



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 09 2018

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's Bureau of Human Services Licensing annual inspection on June 26, 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: 20136 - 06/26/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding document for the Licensing inspection summary dated 6/29/17 for building II was posted in the lobby of building I. The privacy coding document exposes confidential information of the 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.

The privacy coding page listing resident names was blackened out by a permanent marker. Slight wording could barely be seen thru marker.

In future, no privacy coding pages will be attached to Violations Report

Administrator will monitor for compliance to ensure that coding page is removed from Violations Report

James Kusko, President

Northampton Personal Care, Inc.

Repeat Violation: No

Date(s) of Previous Violation(s):

General Partner Northampton Personal Care Associates, LP Member

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sacred Heart Assisted Living, LLC

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 8-26-2018

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

The above plan of correction is approved as of 8-2-18
 (Date)

Plan of correction implementation status as of 8-2-18
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

Violation Report: 20136 - 08/26/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The personnel files of staff member A (DOH 5/14/18) and B (DOH 5/14/18) did not contain documentation that staff member A and B had completed the department-approved direct care training course and competency test.

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.

YES

See attached page for
 plan of correction
 & copies of Competency
 Test

James Kusko, President

Repeat Violation: No	Date(s) of Previous Violation(s):	Northampton Personal Care, Inc.
Signature of Legal Entity Representative (Required on EVERY Page)		General Partner Northampton Personal Care Associates, LP Member
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Sacred Heart Assisted Living, LLC
		Date 7-26-2018

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Facility stated and proved that the employees did, in fact, complete the required Competency test. Facility did present proof of completion thru electronic records. Further investigation of this issue included a verbal interview with employees conducted by the Licensing Representative to confirm knowledge of testing material. Licensing Representative was certain that employee did complete course as required.

During inspection, it was advised by the Licensing Representative to contact Department, Harrisburg, for assistance to access a copy of the Certificate of Completion of Competency test. Department stated they were unable to immediately assist and it would take several weeks to obtain past records within the Department system.

Facility does agree that a paper copy of the Competency certificate should have been placed in employee folder rather than electronic proof of completion.

Plan of Correction: Human Resources Director required both employees A & B to retake the Competency Test so as to obtain a paper copy of the successful completion of the Competency Test. The Competency test copies are attached for review. ES

Human Resources Director and Administrator will monitor for compliance and ensure that paper copy of Completion of Competency Test will be filed in all employees folders.

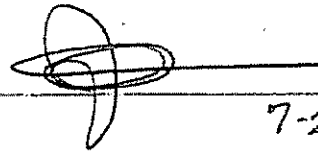
Facility does dispute this violation as the Competency test was completed and proof was given thru electronic records that test was done according to regulation.

James Kusko, President

Northampton Personal Care, Inc.

General Partner Northampton Personal Care Associates, LP Member

Sacred Heart Assisted Living, LLC



7-26-2018

RS
8/2/18

P3A 85

Violation Report: 20136 - 08/26/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

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 DME dated 4/9/18 was a photocopy. The following sections were in ink after the document was signed by the doctor on 4/12/18: height, body positioning & ability to handle poisonous materials.
 Resident #2's DME dated 11/27/17 was a photocopy. The following sections were in ink after the document was signed by the doctor: height, weight, blood pressure, pulse, temperature and special health or dietary needs.
 Resident #3's DME dated 9/27/17 did not include special health or dietary needs, health status or cognitive functioning.

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.

All DME documentation will be completed in full by PCP.

Facility will expect full completion of form prior to admission date. Any missing information on DME will be addressed with the PCP and request to add missing information will be completed by staff nurse.

Admissions Director, DON and Administrator will monitor all admission documentation for full compliance.

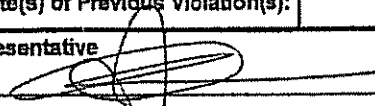
James Kusko, President

Northampton Personal Care, Inc.

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

General Partner Northampton Personal Care Associates, LP Member

Signature of Legal Entity Representative
 (Required on EVERY Page)



Sacred Heart Assisted Living, LLC

Printed Name and Title of Legal Entity Representative
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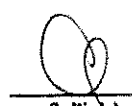


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Violation Report: 20136 - 06/26/2018 - Harvey, Jason
 PCH Name: SACRED HEART SENIOR LIVING BY THE CREEK

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

2a. DESCRIPTION OF VIOLATION
 On 6/22/18 at 4:22PM, the blood glucose reading of resident #4 was 271. Per the prescribed sliding scale insulin parameters, the resident should have received 3 units of insulin but instead received 2 units of insulin.

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.

Reportable Incident regarding this violation was submitted to DHS on 6-26-2018 **YES**

Med Tech, AR, was counseled and review of procedure was conducted by DON and Shift Supervisor. Med Tech, AR, misread the sliding scale parameters.

Resident Services Coordinator checks all glucose readings on a weekly basis for accuracy. The glucometer reading and the results chart are compared for accuracy. This weekly check will now include sliding scale parameter readings.

Director of Nursing and Administrator will monitor and ensure compliance of this regulation. 187(d)

James Kusko, President


Northampton Personal Care, Inc.

General Partner Northampton Personal Care Associates, LP Member

Sacred Heart Assisted Living, LLC

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/28/2017
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Signature of Legal Entity Representative (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
↑	7-26-2018

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