



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 16, 2019

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

RE: Sugar Valley Lodge
Hickory Acres Building
Certificate #: 447700

Dear Ms. Dickinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 9, 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 "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: SUGAR VALLEY LODGE HICKORY ACRES BUILDING
Address: 190 SUGAR VALLEY LANE, FRANKLIN, PA 16323
County: VENANGO

License Number: 447700

Region: WESTERN

Administrator

Name: Jeanne Dickinson

Phone: 8143460352

Email: JEANNE@SUGARVALLEYLODGE.COM

Legal Entity

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

Certificate(s) of Occupancy

Type: I-1

Date: 05/20/2016

Issued By: Sugarcreek Bourough

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 27

Waking Staff: 20

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/09/2019 - On-Site: Josh Hoover, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27

Residents Served: 27

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 24

Are 60 Years of Age or Older: 14

Diagnosed with Mental Illness: 14

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 1

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

Staff person A's first day of work was 1/14/2019; however, orientation in the following areas was not provided to staff person A until 1/15/2019:

- 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 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
Signature

COO


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

Description of Violation

Staff person B, hired on 10/8/1996, 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.

Legal Entity Representative Staff person B received training in the identified topics during the 2019 training year. - JRW 6/28/19

Jeanne Dickinson
Signature

COO

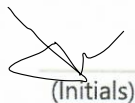
Jeanne Dickinson
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6/20/19
Date

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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

Staff person B, hired on 10/8/1996, did not receive training in Emergency preparedness procedures and recognition and response 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 ensure that when staff is absent from a annual training meeting, the staff member will receive all documentation and sign a separate sign in sheet that the information was received - and reviewed with them, given to them.

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

Legal Entity Representative

Jeanne Dickinson
Signature


COO

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

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85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were no lids or coverings on the trash cans in either of the shared bathrooms in the #300 hallway.

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.)

New TRASH Receptacles with lids were purchased the same date of inspection (May 9th 2019) See attached receipt for both shared bathrooms in the #300 hallway.

Housekeeping staff will do daily walk through to verify that trash receptacles have lids and document.

Administration will ensure walk through is completed each day

extra trash receptacles were purchased and are available immediately

Legal Entity Representative

Jeanne Dickinson COO
Signature

Jeanne Dickinson
Printed Name and Title

6/20/19
Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. 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.

Description of Violation

Resident #1 is ordered Ranitidine 150mg, take 1 at bedtime; however, the label for this medication indicates "take 1 twice a day."

Resident #2 is ordered Topomax 200mg, take 300mg (1 ½ tabs) daily; however, the label for this medication indicates "Topomax 100mg, take 2 in the morning and 1 in the evening."

Resident #2 is ordered Trazodone 200mg at bedtime; however, the label for this medication indicates "Trazodone 100mg, take 1 at bedtime."

Resident #3 is ordered Humalog 100 units/ml, inject 16 units at breakfast, 14 units at lunch, and 10 units at dinner plus sliding scale:

40-140=0; 140-180=2; 181-220=4; 221-260=6; 261-300=8; 301-340=10; >340=12. However, the label for this medication did not include the following blood glucose ranges and doses: 261-300=8; 301-340=10; >340=12

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.)

STAFF will be retrained on Regulation 2600.184.A on July 10th 2019.
 STAFF are to contact the pharmacy to obtain a new label for medication that has had changes, will use "Change" stickers until the label comes in. STAFF will record all changes on a log "see attached" this also includes new orders. The Director of Nursing will review the log weekly and ensure all changes have been made. Both staff and Director of Nursing will sign off on document that all has been corrected.
 Resident #1, #2, #3 All violations have been corrected - see attached

Legal Entity Representative At least monthly - The administrator or designee will conduct a full medication audit to ensure all medication labels match the current order. - JRW 6/28/19

Jeanne Dickinson
Signature

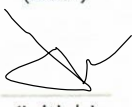
COO

Jeanne Dickinson
Printed Name and Title

6/20/19
Date

184a - Labeling OTC/CAM (continued)

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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

There was correction fluid in the "temperature" section and in the "dose and frequency" section related to Singulair 10mg on the medical evaluation for resident #2, dated 3/22/2019.

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 will ensure that no Correction fluid will be used on medical documentation, or any forms coming from physicians offices or hospitals. - if Correction fluid is found on said forms they will be returned and or resubmitted for correction without the use of Correction fluid.

Legal Entity Representative

Jeanne Dickinson COO
Signature

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

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