pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 2 3 2017

Mr. James Kusko
President
Sacred Heart Assisted Living, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living by the Creek
602 East 21st Street
Northampton, Pennsylvania 18067
License #: 201360

Dear Mr. Kusko:

As a result of the Department of Human Services' annual licensing inspections on June 28, 2017 and June 29, 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,

JRowe

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK	**License Number:** 20136
Address: 602 EAST 21ST STREET, NORTHAMPTON, PA 18067	**County:** Northampton
Administrator: Gayle Yastop	**Region:** NORTHEAST

Legal Entity Name: SACRED HEART ASSISTED LIVING LLC

Legal Entity Address: 3910 ADLER PLACE SUITE 100, BETHLEHEM, PA 18017

Certificate(s) of Occupancy

C-2 LP
09/10/1998
L&I

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 119	**Waking Staff:** 89
Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

06/28/2017: Novak, Ryan; Yellenic, Cindy

06/29/2017: Novak, Ryan; Yellenic, Cindy

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: 124	**Number of Residents who:**
Number of Residents Served: 91	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 91
Area:	**Have Mental Illness:** 1
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disablity:** 1
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 28
Number of Current Hospice Residents: 8	**Have a Physical Disability:** 3
Number of Hospice Residents in past year: 22	

Violation Report: 20136 - 06/28/2017 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed sucralfate on 6/9/17 at 12pm. The home did not notify the Department regarding the medication error.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 was with family, on-leave from facility. Upon return, family informed Med tech that resident refused the 12 noon medication.

Medication system did not allow for late entry of refusal, therefore Missed Dose report showed blank for this date. Med was not missed, it was refused. Staff was not aware of informing Admin of refusals of med when resident is LOA with family.

In future, all missed doses will be reported as required. Administrator, DOW and Resident Care Director will monitor for continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page)

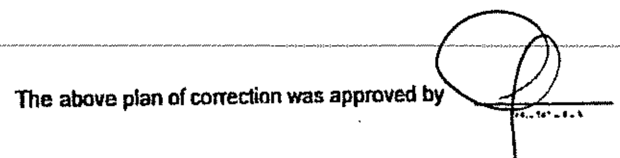
Printed Name and Title of Legal Entity Representative (Required on EVERY Page): James Kusko, President, Northampton Personal Care Inc. General Partner, Northampton Personal Care Associates, LP Member, Sacred Heart Assisted Living, LLC

Date 7-27-17

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

The above plan of correction is approved as of 8-15-17 (Date)

The above plan of correction was approved by



Plan of correction implementation status as of 8-15-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress

Violation Report: 20136 - 06/28/2017 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
The exhaust fan for the women's bathroom, closest to the dining room, was inoperable and there was no windows or other means of ventilation for that room.

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.

Exhaust fans are checked monthly. Bathroom fan, first floor, public bathroom was checked by Maintenance Director on June 5, 2017.

On day of inspection, June 28, 2017, fan was inoperable. Maintenance Director repaired broken fan belt on rooftop before end of day.

Maintenance Director will continue monthly building inspections and repair items as necessary. Administrator receives and reviews monthly bldg maintenance reports and will monitor for continued compliance.

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

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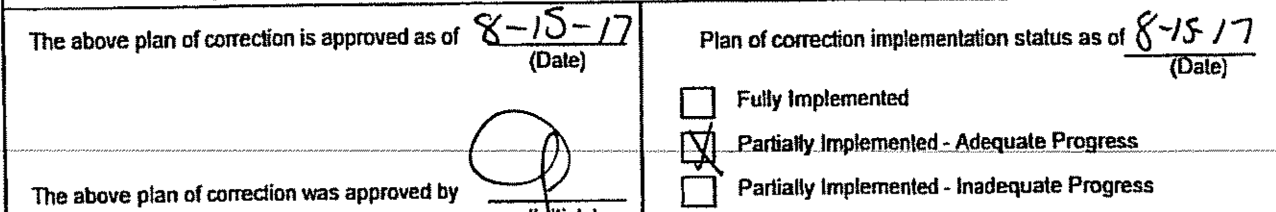

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Violation Report: 20136 - 06/28/2017 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION
Resident #2's annual DME was completed on 6-4-17. The residents' previous DME was completed on 5-18-16.

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 #2: Annual physical exam was due by June 1, 2017. Family member was not available to take resident until June 4th. DME was completed 3 days late.

