



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 09 2017

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

RE: Sugar Valley Lodge
Whispering Pines Building
178 Sugar Valley Lane
Franklin, Pennsylvania 16323
License #: 447720

Dear Ms. Pfeuffer:

As a result of the Department of Human Services' annual licensing inspection on May 24, 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 that reads "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 WHISPERING PINES BUILDING		License Number: 44772
Address: 178 SUGAR VALLEY LANE, FRANKLIN, PA 16323		County: Venango
Administrator: Tammy Pleuffer		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	Working 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 05/24/2017: Pfaff, Vicki; Park, Belh		
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: 13 Are 60 Years of Age or Older: 8 Have Mental Illness: 13 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44772 - 05/24/2017 - Pfaff, Vicki
PCH Name: SUGAR VALLEY LODGE WHISPERING PINES BUILDING WEST REGION FIELD OFFICE
Human Services Licensing

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 staff persons A, hired 10/30/15, B, hired 9/26/15 and C, hired 7/11/16, received orientation in general fire safety and emergency preparedness when the staff persons began providing services in the newly licensed building 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 training and orientation.
- * Attached is staff persons A, B and C training in general fire safety with Rocky Grove Volunteer fire department on 8/31/2016.
- * Attached id staff persons A, B and C 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).

10-6-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tammy 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 10-6-17
(Date)

Plan of correction implementation status as of 10-6-17
(Date)

- Fully Implemented
- Partially implemented - Adequate Progress *y*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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OCT 05 2017

Violation Report: 44772 - 05/24/2017 - Pfaff, Vicki	WEST REGION FIELD OFFICE Human Services Licensing
PCH Name: SUGAR VALLEY LODGE WHISPERING PINES BUILDING	

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 records from 8/31/16 through 4/4/17 do not include the number of residents evacuated nor whether or not the fire alarm or smoke detector was operative.
 The home's fire drill record for the fire drill conducted on 8/31/16 does not include the number of staff participating in the drill.

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 7/26/2017 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) *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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The above plan of correction is approved as of <u>10-6-17</u> (Date) The above plan of correction was approved by <u>K</u> (Initials)	Plan of correction implementation status as of <u>10-6-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>f</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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RECEIVED

OCT 05 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44772 - 05/24/2017 - Pfaff, Vicki
PCH Name: SUGAR VALLEY LODGE WHISPERING PINES BUILDING

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The home's fire drill records indicate that there were 4 staff persons present for the fire drill conducted on 3/13/17 at 11:45 p.m., However, according to the staff schedule, only 1 staff person is routinely scheduled from 10:00 p.m. - 6:00 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.

- * Staff had counted all staff in the 3 buildings not just the one in the building doing the fire drill.
- * On 10/11/2017 [redacted] (Safety person) will review the correct way to fill out fire 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) *Tammy Pfeuffer Administrator* Date *10/04/2017*

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(Initials)

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Violation Report: 44772 - 05/24/2017 - Pfaff, Vicki
PCH Name: SUGAR VALLEY LODGE WHISPERING PINES BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Propranolol 20 mg tab - take one tablet by mouth once daily and Azithromycin Tab 250 mg for Zpak - take 2 tablets (500mg) by mouth once daily for 3 days. However the resident's May 2017 medication administration record does not include a purpose or diagnosis for either medication.

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 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/Supports Services will review, highlight, initial and date that it has been reviewed and documentation is correct and complete in MAR.
- * Medication change logs will be reviewed on 10/25/2017 at staff meeting and make changes if needed.
- * Please see resident #1's MAR attached with correction.

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) *Tammy Pfeuffer Administrator* Date *10/04/2017*

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(Initials)