

Department of Human Services
Bureau of Human Service Licensing

May 3, 2022

[REDACTED], ADMINISTRATOR/COO

RE: SUGAR VALLEY LODGE (POLK)
196 CHURCH STREET
POLK, PA, 16342
LICENSE/COC#: 44549

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/01/2022 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,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED], ADMINISTRATOR/COO

RE: SUGAR VALLEY LODGE (POLK)
196 CHURCH STREET
POLK, PA, 16342
LICENSE/COC#: 44549

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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 (POLK)* License #: *44549* License Expiration: *04/24/2023*
Address: *196 CHURCH STREET, POLK, PA 16342*
County: *VENANGO* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *07/30/2013* Issued By: *Venango County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/01/2022*

Inspection Dates and Department Representative

04/01/2022 - 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: *15* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *7*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/01/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2022*

05/02/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

05/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2022*

05/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/03/2022*

05/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

05/17/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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).

Description of Violation

Resident #3 is prescribed [REDACTED] at breakfast and lunch. However, on 3/10/22, resident #3 was administered [REDACTED] at breakfast. This medication error was not reported to the Department.

Plan of Correction**Accept**

ON 03/10/2022 MED ERROR WAS REPORTED IMMEDIATELY TO THE DIRECTOR OF NURSING. ON 03/10/2022 RESIDENT WAS SENT TO ER FOR EVALUATION. PCP WAS NOTIFIED ON 03/10/2022, HE WAS IN OUR FACILITY THAT DAY. STAFF WAS RETRAINED ON MEDICATION ADMINISTRATION ON 03/10/2022 AND COUNSELED ON MEDICATION ERRORS ON 03/10/2022. MEDICATION ADMINISTRATION OBSERVATION WITH STAFF WAS DONE ON 03/10/03/12/2022 AND 03/13/2022. DIRECTOR OF NURSING WILL REPORT ANY MEDICATION ERRORS TO THE STATE IMMEDIATELY WITHIN THE 24 HOUR GUIDELINES IN THE FUTURE. ALL STAFF WILL COMPLETE ANNUAL MEDICATION ADMINISTRATION TRAINING SEPTEMBER 2022. ANNUAL DIABETIC TRAINING WILL BE AUGUST 3RD 2022 AT 10 AM. SEE ATTACHED

Completion Date: 05/03/2022

Document Submission**Implemented**

SEE ATTACHED

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations (governed by Department of Labor and Industry) indicates If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate.

The home's boiler certificate of operation issued by the Pennsylvania Department of Labor and Industry expired 10/24/21 and the boiler was not re-inspected until 3/16/22.

Plan of Correction**Accept**

ADMINISTRATION WILL NOTIFY VENANGO COUNTY MAINTANCE DEPARTMENT ON JANUARY 16TH 2025 (60 DAYS PRIOR TO EXPIRATION OF CERTIFICATE) THEN VENANGO COUNTY MAINTANCE (DAN HARTLE) WILL NOTIFY THE HEARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY TO DO THE BOILER INSPECTION. A REMINDER WILL BE SENT FEBRUARY 16TH 2025 (30 DAYS PRIOR TO EXPIRATION OF CERTIFICATE) NOTIFICATIONS WILL BE DONE BY PHONE AND EMAIL MAIL EVERY TWO YEARS. LAST INSPECTION ON BOILERS WAS 3/30/2022 BY THOMAS DAVIS OF THE HEARTFORD STEAM BOILER INSPECTION AND INSURANCE

18 - Compliance With Laws (continued)

COMPANY. SEE ATTACHED BOILER CERTIFICATE

Completion Date: 05/03/2022

Document Submission

Implemented

SEE ATTACHED

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Water leaks from the base of the sink's hot water faucet in bedroom #106.

Plan of Correction

Accept

IMMEDIATELY ON 04/06/2022 THE FAUCET WAS REPAIRED BY VENANGO COUNTY MAINTANCE DEPARTMENT. MONTHLY ROOM INSPECTION WILL BE DONE BY ADMINISTRATION STARTING MAY 2ND 2022 AND DOCUMENTED ON MONTHLY CHECK SHEET. ANY REPAIRS NEEDED WILL BE REPORTED TO VENANGO COUNTY MAINTANCE DEPARTMENT BY EMAIL AND PHONE. MONTHLY INSPECTIONS WILL BE ONGOING. SEE ATTACHED

Completion Date: 05/03/2022

Document Submission

Implemented

SEE ATTACHED

101j6 - Mirror

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

There is no mirror in the shared bedroom of resident #1 and resident #2.

Plan of Correction

Accept

IMMEDIATELY THE MIRRORS WERE HUNG BY VENANGO COUNTY MAINTANCE DEPARTMENT ON 04/04/2022. MONTHLY ROOM INSPECTION WILL BE DONE BY ADMINISTRATION STARTING MAY 2ND 2022 AND DOCUMENTED ON MONTHLY CHECK SHEET. ANY REPAIRS NEEDED WILL BE REPORTED TO VENANGO COUNTY MAINTANCE DEPARTMENT BY EMAIL AND PHONE. MONTHLY INSPECTIONS WILL BE ONGOING. SEE ATTACHED

Completion Date: 05/03/2022

Document Submission

Implemented

please see attached

103g - Storing Food

1. Requirements

2600.

103g - Storing Food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an open, unsealed box of country fried steak in the kitchen's chest freezer.

Plan of Correction**Accept**

OPEN FOOD WAS DISPOSED OF IMMEDIATELY. ALL KITCHEN STAFF WERE RETRAINED ON PROPER FOOD STORAGE. NOW AND IN THE FUTURE ALL FOOD WILL BE STORED PROPERLY AND OR ENCLOSED OR SEALED CONTAINERS. COPY OF TRAINING DOCUMENT ARE ATTACHED.

immediate correction was done on 04/01/2022 and training was completed by Jeanne Dickinson (administrator) on 04/27/2022 and included all kitchen staff.

Completion Date: 05/03/2022

Document Submission**Implemented**

SEE ATTACHED

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Insulin LISP 100/ml, Inject 10 units subcutaneously 2x daily at breakfast and lunch. However, on 3/10/22, resident #3 was administered 35 units of Insulin LISP 100/ml at breakfast.

Plan of Correction**Accept**

ON 03/10/2022 MED ERROR WAS REPORTED IMMEDIATELY TO THE DIRECTOR OF NURSING. ON 03/10/2022 RESIDENT WAS SENT TO ER FOR EVALUATION. PCP WAS NOTIFIED ON 03/10/2022, HE WAS IN OUR FACILITY THAT DAY. STAFF WAS RETRAINED ON MEDICATION ADMINISTRATION ON 03/10/2022 AND COUNSELED ON MEDICATION ERRORS ON 03/10/2022. MEDICATION ADMINISTRATION OBSERVATION WITH STAFF WAS DONE BY DIRECTOR OF NURSING ON 03/10,03/12/2022 AND 03/13/2022. DIRECTOR OF NURSING WILL REPORT ANY MEDICATION ERRORS TO THE STATE IMMEDIATELY WITHIN THE 24 HOUR GUIDELINES IN THE FUTURE.ALL STAFF WILL COMPLETE ANNUAL MEDICATION ADMINISTRATION TRAINING SEPTEMBER 2022. ANNUAL DIABETIC TRAINING WILL BE AUGUST 3RD 2022 AT 10 AM. SEE ATTACHED

Completion Date: 05/03/2022

Document Submission**Implemented**

SEE ATTACHED