



July 10, 2019

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

RE: Sugar Valley Lodge  
Silver Oaks Building  
158 Sugar Valley Lane  
Franklin, Pennsylvania 16323  
Certificate #:447710

Dear Ms. Pfeuffer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 16, 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 "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

6/17/19

## Violation Report

## Facility Information

Name: SUGAR VALLEY LODGE SILVER OAK BUILDING  
 Address: 158 SUGAR VALLEY LANE, FRANKLIN, PA 16323  
 County: VENANGO Region: WESTERN

License Number: 447710

## Administrator

Name: Tammora Pfeuffer Phone: 814-346-0352 Email: TAMMY@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 Borough

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

## Inspection

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

## Inspection Dates and Department Representative

05/16/2019 - On-Site: Trish Bartlett

## 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: 13

Are 60 Years of Age or Older: 9

Diagnosed with Mental Illness: 13

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 0

Have Physical Disability: 0

126a - Furnace Inspection

Regulations

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home's furnace was inspected on 7/7/17 and not again until 2/19/19.

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.)

\* Administrator will coordinate with Venango County Property Manager to insure that furnace inspections are done at least annually and the documentatin is on site at the home.

Immediately: The administrator shall monitor the records for the furnace inspection annually to ensure compliance with regulation 2600.126(a). 6/17/19 *Ej*

Legal Entity Representative

*Tammy Pfeffer*  
Signature

Tammy Pfeffer Administrator/CEO  
Printed Name and Title

6/12/19  
Date

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

The above plan of correction is approved as of 6/17/19  
(Date)

Plan of correction implementation status as of 6/17/19  
(Date)

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

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

187c - Refusal of Medication

**Regulations**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.


**Description of Violation**


Resident #1 was prescribed Fluticasone/Salmeter 232/14, inhale one puff by mouth twice daily. The resident refused administration from 5/1/19 to 5/4/19 at 8:00 p.m. However, the medication refusals were not reported to the prescriber.

**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.)

- \* On May 31, 2019 PCA staff traing including medication refusal and reporting to the perscriber.
- \* DON will track the refusals being reported to prescriber.
- \*Please see attachments of sign in sheet and agenda of the May 31, 2019 meeting.

On 5/16/19, the resident's physician was notified of the residents refusal to take the medication. 6/17/19 

Immediately: The administrator or designated staff person qualified to administer medications shall monitor all resident refusals to take medications monthly to ensure compliance with regulation 2600.187(c). 6/17/19 

**Legal Entity Representative**

  
Signature


Tammy Pfeuffer Administrator/CEO  
Printed Name and Title

6/12/19  
Date

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