

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

April 3, 2023

[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 review on 08/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: SUGAR VALLEY LODGE (HICKORY ACRES BUILDING) License #: 44770 License Expiration: 01/05/2023  
 Address: 190 SUGAR VALLEY LANE, FRANKLIN, PA 16323  
 County: VENANGO Region: WESTERN

## Administrator

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

## Legal Entity

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

## Certificate(s) of Occupancy

Type: I-1 Date: 05/20/2016 Issued By: Sugar Creek borough

## Staffing Hours

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

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/11/2022

## Inspection Dates and Department Representative

08/11/2022 - 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: 27 Are 60 Years of Age or Older: 15  
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

## Inspections / Reviews

## 08/11/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2022

## 09/19/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/24/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/21/2022

Inspections / Reviews *(continued)*

11/22/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/29/2022

04/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 86b - Bathroom

## 1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

## Description of Violation

At 10:26 a.m., the common bathroom across the hallway from the kitchen did not have a window or an operational exhaust fan.

At 10:32 a.m., the common bathroom across the hallway from the medication room did not have a window or an operational exhaust fan.

At 10:35 a.m., the common bathroom across the hallway from the beauty room did not have a window or an operational exhaust fan.

## POC Submission

Accept (JW - 11/22/2022)

The building is owned by Venango County.

the maintenance crew were contacted and after their review they identified that an exhaust fan would be installed as soon as possible. Completion date is by the end of the month (Pending)

The exhaust fan was installed on 9/9/2022 by [REDACTED] maintenance. The Director of [REDACTED] Maintenance Department was instructed on the requirements of the building maintenance. The Quality Management Team shall review the building requirements weekly with the Housekeeping Manager Any issues identified will be identified by the Administrator to the landlord, County of Venango. and instruct the landlord accordingly.

Licensee's Plan Completion Date: 09/21/2022

Implemented (JW - 04/03/2023)

## 101j6 - Mirror

## 2. Requirements

2600.

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

6. A mirror.

## Description of Violation

At 10:10 a.m., there was no mirror in resident #1's room.

## POC Submission

Accept (JW - 11/22/2022)

by 5:00 p.m., there was a mirror placed in resident #1's room where [REDACTED] wanted it.

On 8/11/2022, the Housekeeping Manager placed a mirror in the resident's room where the resident requested it, per 2600.101.(j) (6).. The resident was notified of the requirement and per discussion that a physician would not to document in writing if this requirement is not appropriate.

Section 2600.101 a-r was reviewed with the housekeeping manager.

The Quality Management Team meetings are weekly that include the housekeeping manager where issues

**101j6 - Mirror (continued)**

*including resident bedroom requirements shall be discussed and addressed accordingly. t*

**Licensee's Plan Completion Date:** 09/21/2022

**Implemented (JW - 04/03/2023)**

**121a - Unobstructed Egress****3. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*At 10:40 a.m., the furnace room's marked exit was blocked by a motorized bike that was parked approximately 1 foot away from the exterior side of the door, preventing the exit door from being completely opened.*

**POC Submission**

**Accept (JW - 11/22/2022)**

*The individual who parked the motorized bike moved the bike immediately and was instructed that vehicles were to be parked in the identified areas.*

*All staff were reminded of the issue of access and egress from all exit or pathway areas. The Housekeeping Manager was instructed to address this issue on a daily basis. The Quality Management team shall review per updated information from the Housekeeping Manager at weekly meetings.*

**Licensee's Plan Completion Date:** 09/21/2022

**Implemented (JW - 04/03/2023)**

**132c - Fire Drill Records****4. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the fire drill conducted on 8/9/22, at 2:09 did not include a post meridiem or an ante meridiem abbreviations.*

**POC Submission**

**Accept (JW - 11/22/2022)**

*The record has been corrected to include the post meridiem abbreviations as attached. The record was corrected by the staff person who had recorded the initial information, [REDACTED], PCA on 8/11/2022. The PCH Interim Administrator, [REDACTED] is responsible for the fire drill being completed properly and reviewed the requirement of the fire drill and documentation of 2600.132 (c) with the team leader PCAs, [REDACTED] and [REDACTED] on 8/11/2022. Ongoing compliance shall include this documentation being reviewed as it occurs by both the PCA team leaders as stated above and the PCH Administrator, [REDACTED].*

**Licensee's Plan Completion Date:** 09/21/2022

**Implemented (JW - 04/03/2023)**

## 141b1 - Annual Medical Evaluation

## 5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED].

## POC Submission

Accept (JW - 11/22/2022)

Due to the Director of Nursing and the Facility Personal Care Administrator leaving abruptly, a review of the files with these two could not be done. The files were reviewed by incoming Administration. All were in order, however, the DME for this resident was not in the correct file. After review of the record of completed DMEs for the year of 2021, it was determined that a DME for resident @2 had been completed on [REDACTED]. Upon further review of the record, there were two DMEs for 2020 completed on the same day by two different physicians. This may have been an error of dates, however it cannot be determined without certainty. Therefore, the plan of correction includes a scheduled DME for resident #2 on [REDACTED] with [REDACTED]. Plan of correction includes the Director of Nursing to insure that the dates are correct on the DME as they are being recorded.

The previous Director of Nursing was responsible for this and [REDACTED] has since resigned. The new DME was completed by [REDACTED] or [REDACTED] on this resident #2.

The two Interim Administrators, [REDACTED] and [REDACTED] have completed a tracking list of residents and the due dates of the DME for each resident. The list was given to the PCA lead worker, [REDACTED] to schedule the residents in a timely fashion with [REDACTED]. [REDACTED] attends to the residents at Hickory Acres on a biweekly schedule so residents are scheduled accordingly. The list is reviewed at the monthly management meeting for upcoming DME appointments to be scheduled and dates noted.

The PCH Administrator reviews the charts monthly for adherence to time frames and requirements. The dates of the DME are compared by the PCJ Administrator so each resident has received the necessary medical evaluation. Any discrepancies are then reviewed by the PCA lead worker and the PCH Administrator and resolved immediately.

Licensee's Plan Completion Date: 09/21/2022

Implemented (JW - 04/03/2023)

## 221c - Post Activity Calendar

## 6. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

## Description of Violation

At 10:18 a.m., the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

## POC Submission

Accept (JW - 11/22/2022)

The activity calendar was completed but not posted due to the emergency situation of the administrative staff abruptly leaving. It has since been posted in the dining area on the community poster board at 8:00 a.m. on 8/12/2022. See attached. The policy 2600.221.c is standard policy and procedure for this facility and will continue to be followed.

The activity calendar is completed a week before the month that is due by the Activity Coordinator. The Activity Coordinator then posts the Activity Calendar on the first day of the month on the resident bulletin board.

The activities for the posted current month and the following month shall be reviewed at the monthly Managers'

221c - Post Activity Calendar (continued)

meeting as part of the regular updates. Input from managers shall be included as appropriate.  
The PCH Administrator shall review the activity calendar as posted at the first of the month.

Licensee's Plan Completion Date: 09/21/2022

Implemented (JW - 04/03/2023)