



October 18, 2019

Ms. Tammy Pfeuffer
Administrator
Sugar Valley Lodge, Inc.
190 Sugar Valley Lane
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge
Whispering Pines Building
178 Sugar Valley Lane
Franklin, Pennsylvania 16323
License #: 447720

Dear Ms. Pfeuffer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 3, 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SUGAR VALLEY LODGE WHISPERING PINES BUILDING*
Address: *178 SUGAR VALLEY LANE, FRANKLIN, PA 16323*
County: *VENANGO* Region: *WESTERN*

License Number: *44772*

Administrator

Name: *TAMMORA PFEUFFER* Phone: *8143460352* Email: *TAMMY@SUGARVALLEYLODGE.COM*

Legal Entity

Name: *SUGAR VALLEY LODGE INC*
Address: *190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323*

Certificate(s) of Occupancy

Type: *I-1* Date: *05/20/2016* Issued By: *SUGARCREEK BOROUGH*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

05/03/2019 - On-Site: Lynn Winters

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *15*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

132a - Monthly Fire Drill

Regulations

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2018.

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.)

* Starting August 1, 2019 Sugar Valley Lodge safety committee chair person will check fire drill log the last week of each month to insure that an unannounced fire drill has been pulled.

* If unannounced fire drill has not been pulled the Chair of the Safety committee will insure that it is done.

Legal Entity Representative

Tammy Pfeuffer Administrator/CEO
Signature

Tammy Pfeuffer
Printed Name and Title

7/31/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/12/19
(Date)

Plan of correction implementation status as of 9/12/19
(Date)

The above plan of correction was approved by 
(Initials)

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

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill records do not indicate which exit routes were used during the fire drill on 11/14/18.

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.)

*Starting August 1, 2019 the Chair person of the safety committee will review all fire drill logs monthly to insure all documination is filled out.

*Starting August 1, 2019 the Chair person of the safety committee will intial the fire drill log beside the staff signature.

Legal Entity Representative

Tammy Pfeuffer Administrator/CEO
Signature

Tammy Pfeuffer
Printed Name and Title

7/31/2019
Date

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190b - Insulin Injections

Regulations

2600. 190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A has not had diabetes training by a certified diabetes expert. However, she performed blood glucose monitoring on multiple residents on multiple dates, to include the following:

- 5/2/19 4:30 PM Resident #1
- 5/9/19 4:30 PM Resident #2

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.)

- * As of May 3rd, 2019 no staff has been doing blood glucose monitoring until they have recieved diadetes traing.
- * DON will insure that no staff member will be doing blood glucose monitoring until they have compleated diadetes training.

Within 30 days of receipt of the plan of correction: All staff A shall be re-trained regarding the requirement that a staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program. Documentation of training shall be kept.

 9/12/19

Legal Entity Representative

 Administrator/CEO  Printed Name and Title  Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/12/19 Plan of correction implementation status as of 9/12/19
 (Date) (Date)

The above plan of correction was approved by  (Initials)

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 Partially Implemented - Inadequate Progress
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