



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 11 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
4851 Saucon Creek Road
Center Valley, Pennsylvania 18034
License #: 216750

Dear Mr. Kusko:

As a result of the Department of Human Services' (Department) annual licensing inspection on September 19, 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.

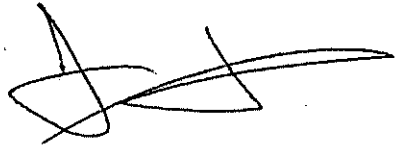
Sincerely,

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 SAUCON CREEK		License Number: 21675
Address: 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034		County: Lehigh
Administrator: Suzanne Panick		Region: NORTHEAST
Legal Entity Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC		
Legal Entity Address: 3910 ADLER PLACE SUITE 100, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy I-1 12/27/2005 Township of Upper Saucon		
Staffing Hours Resident Support: NM Total Daily Staff: 89 Waking Staff: 67		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2017: Hummel, Jesse; 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: 100 Number of Residents Served: 89 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 Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 2	
Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 14		

x 

James Kusko, Manager 10/6/2017

Violation Report: 21675 - 09/19/2017 - Hummel, Jesse
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The walk-in freezer located in the kitchen contained a bag of texas toast bread that was not labeled when it was opened, sleeves of bagels not dated when they were taken out of the case, and a coconut cream pie not dated when it was taken out of the case.

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 kitchen cooks failed to date the items when they were removed from the manufacturer's case to conserve space in the freezer.

CORRECTION:


All kitchen staff were coached and counseled by the Dietary Director on the day of inspection.
 All frozen food items removed from the manufacturer's case are now labeled with masking tape and dated using a freezer safe marker.
 The Dietary Director will conduct compliance checks weekly.
 The Administrator will ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, Manager* Date *10/6/2017*

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

The above plan of correction is approved as of <u>10/27/17</u> (Date)	Plan of correction implementation status as of <u>10/27/17</u> (Date)
The above plan of correction was approved by  (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: 21675 - 09/19/2017 - Hummel, Jesse
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 On 9/13/16 the facility conducted a fire drill. During the drill there were 65 residents in the building when the alarm sounded, however only 64 of the residents evacuated to the exterior of the building or to a fire safe area.
 On 10/24/16 the facility conducted a fire drill. During the drill there were 68 resident in the building when the alarm sounded, however only 64 of the residents evacuated to the exterior of the building or to a fire safe area.
 All residents are required to evacuate during a fire 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.

EXPLANATION:

The Maintenance Director incorrectly documented the fire drills.

CORRECTION:


On the day of inspection, the Administrator reviewed proper fire drill documentation procedure with the Maintenance Director. The Administrator will assist the Maintenance Director with proper documentation in the Fire Drill Log monthly to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Kusko, Manager* Date *10/4/2017*

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

The above plan of correction is approved as of <u>10/27/17</u> (Date)	Plan of correction implementation status as of <u>10/27/17</u> (Date)
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