



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 30 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 II
4801 Saucon Creek Road
Center Valley, Pennsylvania 18034
License #: 220800

Dear Mr. Kusko:

As a result of the Department of Human Services' annual licensing inspection on May 25, 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: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2800
 2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 Department Representatives conducted a physical site inspection of the kitchenette located within the secured dementia care unit. Located in an unlocked drawer in the kitchenette/dining area was a binder containing specialized diets and eating history of residents of the facility. Confidential health information is required to be kept locked at all times.
 The Licensing Inspection Summary, dated 5-20-16, was displayed with the resident privacy page still attached.

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 Licensing Inspection Summary page was mistakenly included with the posting.
- Memory Unit staff assumed that keeping the specialized diet and eating history binder out of sight was sufficient to meet privacy standards.

CORRECTION:

Both errors were corrected on the day of inspection. The privacy page was removed from the posting. The binder was moved to the locked Activities closet next to the kitchen. Staff were instructed on regulatory expectations and procedure regarding private resident information. The Med Tech will check daily to confirm the binder is stored in the correct locked cabinet. Discrepancies will be immediately reported to the Administrators.

The Administrators 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
James Kusko, President Northampton Personal Care Inc. General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living Saucon Creek, LLC	6/23/17

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

The above plan of correction is approved as of <u>6-26-17</u> (Date)	Plan of correction implementation status as of <u>6-26-17</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

Violation Report: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff person A and Direct Care Staff person B were missing the following mandated topics in their 2016 annual training: medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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 annual training to satisfy the requirements of 2600.65(f)(2) was accidentally deleted during the creation of the 2016 Training Plan. The error was not caught; therefore, the training was neither scheduled nor completed.

CORRECTION:

This training is scheduled for June 28, 2017 at 2:00 PM to instruct ALL Direct Care staff on meeting the needs of the residents as described in the Preadmission Screening Form, Assessment Tool, Medical Evaluation and Support Plan. (Please see the attached agenda.) Additional topics include a review of regulations, self-administration/contraindications of medications and pharmacy procedures. The Attendance Roster will be faxed to the Department by July 12, 2017. The Administrators will review the Training Plan Monthly with the Human Resources Director to ensure (1) all required trainings are included in the Plan and (2) all trainings are completed according to the Plan.

The administrator shall monitor and assure ongoing compliance. M 6/26/17

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

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

James Kusko, President
 Northampton Personal Care Inc.
 General Partner Saucun Creek
 Assisted Living LP Member
 Sacred Heart Assisted Living by Saucun Creek, LLC

Date 6/23/17

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 Not Implemented

Violation Report: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's staff training plan does not include the following mandated topics: medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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 annual training to satisfy the requirements of 2600.65(f)(2) was accidentally deleted during the creation the 2016 Training Plan. The error was not caught; therefore, the training was not scheduled nor completed.

CORRECTION:

This training is scheduled for June 28, 2017 at 2:00 PM to instruct ALL Direct Care staff on meeting the needs of the residents as described in the Preadmission Screening Form, Assessment Tool, Medical Evaluation and Support Plan. (Please see the attached agenda, #1.) Additional topics include a review of regulations, self-administration/contraindications of medications and pharmacy procedures. The Attendance Roster will be faxed to the Department by July 12, 2017. The Administrators will ensure compliance by reviewing the Training Plan Monthly with the Human Resources Director to confirm (1) all required trainings are included in the Plan and (2) all trainings are completed according to the Plan.

The administrator shall monitor and assure ongoing compliance. m 6/26/17

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP Member Sacred Heart Assisted Living by Saucon Creek, LLC	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	6/23/17	

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Violation Report: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

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
 The home's medication cart contained MAPAP 500 mg. prescribed to Resident #1. The medication expired 5-19-17.
 The medication cart contained the house bottle of Saline Wash that expired 4/2017.
 The first aid kit in the nurses' station contained triple antibiotic ointment that expired 2/2017.

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 "Do Not Use After" date on the medication card's sticker was wrongly filled in by the pharmacy staff. The medication was not expired; however, our staff failed to catch the error on the sticker.
- The Saline Wash, a First Aid item, was mistakenly placed in the Medication Cart. The date on the wash was not checked because it was not stored with the other First Aid supplies.
- The First Aid Kits and supplies are checked monthly. While the kit was checked for proper contents, the dates on the ointment packets were overlooked.

