

Department of Human Services  
Bureau of Human Service Licensing

February 1, 2021

JEANNE DICKINSON, CEO  
SUGAR VALLEY LODGE INC  
190 SUGAR VALLEY LANE  
FRANKLIN, PA 16323

RE: SUGAR VALLEY LODGE (HICKORY  
ACRES BUILDING)  
190 SUGAR VALLEY LANE  
FRANKLIN, PA, 16323  
LICENSE/COC#: 44770

Dear Ms. Dickinson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/29/2020, 10/30/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *SUGAR VALLEY LODGE (HICKORY ACRES BUILDING)* License #: *44770* License Expiration Date: *08/10/2021*  
 Address: *190 SUGAR VALLEY LANE, FRANKLIN, PA 16323*  
 County: *VENANGO* Region: *WESTERN*

**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*  
 Phone: *8143460352* Email: *JEANNE@SUGARVALLEYLODGE.COM;* [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/20/2016* Issued By: *Sugarcreek Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *11/13/2020*

**Inspection Dates and Department Representative**

*10/29/2020 - On-Site: Lori Gillette*  
*10/30/2020 - Off-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: *22* Are 60 Years of Age or Older: *16*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *1*

## Inspections / Reviews

## 10/29/2020 - Partial

Lead Inspector: *Lori Gillette*Follow-Up Type: *POC Submission*Follow-Up Date: *12/26/2020*

## 12/22/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *POC Submission*Follow-Up Date: *12/27/2020*

## 2/1/2021 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *03/01/2021*

## 15a - Resident Abuse Report

## 1. Requirements

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 Repeat Violation

On 10/25/2020 between 5:00 am and 6:00 am, resident #2 forced resident #1 to perform oral sex on ■■■ in ■■■ bedroom by making ■■■ get down on the floor and pushing on ■■■ head while ■■■ was standing up. Resident #1 told resident #2, "No," but resident #2 said ■■■ owed ■■■ money and needed to.

On 10/26/2020, at approximately 8:30 pm, resident #1 told staff person A that resident #2 sexually assaulted ■■■ on 10/25/2020. Staff person A reported this allegation of abuse to staff person B and staff person C. However, this allegation of abuse was not reported to the local Area Agency on Aging until 10/27/2020 at approximately 10:00 am.

Repeat Violation: 06/26/2020

## Plan of Correction

Directed

ON JANUARY 4TH 2021 ALL STAFF WAS COUNSELED ON THE REPORTING REQUIRMENTS AND SUGAR VALLEY LODGE'S POLICY AND PROCEDURE FOR REPORTING ABUSE. THREE ADDITIONAL STAFF MEMBERS ARE IN THE PROCESS OF BEING TRAINED ON HOW TO COMPLETE TASK IMMEDIATELY WHEN INCIDENTS OCCUR. THE THREE ADDITIONAL STAFF MEMBERS WILL IMMEDIATELY REPORT ANY INCIDENTS THAT OCCUR MONDAY THROUGH FRIDAY, WEEKENDS AND HOLIDAYS 24 HOURS A DAY. ALL STAFF IS SCHEDULED FOR ADDITIONAL TRAINING. DUE TO COVID 19, DATE AND TIME IS NOT AVAILABLE BUT WILL BE DONE IN THE NEAR FUTURE. CHRIS HALL FROM VENANGO COUNTY OLDER ADULT PROTECTIVE SERVICES WILL DO THE IN-SERVICE THEY WILL COVER OLDER ADULT PROTECTIVE SERVICE ACT (RELATING TO REPORTING SUSPECTED ABUSE) THEY WILL ALSO COVER THE REQUIRMENTS IN 2600.42 (B). 2600.15(A) AND, 2600.16(C). IN ADDITION 2600.42 (B). 2600.15(A) AND, 2600.16(C) WILL CONTINUE TO BE REVIEWED IN OUR QUALITY MANAGEMENT MEETINGS TWICE A YEAR AND AS NEEDED. RESIDENT # 2 NO LONGER RESIDES AT SUGAR VALLEY LODGE

**Directed-**

Within 30 days of receipt, all staff persons shall receive the additional in-service training. Documentation of training shall be kept. **S.Q. 2/1/21**

Immediately upon receipt and at least weekly thereafter, the administrator shall review all reportable incidents and conditions to ensure any report of suspected abuse of a resident served in the home is immediately reported 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 §2600.15. Documentation of reviews shall be kept. **S.Q. 2/1/21**

Completion Date: 01/07/2021

## 16c - Written Incident Report

## 1. Requirements

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).

16c - Written Incident Report (*continued*)**Description of Repeat Violation**

On 10/25/2020 between 5:00 am and 6:00 am, resident #2 forced resident #1 to perform oral sex on ■■■ in ■■■ bedroom by making ■■■ get down on the floor and pushing on ■■■ head while ■■■ was standing up. Resident #1 told resident #2, "No," but resident #2 said ■■■ owed ■■■ money and needed to.

On 10/26/2020, at approximately 8:30 pm, resident #1 told staff person A that resident #2 sexually assaulted ■■■ on 10/25/2020. Staff person A reported this allegation of abuse to staff person B and staff person C. However, this allegation of abuse was not reported to the the Department until 10/27/2020 at approximately 10:00 am.

