



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 06 2018

Ms. Jeanne Dickinson  
Chief Executive Officer  
Sugar Valley Lodge, Inc.  
190 Sugar Valley Lane  
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge  
Hickory Acres Building  
Certificate #: 447700

Dear Ms. Dickinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 9, 2018, 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](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 HICKORY ACRES BUILDING		License Number: 44770
Address: 190 SUGAR VALLEY LANE, FRANKLIN, PA 16323		County: Venango
Administrator: Jeanne Dickinson		Region: WEST
Legal Entity Name: SUGAR VALLEY LODGE INC		
Legal Entity Address: 190 SUGAR VALLEY LANE, FRANKLIN, PA 16323		
Certificate(s) of Occupancy I-1 06/20/2018 Sugar Creek Borough		
Staffing Hours Resident Support: 26                      Total Daily Staff: 52                      Working Staff: 39		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/09/2018: Mulick, 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: 27 Number of Residents Served: 26 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: 19 Are 60 Years of Age or Older: 15 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

*Jeanne Dickinson COO  
License Number 44770*

Violation Report: 44770 - 05/09/2018 - Mulick, Cindy  
 PCH Name: SUGAR VALLEY LODGE HICKORY ACRES BUILDING

1. REGULATION 56 Pa.Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed Diclofenac gel 1% - apply 2gm topically 3 times daily as needed for pain. However, the pharmacy label indicates to apply 2gm topically 4 times daily as needed for pain.

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.

Documentation Reveals the above medication was Discontinued in October 2017, our inspection was May 2018  
 Staff has had additional training in label of medication and the procedure on how to handle the Documentation.  
 I.E. Mgs Change, Time Change ect.  
 The Staff are to Contact the pharmacy to obtain a new label for medication or a new card of medication with the correct information, they are also going to record any new orders and/or medication changes on a separate medication change log.  
 The Director of Nursing will Review log initially then weekly there after.  
 These changes will take affect as of 8/24/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeanne Dickinson</i> COO	Date <i>8/23/2018</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/31/18</u> (Date)	Plan of correction implementation status as of <u>8/31/18</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented