

Department of Human Services
Bureau of Human Service Licensing

October 26, 2021

[REDACTED]
SUGAR VALLEY LODGE INC
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 (WHISPERING PINES BUILDING)* License #: 44772 License Expiration Date: 08/10/2022
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: 15 Waking Staff: 11

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: 07/07/2021

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]

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: 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

07/07/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/16/2021

Inspections / Reviews (*continued*)

9/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/09/2021*

10/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/18/2021*

10/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

142a - Secure Medical Care

1. Requirements

2600.

- 142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

From 6/28/21 to 7/1/21, resident #1 refused to eat and drink. The home notified the resident's physician; however, failed to continue with notifications until the physician directed a plan of treatment. From 6/28/21 to 7/1/21, resident #1 refused to take all scheduled medications. The home notified the resident's physician, however, did not continue with notifications and document the prescriber's response.

On [REDACTED], resident #1 was taken to the emergency room, where [REDACTED] was diagnosed with an acute urinary tract infection, dehydration, hypokalemia, mild neurocognitive disorder, persistent depressive disorder, total bilirubin, elevated, and was admitted. [REDACTED] was discharged back to the home [REDACTED]

Plan of Correction**Directed**

staff will notify the doctor immediately by fax of any medication refusals. if no response within 24 hours staff will call PCP to get a directive. staff will continue to notify Dr. on each shift on any continuing medication refusals. staff will document refusals on MAR and by sending fax refusal form. a copy of refusal form and PCP response will be given to the director of nursing for review.

Directed:

By 10/11/21, the administrator shall develop and implement policy and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure shall include seeking the proper medical care through the resident's physician or emergency medical care. This will include recognition and response to emergency situations and a decline in the resident's health status, and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines. All staff persons shall be educated on these policies and procedures. Documentation of education shall be kept. [REDACTED]

10/4/21**Directed:**

*Beginning 10/11/21, the administrator or designee shall conduct a weekly review of all reports of injury, illness or when a resident's health care status declines to determine if proper medical care was provided to the resident and the proper notifications were made. [REDACTED]. **10/4/21***

Completion Date: 09/07/2021

Document Submission**Implemented**

WEEKLY MANAGERS MEETINGS WE WILL REVIEW ALL REPORTS OF RESIDENTS INJURY, ILLNESS AND ANY RESIDENTS HEALTH CARE STATUS CHANGE TO DETERMINE IF PROPER MEDICAL CARE WAS PROVIDED AND PROPER NOTIFICATION WERE MADE. SEE ATTACHMENTS ON TRAINING AND POLICIES

164c - Resident Refusal Eat/Drink

1. Requirements

2600.

- 164.c. If a resident refuses to eat or drink continuously during a 24-hour period, the resident's primary care physician and the resident's designated person shall be immediately notified.

164c - Resident Refusal Eat/Drink (continued)

Description of Violation

From 6/28/21 to 7/1/21, resident #1 refused to eat and drink. The home notified the resident's physician; however, failed to continue with notifications until the physician directed a plan of treatment.

Plan of Correction**Directed**

staff will document any meal or fluid refusals on refusal form and fax to PCP immediately. staff will continue to fax PCP each shift until PCP gives a directive . if a directive is not given by PCP within 24 hours staff will call PCP each shift until a directive is given. staff will give director of nursing copies of refusal forms and PCP response to monitor.

Directed:

By 10/11/21, all staff involved in meal preparation, serving and assistance with feeding shall be educated on these procedures. Documentation of education and any communication attempts with PCP shall be kept. [REDACTED]. 10/4/21

Directed:

By 10/11/21 and weekly thereafter, the director of nursing or designee shall review all refusal forms and PCP responses to ensure the above procedures are followed. Documentation of monitoring shall be kept. [REDACTED] 10/4/21

Completion Date: 09/07/2021

Document Submission**Implemented**

A COPY OF ALL REFUSALS WILL BE PUT INTO A REFUSAL FOLDER AND EVERY MONDAY DESIGNEE WILL REVIEW CONTENT TO ENSURE PROCEDURES AND DOCUMENTATION WERE FOLLOWED. ALL STAFF WILL BE TRAINED IN ORIENTATION AND THEN ANNUALLY THEREAFTER INCLUDING DIETARY STAFF. 2600.164C (C)SEE ATTACHMENTS ON TRAINING AND POLICIES