



July 26, 2019

Mr. James Kusko  
President  
Sacred Heart Assisted Living by Saucon Creek, LLC  
3910 Adler Place, Suite 100  
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living by Saucon Creek II  
4801 Saucon Creek Road  
Center Valley, Pennsylvania 18034  
License #: 220800

Dear Mr. Kusko:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15, 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 that reads "Carolyn K. Ellison".

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

Enclosure  
Violation Report

### Violation Report

#### Facility Information

Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II  
Address: 4801 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034  
County: LEHIGH Region: NORTHEAST

License Number: 220800

#### Administrator

Name: Carol Blazo Phone: 6108142700 Email: AWALLIS@SHFAMILY.ORG

#### Legal Entity

Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC  
Address: 3910 ADLER PLACE, SUITE 100, PA, 18017

#### Certificate(s) of Occupancy

Type: I-1 Date: 03/20/2009 Issued By: Township of Upper Saucon

#### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

#### Inspection

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

#### Inspection Dates and Department Representative

05/15/2019 - On-Site: Kristin DeVries, Jason Harvey

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 36 Residents Served: 25

##### Secured Dementia Care Unit

In Home: Yes Area: Memory Unit Capacity: 14 Residents Served: 12

##### Hospice

Current Residents: 8

##### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 19 Have Physical Disability: 0



James Kusko, Manager 6/13/19

05/15/2019

1 of 4

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar in resident room 214 was uncovered at time of inspection, which poses a possible hazard to 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.)


**EXPLANATION:**

- The cloth cover on the enabler bar was removed for washing by the PCA on the morning of inspection. It was not returned from the laundry at the time of inspection.

**CORRECTION:**

- The cover was returned and placed back onto the bar on the day of inspection, prior to the resident's bedtime.
- Going forward, all bed canes will be installed only by the Maintenance Director, utilizing the easy clean covers that can be cleaned and sanitized without removal.
- Staff will inspect bed canes daily to ensure covers are in place, clean, and in good condition.
- The Administrators will ensure compliance.

Legal Entity Representative

Signature 

Printed Name and Title James Kustro, Manager

Date 6/13/19

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

The above plan of correction is approved as of 7-3-19  
(Date)

Plan of correction implementation status as of 7-3-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

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

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 5/6/2019 did not include information regarding resident's body positioning, if any.

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.)

Please see the attached Plan of Correction.

Legal Entity Representative

	<i>James Kusko, Manager</i>	<i>6/13/19</i>
Signature	Printed Name and Title	Date

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

The above plan of correction is approved as of	<u>7-3-19</u> (Date)	Plan of correction implementation status as of	<u>7-3-19</u> (Date)
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The above plan of correction was approved by	<u>MM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
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231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

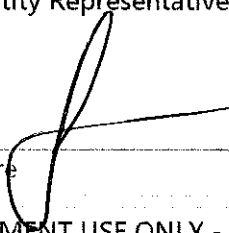
Resident #1 resides in the home's Memory Unit. The resident's most recent medical evaluation, dated 5/6/2019, does not include the resident's need to reside in a Secured Dementia Unit.

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.)

Please see the attached Plan of Correction.

Legal Entity Representative



Signature

James Kusko, Manager

Printed Name and Title

6/13/19

Date

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

The above plan of correction is approved as of

7-3-19

(Date)

Plan of correction implementation status as of

7-3-19

(Date)

The above plan of correction was approved by

MM

(Initials)

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

Violation Report: 220800 - Inspection Date: 5/15/2019- DeVries, Kristin; Harvey, Jason  
PCH Name: Sacred Heart Senior Living by Saucon Creek II

**PLAN OF CORRECTION: REGULATION 2600.141.a**

**EXPLANATION:**

- The physician failed to include body positioning instructions on Resident #1's medical evaluation.
- This error was missed upon review by the Resident Care Director.

**CORRECTION:**

- The medical evaluation was corrected by the physician on the day of inspection, see attached.
- Medical evaluations will be reviewed for accuracy by the Resident Care Director on the day they are received.
- Any errors discovered will be corrected with the physician immediately and reviewed with the Administrator.
- The Administrators will ensure compliance.

7-3-19

MM

**PLAN OF CORRECTION: REGULATION 2600.231(b)**

**EXPLANATION:**


- The physician failed to check the "Secured Dementia Care" box on Resident #1's medical evaluation.
- This error was missed upon review by the Resident Care Director.

**CORRECTION:**

- The medical evaluation was corrected by the physician on the day of inspection, see attached.
- Medical evaluations will be reviewed for accuracy by the Resident Care Director on the day they are received.
- Any errors discovered will be corrected with the physician immediately and reviewed with the Administrator.
- The Administrators will ensure compliance.

7-3-19

MM

 James Kusko, Manager 6/13/19

6/13/2019