



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

Ms. Patricia L. Titus  
Administrator  
Sugar Creek Rest, Ltd.  
109 Personal Care Lane  
Worthington, Pennsylvania 16262

RE: Quality Life Services - Sugar Creek  
Certificate #: 426810

Dear Ms. Titus:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 23, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: QUALITY LIFE SERVICES SUGAR CREEK		License Number: 42681
Address: 109 PERSONAL CARE LANE, WORTHINGTON, PA 16262		County: Armstrong
Administrator: LESLIE MCKINNEY		Region: WEST
Legal Entity Name: SUGAR CREEK REST LIMITED PARTNERSHIP		
Legal Entity Address: 109 PERSONAL CARE LANE, WORTHINGTON, PA 16262		
Certificate(s) of Occupancy I-2 12/01/2015 Worthington Twp		
Staffing Hours Resident Support: 0 Total Daily Staff: 22 Waking Staff: 17		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2019: Georgoulis, Karen; 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: 47 ✓ Number of Residents Served: 21 ✓ 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: 2 ✓ Number of Hospice Residents in past year: 2 ✓		Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 80 Years of Age or Older: 21 ✓ Have Mental Illness: 2 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 1 ✓ Have a Physical Disability: 0 ✓

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MAR 25 2019

Violation Report: 42681 - 01/23/2019 - Georgoulis, Karen  
PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
On 1/23/19, at 10:53 a.m., the sink water temperature in the Country Kitchen measured 156.1 degrees Fahrenheit. A recheck at 6:04 p.m. measured 154.5 degrees Fahrenheit.

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.

Country kitchen sink was regulated. A mixing valve device was placed on the sink for temp regulation.  
Since placing of unit daily temps have been in compliance with daily audits.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Leslie McKinney*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Leslie McKinney Administrator*

Date *03-10-2019*

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

The above plan of correction is approved as of 3/25/19  
(Date)

The above plan of correction was approved by *EGJ*  
(Initials)

- Plan of correction implementation status as of 3/25/19 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress *EGJ*
  - Partially Implemented - Inadequate Progress
  - Not Implemented

MAR 25 2019

Violation Report: 42681 - 01/23/2019 - Georgoulis, Karen  
PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

WEST VIRGINIA STATE UNIVERSITY  
Human Resources

1. REGULATION 55 Pa. Code §2600  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was admitted 10/15/18; however, the resident's initial medical evaluation, dated 10/31/18, does not include the residents height or weight. These sections were blank.

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.

A new medical evaluation was obtained and for resident #1  
Future - Current Administrator will audit all medical evaluations for total completion before filing and then documented on Audit Sheet.

Immediately: The administrator or a designated direct care staff person shall review all current resident medical evaluations for accuracy and completeness. 3/25/19  
*Eg*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/24/2018

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles McKinney*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Leslie McKinney Administrator*      Date *3-10-19*

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MAR 25 2019

Violation Report: 42681 - 01/23/2019 - Georgoullis, Karen  
PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

WILSON COUNTY HEALTH DEPARTMENT  
1100 WEST MAIN STREET  
MORRISTOWN, TN 37132

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation, dated 3/8/18, did not include allergies or the residents ability to self-administer medications. These sections were blank.

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 has a new OME that includes allergies and is completed in full.

Future: Administrator will audit all medical evaluations for total completion before filing and then document on Audit Sheet.

Immediately: The administrator or a designated direct care staff person shall review all current resident medical evaluations for accuracy and completeness. 3/25/19

*Eg*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 01/24/2018

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Leslie McKinney*

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

Leslie McKinney Administrator

Date 03-10-19

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MAR 25 2019

WILSON COUNTY HEALTH DEPARTMENT  
SUGAR CREEK

Violation Report 42681 - 01/23/2019 - Georgoulis, Karen  
PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

1. REGULATION 55 Pa. Code §2600

2600.184(e) - 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 #2's January medication administration record (MAR) indicates the resident is prescribed MiraLax Powder (Polyethylene Glycol 3350), give 17 grams as needed for constipation. However, the label instructions indicate give 17 grams by mouth per manufacture directions and one time a day.

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

Includes 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 a corrected order was obtained from doctor for Miralax.

In future staff will use direction change order on medication until clarification and corrections can be obtained.

Administrator has assigned a staff member to do a complete monthly cart audit.

Audit discrepancy will be reported to administrator and corrected.

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)

Leslie McKinney, Administrator

Date 3-10-19

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MAR 25 2019

Violation Report: 42681 - 01/23/2019 - Georgoulis, Karen  
PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

1. REGULATION 65 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 #1 is prescribed blood glucose readings to be completed four times a day, (8:00 a.m., 11:00 a.m., 16:00 pm and 21:00) along with Novolog Solution 100unit/ML, inject subcutaneously before meals and at bedtime, as per sliding scale: 141-180= 2 units; 181-220=4 units; 221-260=6 units; 261-300=8 units; 301-340=10 units; 341+ 341 and above call MD.

- \* Resident #1's January MAR indicates at 21:00 (9:00 p.m.) a blood glucose reading of 180 on 1/8/19 and 240 on 1/19/19. However, the readings are not indicated on resident#1's glucometer.
- \* On 1/6/19 at 8:00 a.m., resident #1's glucometer indicated a blood glucose reading of 119. However, a reading of 160 was documented in the January MAR.
- \* On 1/9/19 at 8:00 a.m., resident #1's glucometer indicated a blood glucose reading of 180. However, an "X" was documented in the January MAR.

Resident #3 is prescribed Risperdal tablet, 50 mg, give 1 mg by mouth every 8 hours, as needed and Trazodone HCl tablet 50 mg, give 75 mg orally as needed and 1 1/2 tablets by mouth at bedtime, as needed. However, these medications were not available in the home.

Resident #4 is prescribed blood glucose readings three times a day, UA -upon awaking, BL- before lunch, and BS-before supper.

- \* On 1/17/19 at 5:12 p.m., resident #4's glucometer indicated a blood glucose reading of 111. However, an "X" was documented in the January MAR. On 1/15/19 in the morning, UA (upon awaking) documented in the January MAR had an "X" where the numerical reading should be.
- \* On 1/21/19 at 12:42 p.m. resident #4's glucometer indicated a blood glucose reading of 123. However, a reading of 126 was documented in the January MAR.

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 #1 orders were obtained from MD and corrected on MAR

Resident #3 medication has been obtained /addressed monthly cert audits will be conducted.

Resident #4 re-education was completed by staff on glucometers and documentations. Weekly checks on dates and times, readings recorded correctly correct MAR documentation, reporting to nurse of doctor any discrepancies.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/24/2018
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie McKinney Administrator* Date *3-10-19*

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Violation Report: 42681 - 01/23/2019 - Georgoulis, Karen  
PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Seroquel (Quetiapine) 50 mg tablet, take one tablet at bedtime. On 1/13/19, at "NST" (bedtime) the medication was not initialed as being administered in the resident's January MAR.

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 on this date was sleeping.

Staff member did not want to wake her.

- All staff were re-educated on documentation including (refusals, out of facility, missed doses) and how to document and report in the future.

- All staff have acknowledged understanding of above training/refresh.

In future administrator will do periodic reviews of MAR and re educate if needed to maintain compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Leslie McKinnon*

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

Leslie McKinnon Administrator

Date 3-10-19

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