

Department of Human Services  
Bureau of Human Service Licensing

July 21, 2021

██████████ ADMINISTRATOR  
SUGAR VALLEY LODGE INC  
190 SUGAR VALLEY LANE  
FRANKLIN, PA 16323

RE: SUGAR VALLEY LODGE  
(WHISPERING PINES BUILDING)  
178 SUGAR VALLEY LANE  
FRANKLIN, PA, 16323  
LICENSE/COCC#: 44772

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** SUGAR VALLEY LODGE (WHISPERING PINES BUILDING) **License #:** 44772 **License Expiration Date:** 08/10/2021  
**Address:** 178 SUGAR VALLEY LANE, FRANKLIN, PA 16323  
**County:** VENANGO **Region:** WESTERN

**Administrator**

**Name:** [REDACTED] **Phone:** 8143460352 **Email:** [REDACTED]

**Legal Entity**

**Name:** SUGAR VALLEY LODGE INC  
**Address:** 190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323  
**Phone:** 8143460352 **Email:** [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:** 14 **Working Staff:** 11

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 06/04/2021

**Inspection Dates and Department Representative**

06/04/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 15 **Residents Served:** 14

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 14 **Are 60 Years of Age or Older:** 8  
**Diagnosed with Mental Illness:** 14 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

**Inspections / Reviews**

06/04/2021 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/02/2021

Inspections / Reviews *(continued)*

6/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *07/05/2021*

7/21/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**3c - Post Current License****1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**Description of Violation**

*On 6/4/21, the licensing inspection summary issued by the Department dated 8/11/20 and 8/13/20 and the licensing inspection summary dated 9/21/20 were not posted in the home.*

**Plan of Correction****Accept**

*INSPECTION SUMMARY WAS IMMEDIATELY PLACED IN A CONSPICUOUS AND PUBLIC PLACE AFTER EXIT INTERVIEW. ADMINISTRATION WILL ENSURE MONTHLY THAT SUMMARY IS REMAINING INTACT FOR ONE YEAR TO ENSURE COMPLIANCE WITH REGULATION 2600.3 (C) DOCUMENTATION WILL BE KEPT. SEE ATTACHED*

*Completion Date: 06/24/2021*

**Document Submission****Implemented**

*see attached*

**105g Lint Removal and Duct Cleaning****1. Requirements**

2600.

- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*At 9:13 a.m. the two empty General Electric white clothes dryers in the laundry room next to the nurses' office had an accumulation layer of pink and a layer of grey lint measuring approximately ¼ inch in each appliance.*

**Plan of Correction****Accept**

*IMMEDIATELY THE LINT WAS REMOVED FROM BOTH DRYERS. SIGNS WERE PLACED ABOVE EACH DRYER AS A VISUAL REMINDER OF THE IMPORTANCE TO REMOVE LINT AFTER EACH USE. STAFF WAS EDUCATED ON THE IMPORTANCE OF REMOVING LINT FROM DRYERS AFTER EACH USE PCHA STAFF WILL CONDUCT MONTHLY CHECKS STARTING 06/05/2021 FOR A PERIOD OF SIX MONTHS TO ENSURE CONTINUED COMPLIANCE WITH REGULATION 2600.105 (G) SEE ATTACHED*

*Completion Date 06/24/2021*

**Document Submission****Implemented**

*see attached*

**185a - Implement Storage Procedures****1. Requirements**

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.

185a - Implement Storage Procedures (continued)

**Description of Violation**

Resident #2 was prescribed Lorazepam 1mg take one tablet by mouth three times a day. The home was missing and unable to account for 7 Lorazepam 1mg tablets as follows:

\* Medication card 1 of 6 contained 12 tablets. However, the narcotic count sheet indicated there should be 26 tablets remaining.

\* Medication card 3 of 6 contained 30 tablets. However, the narcotic count sheet indicated there should be 23 tablets remaining.

**Plan of Correction**

**Accept**

AFTER THE DEPARTMENT LEFT THE FACILITY, AN INVESTIGATION WAS COMPLETED. OUR CONCLUSION IS THAT THE MISSING MEDICATION WAS A DOCUMENTATION ERROR. STAFF WAS DOCUMENTING ON THREE DIFFERENT NARCOTIC COUNT SHEETS, SOME STAFF DOCUMENTED ON MAR BUT NOT ON THE NARCOTIC COUNT SHEET. LOOKS LIKE MEDICATION WAS ACCOUNTED FOR BUT NOT PROPERLY DOCUMENTED. STAFF WAS TRAINED ON 06/24/2021 ON THE procedures for the safe storage, access, security, distribution and use of medications.. DIRECTOR OF NURSING WILL MONITOR WEEKLY. NARCOTIC COUNT SHEETS FOR A PERIOD OF SIX MONTHS. SEE ATTACHED

Completion Date: 06/29/2021

**Document Submission**

**Implemented**

see attached

187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

Resident #3 was prescribed the following medications. However, the June 2021 medication administration record did not include the diagnosis or purpose for the medication as follows:

\* Olanzapine 20mg take one tablet by mouth at bedtime with 10mg for a total of 30mg.

\* Olanzapine 10mg take one tablet by mouth at bedtime with 20mg for a total of 30mg.

**Plan of Correction**

**Accept**

MAR WAS CORRECTED IMMEDIATELY TO REFLECT DIAGNOSIS OR PURPOSE OF MEDICATION. MAR'S WILL BE REVIEWED BY DIRECTOR OF NURSING MONTHLY TO ENSURE ALL ORDERS ARE CORRECT AND CONTAIN A DIAGNOSIS AND OR PURPOSE. SEE ATTACHED.

Completion Date: 06/24/2021

**Document Submission**

**Implemented**

see attached

187c - Refusal of Medication

**1. Requirements**

2600.

**187c - Refusal of Medication (continued)**

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*Resident #4 was prescribed Novolog 100u/ml per sliding scale before meals and at bedtime with subcutaneous coverage:*

*70 130 0 units*

*131 180 2u*

*181 240 4u*

*241 300 6u*

*301 350 8u*

*351 400 10u*

*Resident #4 refused administration on 6/1/21, 6/2/21, and 6/4/21 at 11:30 a.m. However, the prescriber was not notified of the refusals*

**Plan of Correction****Accept**

*STAFF WAS EDUCATED ON 06/24/2021 ON THE IMPORTANCE OF NOTIFYING THE PERSCRIBER OF A REFUSAL OF MEDICATION WITHIN 24 HOURS REGULATION 2600.187 (C). STAFF WILL KEEP DOCUMENTATION IN RESIDENTS CHART MOVING FORWARD AND ENSURE THAT MAR REFLECTS THE REFUSAL. SEE ATTACHED*

*Completion Date: 06/24/2021*

**Document Submission****Implemented**

*see attached*