



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

Ms. Sherry Kelly,
CEO/Administrator
Sugar Valley Lodge, Inc.
190 Sugar Valley Lane
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge (Hickory Acres Building)
License #: 447700

Dear Ms. Kelly:

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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUGAR VALLEY LODGE HICKORY ACRES BUILDING		License Number: 44770
Address: 100 SUGAR VALLEY LANE, FRANKLIN, PA 16323		County: Philadelphia
Administrator: Sherry Kelly		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 Sugarbrook Borough		JUL 14 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/25/2017: Park, Beth; Pfaff, Vicki		
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: 27 Number of Residents Served: 27 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: 20 Are 60 Years of Age or Older: 16 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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JUL 14 2017

Page 2 of 6

Violation Report: 44770 - 05/25/2017 - Park, Bath
PCH Name: SUGAR VALLEY LODGE HICKORY ACRES BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

At 1:07 PM, the lid on the steam table in the dining room measured 124.5 degrees Fahrenheit. At this time, the steam table was unattended and accessible to residents.

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.

Sugar Valley Lodge ordered a Heat Protection pad to place on top of the Steam table while its hot. See attached receipt along with description of Heat Protector.
Staff has been instructed to put protector on table while its not in use. The protector will remain on top of steam table at all times except when serving meals.
Documentation of training shall be kept. ms 9/15/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERRY Kelly Administrator* Date *7-6-2017*

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

The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

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

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

Violation Report: 44770 - 05/25/2017 - Park, Bath
PCH Name: SUGAR VALLEY LODGE HICKORY ACRES BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's furnaces have not been inspected since they were installed in January 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.

Deeters Plumbing + Heating Inspected the Furnaces on 7-7-17. The Invoices will be sent to the Administrator and she will send copies to DHS. (Invoices + Inspection attached)

The Administrator has added inspection/service for the furnaces to a binder that is kept for monthly reviews and has notified Venango Co. to inform them that annual inspections/service needs done annually.

See Attached

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelly Administrator* Date *7-7-16*

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The above plan of correction is approved as of 9/15/17
(Date)

Plan of correction implementation status as of 9/15/17
(Date)

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

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Violation Report: 44770 - 05/25/2017 - Park, Belh
PCH Name: SUGAR VALLEY LODGE HICKORY ACRES 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 include the number of residents evacuated for the drills conducted on 8/31/16, 9/30/16, 10/13/16, 11/18/16, 12/13/16, 1/10/17, 2/23/17, 3/13/17, 4/4/17 and 5/19/17.

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.

A new Fire drill Record Form Has Been printed out from the DHS website and is currently being used for fire drills.

The Administrator will check + verify that the correct form is being used monthly and will document at the bottom of the form.

The administrator will also check that all components of regulation 2600.132c are included on each monthly fire drill record. ms 9/15/17

See Attached Form That is currently being used.

The fire drill record for fire drills held on 7/10/17 at 3:00PM and on 8/24/17 at 12:55PM included all required information in accordance with regulation 2600.132c to include the number of residents evacuated. ms 9/15/17

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

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

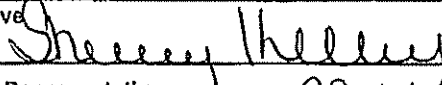
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Helly Administrator* Date *7-10-17*

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The above plan of correction is approved as of 9/15/17 (Date)

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

- Plan of correction implementation status as of 9/15/17 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress *ms*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 44770 - 05/25/2017 - Park, Beth		WEST REGION FIELD OFFICE Human Services Licensing	
PCH Name: SUGAR VALLEY LODGE HICKORY ACRES BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)			
2a. DESCRIPTION OF VIOLATION Resident #1's medical evaluation, dated 10/12/2016, did not include the resident's height.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The Height on the DmE Has Been Recorded For Resident #1.</p> <p>AS part of our Qm plan, that was updated May 16, 2017, the Administrator, Director of Nursing and Assistant D.O.M. Meet weekly to Review All Annual, New, Updates on MAS, DmE's, and RASPs to ensure that the Forms are Completed thoroughly and on time. Resident #1 DmE Had Not Been Reviewed D/t it's not Due until Oct 2017.</p> <p>the Administrator initiald the Back of All Reviews and documentation is kept of weekly meetings.</p> <p>Please see attached form regarding the Annual Reviews Team.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Sherry Kelly Administrator		7-6-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9/15/17</u> (Date)		Plan of correction implementation status as of <u>9/15/17</u> (Date)	
The above plan of correction was approved by <u>MS</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	