



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: spanick@shfamily.org
Mailing Date: March 2, 2020

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
4851 Saucon Creek Road
Center Valley, Pennsylvania 18034
License #: 216750

Dear Mr. Kusko:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 23, 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 that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK
Address: 4851 SAUCON CREEK ROAD,, CENTER VALLEY, PA 18034
County: LEHIGH Region: NORTHEAST

License Number: 21675

Administrator

Name: Suzanne Panick Phone: 6108142700 Email: spanick@shfamily.org

Legal Entity

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

Certificate(s) of Occupancy

Type: I-1 Date: 12/27/2005 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 71 Waking Staff: 53

Inspection

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

Inspection Dates and Department Representative

10/23/2019 - On-Site: Ryan Yankowy, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 Residents Served: 49

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 22 Have Physical Disability: 1

X



James Kusko, manager

11/12/2020

10/23/2019

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract in the record for resident #1 dated 6/10/18 was not signed by 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:** Resident #1 was unable to sign the contract because of debility caused by Progressive Supranuclear Palsy. The resident's Power of Attorney signed for the resident. The Admissions Director and the Administrator failed to document that information in or near the resident signature spot on the contract.

CORRECTION:

The contract was corrected by the Administrator on the day of inspection (see Attachment #2). The Administrator checks all contracts upon admission and will ensure all required signatures are present. In circumstances such as this, where the resident is not physically able to sign, the reason will be documented on the contract. The Administrator will ensure compliance.

Legal Entity Representative


Signature

James Kusko, Manager

Printed Name and Title

1/12/2020

Date

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

The above plan of correction is approved as of 1-16-2020
(Date)

Plan of correction implementation status as of 1-16-2020
(Date)

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

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

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member A passed the initial medication administration training 9/2018. Only 3 of the 4 required medication administration observations were completed.

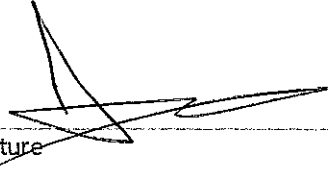
Plan of Correction (POC)

- **EXPLANATION:** The Medication Trainer missed the fourth observation for Staff Member A.

CORRECTION:

1. Staff member A's fourth observation was completed on October 25, 2019 by the Medication Trainer (see Attachment #3).
2. To ensure future compliance a new protocol has been established. Following the first of two monthly checks, The Human Resources Director will e-mail the Administrator, Director of Resident Care and Med Trainer a list of Med Tech observations and Diabetic certifications due for the upcoming month.
3. The Human Resources Director will monitor progress throughout the month and complete a final check on the 25th of every month.
4. The Human Resources Director will then send a second e-mail to those listed above confirming completion of all requirements.
5. The Administrator will ensure compliance.

Legal Entity Representative

X 
Signature

James Kusko, Manager 1/12/2020
Printed Name and Title Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3's folic acid, potassium chloride, dorzolamide, brimonidine, citucel, metolazone, carvedilol, warfarin, preservision, calcium, lantoprost, torsemide, tylenol, diltiazem, and trazadone did not have a diagnosis or purpose listed on the MAR.

Resident #4's docusate sodium was listed on the MAR but is not a current order.

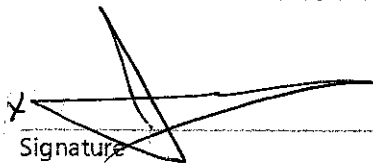
Plan of Correction (POC)

- **EXPLANATION:** Resident #3's family contracted with an outside pharmacy that provided medications and paper MAR's to the facility. The Med Tech failed to check the MAR's for diagnoses when checking in the delivery.

CORRECTION:

1. The MAR's for Resident #3 were corrected at the time of inspection (see Attachment #4). Diagnoses for all medications were added to the MAR's. Docusate Sodium, a discontinued medication, was removed from the MAR.
2. Resident #3 is no longer a resident at the facility and was the only current resident to contract with an outside pharmacy.
3. Going forward, any outside pharmacy used by a resident will be sent a copy of Regulation 2600.187(a) by the Administrator.
4. Outside pharmacy paper MAR's will be checked by the Director of Nursing or the Resident Care Director and a Med Tech upon delivery.
5. The Administrator will ensure compliance.

Legal Entity Representative


Signature

James Kusko, Manager
Printed Name and Title

1/12/2020
Date

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