaff, Vicki PCH Name: SUGAR VALLEY LODGE SILVER OAK BUILDING	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The local municipality's emergency preparedness plan was posted in the medication room which is not a public and conspicuous 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.

- * Emergency Preparedness plan was posted immediately on 5/23/2017
- * On 10/24/2017 posting of Emergency Preparedness plans will be check by the Safety Committee monthly during meeting and documented in the Safety Committee meeting notes, will report to Administrator is any issues.

*The em. preparedness plan was posted in the TV/Lounge area.
10-21-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tommy Pfeuffer Administrator</i>	Date <i>10/04/2017</i>
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Violation Report: 44771 - 05/23/2017 - Pfaff, Vicki
 PCH Name: SUGAR VALLEY LODGE SILVER OAK BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record does not indicate the number of residents evacuated or whether the fire alarm or smoke detector was operative for fire drills as follows:

- * 4/5/17 at 9:15 a.m.
- * 3/13/17 at 11:50 p.m.
- * 2/23/17 at 4:15 p.m.
- * 1/11/17 at 1:30 p.m.
- * 12/15/16 at 2:40 p.m.
- * 11/18/16 at 11:35 a.m.
- * 10/13/16 at 3:45 a.m.

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 7/24/2017 new fire drill logs had been implemented with number of residents evacuated, alarm activated and alarm operative.
- * Please see attachment of the new fire drill logs.
- * On 10/24/2017 Safety committee will begin reviewing fire drill logs monthly in the Safety meeting and document in the minutes and report to Administrator if any issues.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tammy Pfeuffer Administrator</i>	Date <i>10/04/2017</i>
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Violation Report: 44771 - 05/23/2017 - Pfaff, Vicki
PCH Name: SUGAR VALLEY LODGE SILVER OAK BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

There was a bottle of Zeasorb-AF Powder 2% and a bottle of Lotrimin AF Powder 2% for resident #1 in the medication cart. However, both medications were discontinued on 1/5/17.

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.

- * Resident #1's medication had been removed and destroyed on 5/23/2017.
- * On 10/02/2017 Medication change logs were implemented in medication room. (please see attachment) for any medication change, new orders or discontinued.
- * Weekly [REDACTED] DON and or [REDACTED] LPN/Support services will review, highlight, initial and date that it has been reviewed and documentation is correct and the medication is removed and destroyed.
- * Will be reviewed 10/25/2017 at staff meeting and changes will be make if needed.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tammy Pfeuffer Administrator* Date *10/04/2017*

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