Repeat Violation: 06/26/2020

**Plan of Correction****Directed**

ADMINISTRATION IS IN THE PROCESS OF TRAINING THREE ADDITIONAL DESIGNATED STAFF MEMBERS ON REPORTABLE INCIDENTS, TO ENSURE THEY ARE DOCUMENTED AND REPORTED IMMEDIATELY. ALL STAFF IS SCHEDULED FOR ADDITIONAL TRAINING. DUE TO COVID 19 DATE AND TIME IS NOT AVAILABLE BUT WILL BE DONE IN THE NEAR FUTURE . CHRIS HALL FROM VENANGO COUNTY OLDER ADULT PROTECTIVE SERVICES WILL DO THE IN-SERVICE THEY WILL COVER OLDER ADULT PROTECTIVE SERVICE ACT (RELATING TO REPORTING SUSPECTED ABUSE) THEY WILL ALSO COVER THE REQUIRMENTS IN 2600.42 (B). 2600.15(A) AND, 2600.16(C). ADMINISTRATION WILL CONTINUE TO MONITOR ON A WEEKLY BASIS AT OUR MONDAY MORNING MEETINGS. RESIDENT # 2 NO LONGER RESIDES AT SUGAR VALLEY LODGE

**Directed-**

Within 30 days of receipt, all staff persons shall receive the additional in-service training. Documentation of training shall be kept. **S.Q. 2/1/21**

Immediately upon receipt and at least weekly thereafter, the administrator shall review all reportable incidents and conditions to ensure they're all reported to the Department's personal care home regional office within 24 hours in a manner designated by the Department. Documentation of reviews shall be kept. **S.Q. 2/1/21**

Completion Date: 01/07/2021

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## 42b - Abuse (continued)

**Description of Violation**

On 10/25/2020 between 5:00 am and 6:00 am, resident #2 forced resident #1 to perform oral sex on [REDACTED] in [REDACTED] bedroom by making [REDACTED] get down on the floor and pushing on [REDACTED] head while [REDACTED] was standing up. Resident #1 told resident #2, "No," but resident #2 said [REDACTED] owed [REDACTED] money and needed to.

Resident #2 was admitted on 10/5/2020. [REDACTED] initial resident assessment and support plan, dated 10/9/2020, indicates [REDACTED] has a fascination with sexual comments and expresses this a lot, and [REDACTED] does not like white people, especially white women. Staff are to monitor [REDACTED] behavior.

The home was aware of and failed to appropriately address resident #2's inappropriate sexual and threatening behaviors, as documented on the following dates:

On 10/16/2020 resident #2 was in the dining room and said "I have big shoes to stomp people's heads."

On 10/18/2020 resident #2 was in the tv lounge and told resident #3, "You do not know me and what I can do to white people I will get you outside of here if I would see you, you people don't know what I can do." In the dining room, resident #2 told other residents to "suck my dick." Staff person E spoke with resident #2 about [REDACTED] behavior, gave [REDACTED] a verbal warning and the home initiated 15-minute safety checks. However, the safety checks stopped on 10/20/2020.

On 10/23/2020 resident #4 alerted staff person B that resident #2 told resident #1 to "suck [REDACTED] cock," during a conversation in the outside smoking pavilion. Staff person B went outside to the smoking pavilion and overheard resident #2 say, "Motherfucker they can't do nothing to me I'll take them all out." Staff person B told resident #2 that was enough, and [REDACTED] was being inappropriate. Resident #2 told staff person B, "You there, I can take you out." After this incident, staff person D met with resident #2 and gave [REDACTED] a verbal warning about [REDACTED] behaviors towards residents and staff.

## 42b - Abuse (continued)

**Plan of Correction****Directed**

██████████ FROM VENANGO COUNTY OLDER ADULT PROTECTIVE SERVICES WILL DO AN IN-SERVICE ON ABUSE WITH STAFF AND WILL ALSO HOLD AN IN-SERVICE WITH ANY RESIDENT WISHING TO ATTEND ON ABUSE REGARDING THE DIFFERENT TYPES OF ABUSE AND THE IMPORTANCE OF REPORTING THE INCIDENT. DUE TO COVID 19 DATE AND TIME IS NOT AVAILABLE BUT WILL BE DONE IN THE NEAR FUTURE. Administration will do more intense screening before any admissions to sugar valley lodge to insure that we can meet the needs of the individual and also keep our existing residents safe. In the future if an incident requires 15 minute checks those checks will continue until either the persons involved are no longer in the facility or the investigation is complete.

**Directed-**

Within 30 days of receipt, all staff persons shall receive the additional in-service training. Documentation of training shall be kept. **S.Q. 2/1/21**

Within 30 days of receipt, all staff persons shall receive training in identifying and preventing sexual harassment. Documentation of training shall be kept. **S.Q. 2/1/21**

Immediately upon receipt, the administrator shall implement procedures that ensure compliance with §2600.42(b). The procedures shall include administrator or designee interviews with at least 3 residents privately regarding care and treatment, weekly for 2 months and then at least monthly thereafter. Documentation of the interviews shall be kept and reviewed at quality management plan reviews. **S.Q. 2/1/21**

Within 30 days of receipt, the home shall develop a risk assessment committee, to include the administrator and at least 1 direct care staff. The risk assessment committee shall review and discuss each resident's behaviors and review each resident assessment and support plan carefully, especially for supervision, mental and behavioral health, and social and recreational needs to ensure the home is adequately providing care and services which meet the needs of the residents. Ongoing committee reviews of all residents shall occur at least monthly thereafter. Any significant changes identified shall be documented on the resident assessment with support plan revisions within 24 hours. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 2/1/21**

During the next quality management plan review and evaluation, the home shall place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and annually in accordance with §2600.65(g)(3). **S.Q. 2/1/21**

Completion Date: 01/07/2021