



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: cgeorge@qualitylifeservices.com

MAILING DATE: January 31, 2020

Mr. Collin George
PCHA
Sugar Creek Rest, Ltd.
109 Personal Care Lane
Worthington, Pennsylvania 16262

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

Dear Mr. George:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 18, 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".

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection

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

Inspection Dates and Department Representative

12/18/2019 - On-Site: Debora McConnell, Josh Hoover, Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* Residents Served: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

16b - Incident Policies

Regulations

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation


The home's written policy on reportable incidents does not address prevention, or investigation and management of reportable incidents.

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 9A OF 9

Legal Entity Representative


Signature

Collin George PCHA
Printed Name and Title

1/4/2020
Date

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The above plan of correction is approved as of 01/27/2020 (Date) Plan of correction implementation status as of 01/27/2020 (Date)

The above plan of correction was approved by  (Initials) Implemented Not Implemented

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:

Description of Violation

Staff persons A and B did not receive fire safety training conducted by a fire safety expert or by a staff person trained by a fire safety expert during training year 2018.

Staff persons A and B received emergency preparedness procedure training via an online training program that does not address the specific procedures used by the home in an emergency.

Plan of Correction (POC)

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162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have menus posted for the current and upcoming weeks.

Plan of Correction (POC)

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The following medications were not dated when originally opened:

Resident #1's Novolog Solution, 100 units/ML, 20 units before meals and Levemir Solution, 100 units/ML, 54 units at bedtime. According to the manufacturers' instructions, Novolog should be disposed of 28 days after initial opening and Levemir should be disposed of 42 days after initial opening.

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed blood glucose checks twice a day every Monday, Wednesday and Friday. However, the following blood glucose readings were not documented:

*12/2/19 at 5:56 pm - 247; 12/4/19 at 4:50 pm - 273; 12/9/19 at 5:39 pm - 327; 12/16/19 at 5:11 pm - 143

Repeat Violation 01/23/19

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SEE PAGES 9A AND 9B OF 9

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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons do not include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration.

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has not successfully completed an annual practicum for the Department-approved medications administration course and administered multiple medications on multiple days to resident #1, including:

*On 12/2/19 at night (NST) - Ferrous Sulfate, Gabapentin, Glipizide

*On 12/8/19 at night (NST) - Ferrous Sulfate, Gabapentin, Glipizide

*On 12/9/19 at night (NST) - Ferrous Sulfate, Gabapentin, Glipizide

The last annual practicum completed by staff person A was 5/14/18.

Plan of Correction (POC)

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The initial support plan, dated 6/27/19, for resident #3, does not address the resident's need for 2-person assistance for transferring and use of a transfer board.

The support plan, dated 10/24/19, for resident #4, does not address how the resident's need for 2-person assistance for transfers.

Plan of Correction (POC)

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SEE PAGES 9B AND 9C OF 9

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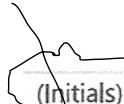
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Plan of Correction

Inspection Date: 12/18/19

Pg. 2) New policy was written to address prevention, investigation and management of reportable incidents. All aides to be educated on new policies.

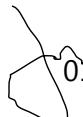
Pg. 3) Fire training with a fire safety expert scheduled for 01/07/2020. All staff to attend. All staff to be educated on emergency preparedness by 02/01/2020.

Pg. 4) Menus were posted the day of the annual of the survey. Menus for January have been posted and the menu for December will be saved for a minimum of 1 month per regulation. Menus will be posted no less than two weeks in advance. January menu is attached.

Pg. 5) All staff were educated on the need to date every medication when it is opened. Education and sign off sheet attached. PCHA or designee will audit for open dates on appropriate medications monthly.

Pg. 6) Audits were done for all diabetic residents that reside at the facility. Audits were done of the glucometers and MARs to ensure that readings were being properly documented and the glucometer and MAR matched. These audits uncovered that the glucometers and MARs did not match for several residents. The second audit that was completed was for required supplementary documentation being added to any appropriate diabetic treatment orders. These audits uncovered that several of the residents did not have the appropriate required documentation to ensure that all blood sugar readings were documented appropriately on each individuals record every time. To resolve this issue all orders were updated to require supplementary documentation and all staff were trained on the need to record any blood sugar readings as they are taken. All the glucometers had the correct date and time reset and four of the seven diabetic residents had their glucometers calibrated

 1/11/2020

 01/27/2020


for appropriate readings. The other three residents will have their glucometers calibrated when the appropriate control solution can be supplied by the VA. These solutions were ordered on 01/03/2020 by the PCHA and the projected date of calibration is between 01/13/2020 – 01/17/2020. All diabetic residents will have their glucometers audited biweekly for 2 months and then monthly thereafter. All glucometers will be calibrated and have the dates and times audited and reset monthly.

Pg. 7) New policy was written that addresses the documentation of the receipt of controlled substances and prescription medications, a process to investigate and account for missing medications and medication errors, limited access to medication storage areas and documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. All aides to be educated on new policies.

Pg. 8) Staff person A was instructed on 12/18/19 that she was not to administer any medications or treatments until further notice. Staff person A was retested by a certified trainer on 12/20/19 and received a passing score. All staff files were audited by the PCHA on 1/2/2020 at 1:00PM. Three other employees were found to have lapses of greater than a year between their required medication administration observations. All three employees were instructed not to administer any medications until further notice. Two of the affected employees were retested by a certified trainer on 1/3/2020 and they received passing scores. The other affected employee was tested on 1/4/2020 by a certified trainer and they received a passing score.

Pg. 9) All support plans will be audited for appropriate documentation of transfer and mobility needs by the PCHA or designee. Both residents cited on the violation reports had their support plans updated to reflect the necessary changes in transfer and mobility needs. Updated support

 1/4/2020

 01/27/2020

plans are attached. All support plans will be audited annually per regulation and with any significant change to ensure accuracy.

 1/4/2020


01/27/2020