Family is aware of required annual physical exam and has complied with time frame in the past years. For the resident to remain, regs require an annual medical eval. Resident Care Director and Admin will ensure compliance with annual DME completion for all future annual appointments. Family dynamics and schedule changes are unavoidable at times. - Adm/Designee will remind families in advance to try and comply when possible. CP 8-15-17

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

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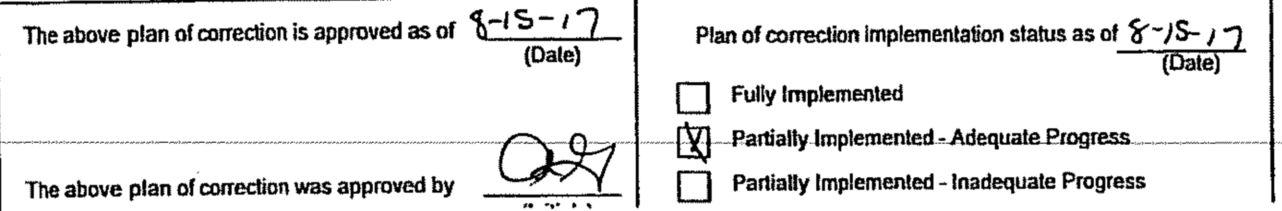

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Violation Report: 20136 - 06/28/2017 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

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 #3's glucometer was not properly calibrated to the correct day of the month.

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.

Calibration checks of all glucometer machines are completed weekly by Director of Wellness. In error, one machine was dated was incorrect by one day.

Director of Wellness and Med Techs will continue to monitor dates on glucometer machines and adjust accordingly.

Administrator will oversee to ensure ongoing compliance. 8-15-17

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Violation Report: 20136 - 06/28/2017 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

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(s) for Resident #3 and Resident #4 do not include the resident's sliding scale for insulin coverage. The sliding scale is located only on the treatment sheet.

Resident #1's has an order for a sliding scale of insulin 4 times daily, the sliding scale is not listed on the MAR.

Resident #1's lidocaine patch was not initialed as administered on the MAR on 6/8 & 6/11/17 at 8am.

Resident #1's sucralfate was not initialed as administered on the MAR on 6/7/17 at 4pm.

3. New Cueshift Medication system did not include all orders for Resident #1 or allow for late entries.

...nd date any attached pages.) ...ccurring again. *If steps cannot be completed*

Meeting with Medication system provider and facility's Pharmacy representative on July 6, 2017 corrected this documentation error. Other system discrepancies were also corrected at this time.

Full compliance with Medication administration will be monitored by Resident Services Director, [redacted] Care Plan Coordinator, [redacted] to ensure compliance. The Administrator will oversee to ensure ongoing compliance. [initials] 8-15-17

James Kusko, President, Northampton Personal Care Inc.
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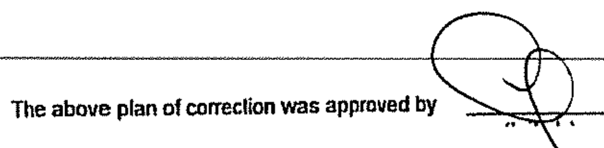

Violation Report: 20136 - 06/28/2017 - Novak, Ryan
PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 has an order for 35 units of lantus at bedtime do not give the sliding scale of insulin unless the blood sugar is >300. On 6/27/17 the blood glucose reading was 329, the home did not administer the additional 6 units of humalog per the sliding scale. On 6/26/17 the blood glucose reading was 349, the home did not administer the additional 6 units of humalog per the sliding scale. On 6/25/17 the blood glucose reading was 345, the home did not administer the additional 6 units of humalog per the sliding scale.

Resident #1 has an order for 5 units of humalog with meals and a sliding scale of insulin. On 6/27/17 the blood glucose reading was 252, 5 units of insulin was administered, the additional 4 units per the sliding scale was not administered.

Resident #1 did not receive the prescribed sucralfate on 6/9/17 at 12pm.

Resident #4 received the incorrect amount of insulin on the following days: 6-19-17 at 8:00am, the resident's blood glucose(BG) #177 required 22 units of Levemir, the resident was administered 16 units.6-24-17 at 5:00pm the resident's BG #274 required 15 units of Novolog, the resident was administered 12 units.6-25-17 at 5:00pm the resident's BG #224 required 14 units of Novolog, the resident was administered 12 units.

Resident #1's 8am lidocaine patch was administered at 5:29am on 6/8/17 and at 5:36am on 6/11/17.

Resident #5's 8pm medications were administered at 10:38pm on 6/6/17. Resident #5's 8am polyethylene glycol powder and prosource protein liquid was administered at 10:00am on 6/14/17.

Resident #6's 8am medications were administered at 10:09am on 6/12/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) ...m occurring again. If steps cannot be completed

New Cueshift Medication system did not include all orders for Resident #1 or allow for late entries.

Meeting with Medication system provider and facility's Pharmacy representative on July 6, 2017 corrected this documentation error. Other system discrepancies were also corrected at this time.

Med Tech Involved in sliding scale error was counseled and retrained on Sliding scale instructions.

Sliding Scale documentation sheet was redesigned to be easier documentation and more effective in explanation of sliding scale order instructions.

Full compliance with Medication administration will be monitored by Resident Services Director, [redacted] Care Plan Coordinator, [redacted] to ensure compliance.

The Administrator will oversee to ensure ongoing compliance. 8-15-17

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PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed sucralfate on 6/9/17 at 12pm, the prescriber was not notified regarding the medication error.

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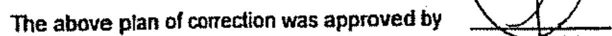

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