



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [jeanne@sugarvalleylodge.com](mailto:jeanne@sugarvalleylodge.com)  
[tammy@sugarvalleylodge.com](mailto:tammy@sugarvalleylodge.com)

MAILING DATE: March 23, 2020

Ms. Jeanne Dickinson  
Chief Executive Officer  
Sugar Valley Lodge, Inc.  
190 Sugar Valley Lane  
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge (Polk)  
196 Church Street  
Polk, Pennsylvania 16342  
Certificate #: 445490

Dear Ms. Dickinson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 23, 2020, 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 "Jon B. Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *SUGAR VALLEY LODGE (POLK)*

License Number: *44549*

Address: *196 CHURCH STREET,, POLK, PA 16342*

County: *VENANGO*

Region: *WESTERN*

### Administrator

Name: *Jeanne Dickinson*

Phone: *8143460350*

Email: *JEANNE@SUGARVALLEYLODGE.COM*

### Legal Entity

Name: *SUGAR VALLEY LODGE INC*

Address: *190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323*

### Certificate(s) of Occupancy

Type: *R-4*

Date: *07/30/2013*

Issued By: *Construction Code Inspectors, Inc.*

### Staffing Hours

Resident Support Staff:

Total Daily Staff: *15*

Waking Staff: *11*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*01/23/2020 - On-Site: Vicki Siegert, Courtney Barry*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *15*

Residents Served: *15*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *15*

Are 60 Years of Age or Older: *6*

Diagnosed with Mental Illness: *13*

Diagnosed with Intellectual Disability: *7*

Have Mobility Need: *0*

Have Physical Disability: *0*

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 1/23/20 at 10:15 a.m., the right-hand door of the double door emergency exit that leads out of the home's dining room was blocked by a flat wheeled cart with a large 5' high oscillating fan and a box fan on it.

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.)

Items were removed immediately 1/23/20  
Administration will check all emergency exits for obstructions weekly and record findings in a log book.

Legal Entity Representative

*Jeanne Dickinson*  
Signature

COO

Jeanne Dickinson COO  
Printed Name and Title

3/11/20  
Date

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The above plan of correction is approved as of 3/12/2020  
(Date)

Plan of correction implementation status as of 3/12/2020  
(Date)

The above plan of correction was approved by

*J*  
(Initials)

Implemented  
 Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Nystatin powder – Apply topically under abdomen daily after bathing as needed. However, the prescription label for this medication indicates Nystatin powder - apply topically under abdomen daily after bathing.

Resident #2 is prescribed Acetaminophen 500mg – take 2 tablets every 8 hours as needed for pain or temp. However there were two prescription labels on the roll pack "Meds on time" of medication. One label indicates acetaminophen 500mg – take 2 tablets (1000) by mouth every 6 hours as needed. The second label indicates acetaminophen 500mg – take 2 tablets (100mg) by mouth every 8 hours as needed for pain or temp > 101.0

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.)

STAFF will have training (Regulation 2600-184-A) on April 15<sup>th</sup> 2020  
STAFF will contact pharmacy to obtain a new label for medication or a new package of medication with the correct information, STAFF will record and all medication changes and/or new medication orders on a medication change log, The Director of Nursing will review the log initially and weekly thereafter. Changes will take effect immediately

Legal Entity Representative

Jeanne Dickinson COO  
Signature


Jeanne Dickinson COO 3/11/20  
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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

The January 2020 medication administration record (MAR) for resident #1 includes abbreviations for several medication entries which makes the directions for administration difficult to understand. Some of the MAR entries are as follows:

- \* Aspirin Low Chw 81mg – C1T PO QD
- \* Atorvastatin tab 20mg – T1T PO QD
- \* Citalopram tab 40mg – T1T PO QAM
- \* Clopidogrel tab 75mg – T1T PO QD
- \* Levothyroxin tab 125mcg – T1T PO QD
- \* Metoprol Tar Tab 25mg – T1T PO BID

The January 2020 medication administration record (MAR) for resident #2 includes abbreviations for several medication entries which makes the directions for administration difficult to understand. Some of the MAR entries are as follows:

- \* Famotidine tab 20mg – T1T PO BID
- \* Hydrochlorot cap 12.5mg – T1C PO QD
- \* Sertraline tab 100mg – T1T PO QAM
- \* Advair Disku Aer 250/50 – Inhale 1 puff PO BID
- \* Restasis EMU 0.05% - Instill 1 drop OU BID

Description of Violation (continued)

The January 2020 medication administration record (MAR) for resident #3 includes abbreviations for several medication entries which makes the directions for administration difficult to understand. Some of the MAR entries are as follows:

- \* Benztropine tab 1mg – T1T PO BID
- \* Bupropion tab 150mg SR – T1T PO BID
- \* Fluvoxamine tab 100mg – T1T PO QHS
- \* Lantus Solos inj 100/ml – Inject 40 units SQ QD
- \* Lisinopril tab 2.5mg – T1T PO QD
- \* Pioglitazone tab 45mg – T1T PO QD

The January 2020 medication administration record (MAR) for resident #4 includes abbreviations for several medication entries which makes the directions for administration difficult to understand. Some of the MAR entries are as follows:

- \* Alendronate tab 70mg – T1T PO once a week
- \* Atorvastatin tab 10mg – T1T PO QHS
- \* Benztropine tab 1mg – T1T PO BID
- \* Ferrous sulf 325mg tab – T1T PO QD
- \* Levothyroxin tab 50mcg – T1/2T PO (25mcg) PO QD on an empty stomach

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.)

Director of Nursing Contacted Pharmacy on 1/23/20 to have Abbreviations removed – All orders are spelled out and easier to follow as of 1/23/20.

Staff Meeting on 4/15/20 will Review with staff to Notify Pharmacy if Abbreviations are used again so Changes can be made immediately.

Legal Entity Representative

*Jeanne Dickinson COO*  
Signature


Jeanne Dickinson COO 3/11/20  
Printed Name and Title Date

187a - Medication Record *(continued)*

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