

Department of Human Services  
Bureau of Human Service Licensing

September 21, 2021

[REDACTED]  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/19/2021 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,  
Amy Duncan

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 (HICKORY ACRES BUILDING)* License #: *44770* License Expiration Date: *10/13/2021*  
Address: *190 SUGAR VALLEY LANE, FRANKLIN, PA 16323*  
County: *VENANGO* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *814-437-7152* Email: [REDACTED]

**Legal Entity**

Name: *SUGAR VALLEY LODGE INC*  
Address: *190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *08/19/2021*

**Inspection Dates and Department Representative**

*08/19/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *27* Residents Served: *27*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *25* Are 60 Years of Age or Older: *18*  
Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *1*

## Inspections / Reviews

08/19/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2021*

9/16/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/30/2021*

## 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.

**Description of Violation**

Resident #1's initial assessment and support plan, dated [REDACTED]/20, indicates that the resident has no problem with irritability, judgment, agitation, or aggression, and has minimal supervision needs. On [REDACTED]/21, the resident's assessment and support plan was updated for the diagnoses of schizophrenia and dementia to include that staff will watch for signs of aggression, anger, clenched fists, swearing and arguing. Resident #1's support plan update also indicated that staff should keep their distance and call 911 if the resident becomes aggressive, violent, hurts [REDACTED] or assaults others. On 7/31/21, at approximately 7:30 p.m., resident #1 was left unsupervised with resident #2 in the front gazebo smoking area. Resident #1 grabbed and squeezed resident #2's left upper arm causing [REDACTED] on the resident's arm. Resident #2 broke free of resident #1's grasp and ran into the home to locate a staff person. Resident #2 indicated that [REDACTED] felt angry and fearful that resident #1 will repeat this behavior.

**Plan of Correction****Do Not Accept**

ALL CURRENT STAFF HAD A DE-ESCALATION TRAINING AND AAND 302 PROCEDURES WITH VENANGO COUNTY PIC UNIT IN WHICH HAS GIVEN STAFF MORE EDUCATION ON THE PROCEDURES INVOLVING RESIDENTS WITH AGGRESSIVE BEHAVIORS AND STEPS IN WHICH TO HANDLE THE SITUATION EFFECTIVELY TO KEEP ALL INDIVIDUALS SAFE. 911 WAS CALLED IN THIS SITUATION IN WHICH STATE POLICE RESPONDED AND EVALUATED THE SITUATION. THEY DID NOT FIND IT WARRANTED TO REMOVE RESIDENT # 1 AT THAT TIME. STAFF WAS INSTRUCTED TO KEEP 15 MINUTE CHECKS ON BOTH RESIDENTS. CEO GAVE RESIDENT #1 A 30 DAY EVICTION NOTICE. ALL NEW STAFF UPON HIRE AND CURRENT STAFF WILL BE TRAINED ANNUALLY ON DE-ESCALATION AND 302 PROCEDURES. SEE ATTACHED

Completion Date: 09/15/2021

## 42b - Abuse (continued)

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

ALL CURRENT STAFF HAD A DE-ESCALATION TRAINING AND AND 302 PROCEDURES WITH VENANGO COUNTY PIC UNIT IN WHICH HAS GIVEN STAFF MORE EDUCATION ON THE PROCEDURES INVOLVING RESIDENTS WITH AGGRESSIVE BEHAVIORS AND STEPS IN WHICH TO HANDLE THE SITUATION EFFECTIVELY TO KEEP ALL INDIVIDUALS SAFE. 911 WAS CALLED IN THIS SITUATION IN WHICH STATE POLICE RESPONDED AND EVALUATED THE SITUATION . THEY DID NOT FIND IT WARRANTED TO REMOVE RESIDENT # 1 AT THAT TIME. STAFF WAS INSTRUCTED TO KEEP 15 MINUTE CHECKS ON BOTH RESIDENTS. CEO GAVE RESIDENT #1 A 30 DAY EVICTION NOTICE. ALL NEW STAFF UPON HIRE AND CURRENT STAFF WILL BE TRAINED ANNUALLY ON DE-ESCALATION AND 302 PROCEDURES. SEE ATTACHED. CURRENT STAFF WAS REMINDED AS TO WHERE THE "RASP" BOOK IS KEPT FOR THEIR REVIEW AND NEW HIRES WILL ALSO BE EDUCATED ON SAME. EACH STAFF WAS EDUCATED ON WHAT THE RASP IS AND THE CONTENT FOR EACH RESIDENT. STAFF WILL REVIEW NEW ADMISSIONS RASP'S AND REVIEW CURRENT RESIDENTS CHARTS MONTHLY. ADMINISTRATION WILL INTERVIEW 3 RESIDENTS A WEEK X'S ONE MONTH, THEN 2 RESIDENTS A WEEK FOR ONE MONTH AND 1 RESIDENT A WEEK FOR ONE MONTH, AND AS NEEDED TO ADDRESS ANY CONCERNS THEY MAY HAVE. DOCUMENTATION WILL BE KEPT. SEE ATTACHED

**(Directed)** By 9/30/21, the home will reevaluate resident #1's 30-day notice pursuant to Chapter 2600.228h(1)-(7) to ensure appropriate grounds for discharge of the resident. The home will provide documentation of notifying the resident of multiple repeat violations of the home rules. All staff responsible for resident discharges will be reeducated on 228h(1)-(7). Documentation will be submitted to the Department. **(AD 9/21/21)**

**Completion Date:** 09/21/2021