



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2018

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's Bureau of Human Services Licensing annual inspection on May 15, 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.

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 - 05/15/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 5/12/18 at 8am medication technician A used resident #1's glucometer on resident #2 to measure the resident's blood glucose reading.

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:

On May 13, 2018, the facility submitted an Incident Report to BHSL regarding this May 12, 2018 glucometer error when Medication Technician A used Resident #1's glucometer on Resident #2 to measure resident's blood glucose level. All Med Techs have been trained on the safe practices included in our Blood Glucose Monitors Policy, attached.

● CORRECTION:

1. At the time of inspection, the facility provided proof of Resident 1's glucometer replacement, at no cost to the resident, and physician letter reporting no evidence of infectious disease.
2. Medication Technician A and all Med Techs were coached and counseled by the Director of Nursing on the importance of storing the glucometers, as required by policy, checking the resident's name (on the glucometer case and glucometer) and checking the resident's picture (on the glucometer case) prior to completing the accucheck. Each resident's glucometer, when not in use, is to be stored ONLY in the locked cabinet or black wall box located in the resident's room.
3. Review of the Blood Glucose Monitors Policy will continue to be covered during the Medication Technician training course.
4. Weekly glucometer checks will continue to be completed by the Med Tech Supervisor.
5. The Administrator will ensure 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 Date
 (Required on EVERY Page) James Kusko, Manager 6/21/18

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

The above plan of correction is approved as of 7-23-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-23-18
 (Date)

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

Violation Report: 22080 - 05/15/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
 A resident #3's cat named Kit rabies vaccination expired on 4/24/18.

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.

Regulation 2600.109(b):

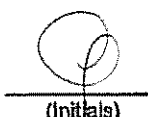
- **EXPLANATION:**
 The Activities Director missed the rabies expiration date on cat Kit's prior vaccination record.
- **CORRECTION:**
 1. On the day of inspection, a vet appointment was scheduled for Kit, who received a rabies vaccination on May 31, 2018 at Quakertown Veterinary Clinic, certificate attached.
 2. The Administrator will supervise the Activity Director's monthly Pet Vaccination checks.
 3. The Administrator 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: James Kusko, Manager Date 6/21/18
 (Required on EVERY Page)

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The above plan of correction is approved as of <u>7-23-18</u> (Date)	Plan of correction implementation status as of <u>7-23-18</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: 22080 - 05/15/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The rear exit door in the home's secured dementia care unit is locked by a maglock keypad and the code to the keypad was not posted near the device.

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 broken plastic cover and keypad code were removed for repair and not replaced in a timely manner.

• **CORRECTION:**

1. On the day of inspection, the keypad instructions were re-hung on the wall and a new plastic plate ordered, photo attached.
2. The Maintenance Director will check the keypad instruction postings during his daily walk-through. Discrepancies will be reported to the Administrator.
3. The Administrator will ensure 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, Manager Date 6/21/18

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