



MAILING DATE: November 5, 2019

Ms. Leslie McKinney  
Administrator  
Sugar Creek Rest, Ltd.  
109 Personal Care Lane  
Worthington, Pennsylvania 16262

RE: Quality Life Services - Sugar Creek  
Certificate #: 426810

Dear Ms. McKinney:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 10, 2019 and October 11, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
<Licensing Inspection Summary>

## Violation Report

### Facility Information

Name: *QUALITY LIFE SERVICES - SUGAR CREEK*  
Address: *109 PERSONAL CARE LANE, WORTHINGTON, PA 16262*  
County: *ARMSTRONG*                      Region: *WESTERN*

License Number: *42681*

### Administrator

Name: *Collin George*                      Phone: *7244452863*                      Email: *PTITUS@QUALITYLIFESERVICES.COM*

### Legal Entity

Name: *SUGAR CREEK REST LIMITED PARTNERSHIP*  
Address: *109 PERSONAL CARE LANE, ATTN PATRICIA TITUS, WORTHINGTON, PA, 16262*

### Certificate(s) of Occupancy

Type: *I-2*                      Date:                      Issued By:  
Type: *C-2 LP*                      Date: *03/04/1997*                      Issued By: *L&I*

### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *38*                      Waking Staff: *29*

### Inspection

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Complaint*

### Inspection Dates and Department Representative

*10/08/2019 - On-Site: Debora McConnell*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *47*                      Residents Served: *25*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents:

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *24*  
Diagnosed with Mental Illness: *14*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13*                      Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 9/28/19, at approximately 7:00 am., resident #1 told a staff person that during the prior shift, 11:00 pm. - 6:30 am, staff person A refused to answer his multiple calls for assistance for incontinence care. The home did not report the allegation of neglect to the local Area Agency on Aging until 9/30/19.

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.)

See attached Page 2A of 6

Legal Entity Representative

  
Signature

Collin George PCHA  
Printed Name and Title


10/31/19  
Date

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

The above plan of correction is approved as of 11/4/19  
(Date)

Plan of correction implementation status as of 11/4/19  
(Date)

Implemented

The above plan of correction was approved by   
(Initials)

Not Implemented

Plan of Correction for Violation Report Sent on 10/22/19


Pg. 2) All staff were reeducated on timely reporting to both the PCHA and to the local area agency on aging as well as BHS. All new hires to receive the company policy on abuse reporting and annual trainings will be given to all staff on abuse reporting.

In addition to the corrections listed above a new two hour check policy was implemented in the home to ensure that residents needs are being taken care of timely. Also a new call bell system was ordered and installed and random resident interviews have been conducted to ensure that call bells are being answered timely.

By 11/30/19 - The administrator or designee will ensure all allegations of abuse are immediately reported to the local Area Agency on Aging. - JRW 11/4/19



10/31/19



11/4/19

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 9/28/19, at approximately 7:00 am., resident #1 told a staff person that during the prior shift, 11:00 pm. - 6:30 am, staff person A refused to answer his multiple calls for assistance for incontinence care. On 10/2/19, on the 11:00 pm. - 6:30 am. shift, staff person A returned to work providing unsupervised direct care. The home did not immediately develop and implement a plan of supervision or suspend staff person A until the completion of the investigation.

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.)

See attached Page 3A of 6

Legal Entity Representative

Signature

Collin George PEHA

Printed Name and Title

10/31/19


Date

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Pg. 3) As of 10/4/19 employee was placed on a plan of supervision. PCHA was educated by BHS representatives on the need for a plan of supervision until the investigation by BHS had been concluded. Staff person was suspended from 9/30/19 till 10/2/19 when Area Agency on Aging investigation and internal investigation had been completed. Any further reports of abuse will result in immediate suspension or an immediate plan of supervision for any employee(s) involved and the suspension/plan of supervision will not be lifted until BHS has concluded its investigation.

In addition to the corrections listed above a new two hour check policy was implemented in the home to ensure that residents needs are being taken care of timely. Also a new call bell system was ordered and installed and random resident interviews have been conducted to ensure that call bells are being answered timely.



10/31/19



11/4/19

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/28/19, at approximately 7:00 am., resident #1 told a staff person that during the prior shift, 11:00 pm. - 6:30 am, staff person A refused to answer his multiple calls for assistance for incontinence care. The home did not report the allegation of neglect to the Department until 9/30/19.

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.)

See attached Page 4A of 6

Legal Entity Representative

  
Signature

Collin George RCHA  
Printed Name and Title


10/21/19  
Date

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Not Implemented

Plan of Correction for Violation Report Sent on 10/22/19


Pg. 4) All staff were reeducated on timely reporting to both the PCHA and to the local area agency on aging as well as BHS. All new hires to receive the company policy on abuse reporting and annual trainings will be given to all staff on abuse reporting.

In addition to the corrections listed above a new two hour check policy was implemented in the home to ensure that residents needs are being taken care of timely. Also a new call bell system was ordered and installed and random resident interviews have been conducted to ensure that call bells are being answered timely.

By 11/30/19- The administrator or a designee will review all incidents at the home daily for at least 30 days and at least weekly thereafter to ensure all reportable incidents and conditions are reported to the Department within the required time frame and by the required reporting method. - JRW 11/4/19



10/31/19



11/4/19

141a - Medical Evaluation

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.

Description of Violation

Resident #1 was admitted on 6/27/19, however, the medical evaluation was not completed until 8/1/19.

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.)

See attached Page 5A of 6

Legal Entity Representative

Signature

Collin George PEHA

Printed Name and Title

10/31/19

Date

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Plan of Correction for Violation Report Sent on 10/22/19

Pg. 5) All charts were reviewed for up to date medical evaluations. An excel spreadsheet was created to track when all resident assessment and support plans as well as medical evaluations are due.

In addition to the corrections listed above a new two hour check policy was implemented in the home to ensure that residents needs are being taken care of timely. Also a new call bell system was ordered and installed and random resident interviews have been conducted to ensure that call bells are being answered timely.



10/31/19



11/4/19

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The support plan for resident #1, dated 7/11/19, does not address how the home will meet the resident's needs related to assistance with transfers in/out of bed/chair, toileting, bladder management and bowel management as indicated in the assessment, dated 7/11/19.

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.)

See Page 6A of 6

Legal Entity Representative

  
Signature

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Printed Name and Title


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Pg. 6) A new resident assessment and support plan was completed for the resident and the sections for transfers, toileting, bowel management and bladder management were filled in. All resident assessment and support plans will be audited to make sure that all areas are filled out and a plan to meet all listed needs are filled in and complete. This will be completed by 11/30/2019.

In addition to the corrections listed above a new two hour check policy was implemented in the home to ensure that residents needs are being taken care of timely. Also a new call bell system was ordered and installed and random resident interviews have been conducted to ensure that call bells are being answered timely.



10/31/19

 11/4/19