



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SUGAR VALLEY LODGE INC**
LEGAL ENTITY

To operate **SUGAR VALLEY LODGE (HICKORY ACRES BUILDING)**
NAME OF FACILITY OR AGENCY

Located at **190 SUGAR VALLEY LANE, FRANKLIN, PA 16323**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **27**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 13,** **2021** until **October 13,** **2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447701**

Jennifer Biderpad
ISSUING OFFICER

Jamie J. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 13, 2021

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

RE: Sugar Valley Lodge
Hickory Acres Building
Certificate #: 447701

Dear Ms. Dickinson:

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

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, mistreatment or abuse of clients being cared for in the facility or receiving service from the agency, the Department hereby REVOKES your certificate of compliance (447700) dated August 10, 2020 to August 10, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 13, 2021 to October 13, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Mr. Dickinson

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55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
15a	II	26	\$5	\$130	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jamie L. Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing Inspection Summary

**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; suzquinn@pa.gov*

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*

3/1/2021 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Exception*

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 [redacted] on [redacted] in [redacted] bedroom by making [redacted] get down on the floor and pushing [redacted] head while [redacted] was standing up. Resident #1 told resident #2, "No," but resident #2 said [redacted] owed [redacted] money and needed to.

On 10/26/2020, at approximately 8:30 pm, resident #1 told staff person A that resident #2 [redacted] assaulted [redacted] 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. [redacted] 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 Licensee's Proposed Date for POC Implementation

Not Implemented *SE* 3/1/21

[Large redacted area]

16c - Written Incident Report (continued)

[REDACTED]

[REDACTED]

Violation Withdrawn

By: SE Date: 3/1/21

[REDACTED]

[REDACTED]

[REDACTED]

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 [REDACTED] on [REDACTED] in [REDACTED] bedroom by making [REDACTED] get down on the floor and pushing [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 [REDACTED] 2020. [REDACTED] initial resident assessment and support plan, dated [REDACTED]/2020, indicates [REDACTED] has a fascination with [REDACTED] comments and expresses this a lot, and [REDACTED] does not like [REDACTED] people, especially [REDACTED]. Staff are to monitor [REDACTED] behavior.

The home was aware of and failed to appropriately address resident #2's inappropriate [REDACTED] 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 [REDACTED] 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 "[REDACTED]". 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 "[REDACTED]," during a conversation in the outside smoking pavilion. Staff person B went outside to the smoking pavilion and overheard resident #2 say, "[REDACTED] 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 Licensee's Proposed Date for POC Implementation

Not Implemented *se* 3/1/21