

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

March 13, 2023

[REDACTED]
SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
[REDACTED]

RE: SACRED HEART SENIOR LIVING BY
SAUCON CREEK
4851 SAUCON CREEK ROAD
CENTER VALLEY, PA, 18034
LICENSE/COC#: 21675

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/22/2022, 11/29/2022 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: SACRED HEART SENIOR LIVING BY SAUCON CREEK License #: 21675 License Expiration: 12/17/2023
Address: 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034
County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
Address: 3910 ADLER PLACE, SUITE 100, BETHLEHEM, PA, 18017
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 12/27/2005 Issued By: Upper Saucon Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 11/29/2022

Inspection Dates and Department Representative

11/22/2022 - On-Site: [REDACTED]
11/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information				
License Capacity:	85	Residents Served:	58	
Secured Dementia Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	2			
Number of Residents Who:				
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	58	
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0	
Have Mobility Need:	26	Have Physical Disability:	2	

Inspections / Reviews

11/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/24/2022

Inspections / Reviews (*continued*)

02/21/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/28/2023

03/07/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/14/2023

03/13/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/13/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

The home's employees were trained by an organization that provides First Aid and CPR online. The training was not conducted in person with hands on training.

Plan of Correction**Accept (AG - 02/21/2023)**

Human Resources immediately contacted a Licensed BLS Instructor on November 22, 2022 to schedule a Hands-On CPR/First Aid Course. Class will be held on December 29, 2022 at 2pm in our theater room. E-Mail was sent out on December 13,2022 to all Med-Techs and night shift nursing staff to notify them of mandatory meeting. We will continue Hands-On CPR/First Aid Course on a monthly basis for current and new staff members.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented (AG - 03/13/2023)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A white bottle labeled laundry detergent was located on top of the washer in the first floor laundry area. The bottle did not have the original manufacturers label attached.

Plan of Correction**Accept (AG - 03/07/2023)**

Administrator immediately spoke with housekeeping staff on November 22, 2022 regarding how to transfer chemicals from the original manufacturer's container. Administrator informed housekeeping staff when a chemical is transferred from the original manufacturer's container to a different container, the container must be labeled with a secondary label. The secondary label must include product identifier, words, pictures and symbols. Housekeeping staff will label a secondary container with a photocopy or take a picture of an original label and affix the copy to the secondary container or print the required information, laminate it and affix to the secondary container. Housekeeping supervisor will oversee the compliance going forward.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented (AG - 03/13/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/7/22 Resident #1's glucometer was used to test Resident #2's blood glucose.

Plan of Correction**Accept (AG - 03/07/2023)**

RCD immediately contacted Resident #1's PCP. PCP verified Resident #1 is free from any communicable diseases.

85a - Sanitary Conditions (continued)

RCD immediately replaced Resident #1's glucometer with a new one. RCD reviewed facility glucometer policy with Med-Tech who was involved in this medication error and also had [redacted] shadowed by Senior Med-Tech/RCD while doing accu-checks and insulin for 7days starting on July 7, 2022. RCD coached and counseled the Med-Tech on the Five Rights of Medication Administration including sliding scale orders.

RCD immediately contacted Resident #2's PCP and endocrinologist of medication error.

All Med-Tech's reviewed Blood Glucose Glucometer procedures and Policy with RCD between July 8, 2022 through July 13, 2022.

Director of Nursing will be responsible to oversee compliance going forward.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented (AG - 03/13/2023)

124 - Notice to Fire Department

4. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The homes notice to the fire department dated 11/1/22 notes 25 residents that require assistance to evacuate in the event of an emergency. The home currently serves 26 residents that would require assistance in the event of an emergency.

Plan of Correction

Accept (AG - 03/07/2023)

On November 28, 2022 a new formatted letter to the Fire Department was initiated and faxed over to the Upper Saucon Township Fire Department. This letter will be updated on a yearly basis.

The Administrator will be responsible to oversee compliance going forward.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented (AG - 03/13/2023)

144c1 - Smoking Area Guidelines

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Approximately 10-15 cigarette butts were located on the ground in the homes designated smoking area.

144c1 - Smoking Area Guidelines (continued)**Plan of Correction****Accept (AG - 03/07/2023)**

Maintenance Director immediately cleaned up all cigarette butts on November 22, 2022 that were found on the ground in our designated smoking area.

Sacred Heart Senior Living's campus will be entirely smoke-free effective January 1, 2023. A 30-day notice was sent out to staff, residents and resident's family on November 30, 2022. Home Rules and Resident Admission Agreement will be updated on January 1, 2023.

Maintenance Director will be responsible to oversee compliance going forward.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented (AG - 03/13/2023)