



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 15, 2019

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

RE: Sugar Valley Lodge (Polk)
196 Church Street
Polk, Pennsylvania 16342
Certificate #: 445490

Dear Ms. Dickinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SUGAR VALLEY LODGE POLK*

License Number: *445490*

Address: *196 CHURCH STREET, POLK, PA 16342*

County: *VENANGO*

Region: *WESTERN*

Administrator

Name: *Jeanne Dickinson*

Phone: *8143460350*

Email: *JEANNE@SUGARVALLEYLODGE.COM*

Legal Entity

Name: *SUGAR VALLEY LODGE INC*

Address: *190 SUGAR VALLEY LANE, PA, 16323*

Certificate(s) of Occupancy

Type: *R-4*

Date: *07/30/2013*

Issued By: *Venango County*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *14*

Waking Staff: *11*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

05/08/2019 - On-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15*

Residents Served: *14*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14*

Are 60 Years of Age or Older: *5*

Diagnosed with Mental Illness: *12*

Diagnosed with Intellectual Disability: *8*

Have Mobility Need: *0*

Have Physical Disability: *0*

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff person A's first day of work was 2/5/2018; however, the staff person did not receive orientation in the following areas until 2/6/2018:

- Evacuation procedures
- Staff duties and responsibilities during fire drills and emergency evacuation
- The designated meeting place outside the building
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

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.)

Human Resource Staff will ensure that Regulation 2600.65.a is done the first day of ^{error} ~~inspection~~ orientation

Administration will ensure that it is correct and complete at the weekly Management Team meeting; Admin will sign the back of packet when complete.

* See attached orientation packet.

Legal Entity Representative

Jeanne Dickinson COO
Signature

Jeanne Dickinson
Printed Name and Title


6/20/19
Date

65a - FS Orientation 1st Day (continued)

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The above plan of correction is approved as of 6/28/19
(Date)

Plan of correction implementation status as of 6/28/19
(Date)

The above plan of correction was approved by 
(Initials)

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B, hired 11/15/2015, and staff person C hired 8/20/2014, did not receive training in the following topics during the 2018 training year:

- Medication self-administration
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan
- Personal care service needs of the resident

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.)

Human Resource Staff will ensure that when staff is Absent From a Annual Training Meeting, that the Staff member will Receive all documentation and sign a separate sign in sheet that the information was reviewed with them and given to them.

Staff persons B and C received training in the identified topics during the 2019 training year. - JRW 6/26/19

Legal Entity Representative

Jeanne Dickinson COO
Signature

Jeanne Dickinson 6/20/19
Printed Name and Title Date

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person B, hired 11/15/2015, did not receive training on the following topics during the 2018 training year:

- *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert*
- *Emergency preparedness procedures and recognition and responses to crises and emergency situations*
- *Falls and accident prevention*

Direct care staff person C, hired 8/20/2014, did not receive training in Emergency preparedness procedures and recognition and responses to crises and emergency situations during the 2018 training year.

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.)

Human Resource Staff will insure that when staff is absent from a annual training meeting, that the staff member will receive all documentation and sign a separate sign in sheet that the information was reviewed with them and given to them

Staff persons A and C received training in the identified topics during the 2019 training year. - JRW 6/28/19

Legal Entity Representative

Jeanne Dickinson
Signature


COO

Jeanne Dickinson 6/20/19
Printed Name and Title Date

65g - Annual Training Content *(continued)*

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The support plan for resident #1, dated 2/26/2019, does not address the need for elevation and icing of the resident's right knee, as indicated in the medical evaluation, dated 2/11/2019.

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.)

Administration Team Will meet Weekly to Review Any Support plan that has had changes I.E. d/c from Hospital or Diet changes - Administration will make sure changes have been made correctly and will sign the back and date the Support plan

Within 30 days - The administrator or designee will review the support plans of all current residents to ensure they are accurate and include all resident needs. - JRW 6/28/19

Legal Entity Representative

Signature Jeanne Dickinson

Printed Name and Title Jeanne Dickinson

Date 6/20/19

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