CORRECTION:

- Upon discovery, the medication was removed from the Medication Cart and immediately re-ordered. Pharmacy was notified of the expired medication. (Please see Attachment #2.) Pharmacy is now triple check expiration dates, (1) prior to packaging, (2) after packaging, and (3) prior to leaving the pharmacy. Med Techs are checking all medications upon arrival to ensure all dates are matching. Any discrepancies will be immediately reported to the Resident Care Director, Director of Nursing, Administrator and the pharmacy. Corrections will be made within 24 hours.
- The expired Saline Wash was disposed of at the time of inspection. Med Techs were coached and counseled, reminding them that ONLY physician ordered medications are to be kept in the Medication Carts. Medication Carts will be checked each shift by the oncoming Med Tech for any items that do not belong there. Any discrepancies will be reported immediately to the Director of Nursing, who will investigate and report to the Administrators.
- The expired triple antibiotic ointment was disposed of and replaced with the same within date at the time of inspection. An additional step has been added to the current monthly First Aid Kit check, which will now be completed and documented by the Resident Care Director. The Administrators will ensure compliance.

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


Signature of Legal Entity Representative (Required on EVERY Page)  James Kusko, President
 Northampton Personal Care Inc.,
 General Partner Saucon Creek

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) 6/23/17
 Assisted Living LP, Member
 Sacred Heart Assisted Living by
 Saucon Creek, LLC

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Violation Report: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a physician's order for a blood glucose test to be administered one time daily. The resident's glucometer is not calibrated to the correct date and time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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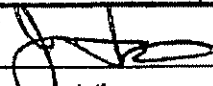
EXPLANATION:

Historically, Nursing has not calibrated existing glucometers for fear of losing prior data.

CORRECTION:

The Resident Care Director researched the proper process for calibrating glucometers and calibrated all resident glucometers. The process was completed on June 16, 2017. A step has been added to the Accu-Check process; the Med Techs will now check glucometer date and time upon each Accu-Check, and again during weekly glucometer checks. All Med Techs were instructed on the change by the Resident Care Director by June 23, 2017.

The Administrators will ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	James Kusk, President
Signature of Legal Entity Representative (Required on EVERY Page)		Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Sacred Heart Assisted Living by Saucon Creek, LLC 6-23-17

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Violation Report: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

- 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
 The medication administration record (MAR) for Resident #3 lists the residents' Lorazepam 0.5mg as a PRN however it is now part of the resident's hospice comfort pack. The Lorazepam was not discontinued from Resident #3's MAR.

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:

When the pharmacy added the words "Comfort Pack" to the existing order in Cue Shift (eMAR system), the order duplicated; however, neither the pharmacy nor the staff caught the discrepancy.
 (Please see Attachment #3.)

CORRECTION:

The duplicate prescription was removed from Cue Shift by the pharmacy on the day of inspection. A Med Tech and the pharmacy representative will now review the eMAR against all current orders during the monthly pharmacy Medication Cart checks.

The Administrators will ensure compliance.

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Violation Report: 22080 - 05/25/2017 - Yellenic, Cindy
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the secured dementia care unit on [redacted] 17. The resident had a cognitive screening completed on 4/27/17, more than 72 hours prior to the resident's admission to the secured unit.
 Resident #5 was admitted to the secured dementia care unit on [redacted] 16. The resident had a cognitive screening completed on 11/17/16, more than 72 hours prior to the resident's admission to the secured unit.
 Resident #6 was admitted to the secured dementia care unit on [redacted] 17. The resident had a cognitive screening completed on [redacted] 17, however the screening does not include the name or signature of the person that completed the screening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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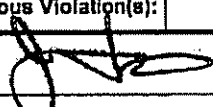
EXPLANATION:

- The screenings were completed at a convenient time for the residents' families, but incorrectly outside of the 72 hour window.
- The screener failed to sign and date the Cognitive Screening.

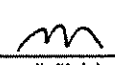
CORRECTION:

- Particular attention will be given to the screening date parameters to ensure the Cognitive Screen is completed within 72 hours of admission. The Admissions Director will coordinate with the Administrator to ensure the dates are scheduled appropriately.
- The name and signature were completed at the time of inspection. The Co-Administrator will audit, as a second check, all new admission resident files to ensure all signatures are in place.

The Administrators will ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		James Kucko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC
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