

## Violation Report

### Facility Information

Name: *SUGAR VALLEY LODGE (HICKORY ACRES BUILDING)*  
 Address: *190 SUGAR VALLEY LANE,, FRANKLIN, PA 16323*  
 County: *VENANGO*                      Region: *WESTERN*

License Number: *44770*

### Administrator

Name: *Jeanne Dickinson*

Phone: *8143460352*

Email: *JEANNE@SUGARVALLEYLODGE.COM*

### Legal Entity

Name: *SUGAR VALLEY LODGE INC*  
 Address: *190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323*

### Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *26*

Waking Staff: *20*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*02/05/2020 - On-Site: Lori Gillette*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *27*

Residents Served: *26*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *21*

Are 60 Years of Age or Older: *15*

Diagnosed with Mental Illness: *15*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *1*

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 1/29/20, resident #1 was prescribed Ipratropium Solution Albuterol, inhale contents of 1 vial via nebulizer four times a day for 30 days. However, this medication was not administered on 1/30/20 or 1/31/20 because the medication was not available in the home.

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.)

Medication was ordered and available in the home 2/1/20. *SE* 5/15/20

Effective immediately Medication Room staff will go through the medication carts, match medications to the MAR's each shift to ensure all residents medications are available and re-order them as needed. Staff will document on enclosed medication check list and re-order form. Director of Nursing will follow up daily to ensure medication checks and re-orders are being done. This policy will be followed up at our Quality Management Meeting to ensure accuracy. If needed changes will be made to continue the insurance that all medication is available and all directions from prescriber are followed.

This was reviewed with all staff at the staff meeting on 4/15/20. *SE* 5/15/20

Legal Entity Representative

*Jeanne Dickinson*  
Signature

Jeanne Dickinson COO 3/31/20  
Printed Name and Title Date

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

The above plan of correction is approved as of 5/15/20  
(Date)

Plan of correction implementation status as of 5/15/20  
(Date)

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

Implemented  
 Not Implemented