

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

January 27, 2023

[REDACTED]  
SACRED HEART ASSISTED LIVING, LLC  
[REDACTED]  
[REDACTED]

RE: SACRED HEART SENIOR LIVING BY  
THE CREEK  
602 EAST 21ST STREET  
NORTHAMPTON, PA, 18067  
LICENSE/COC#: 20136

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2022, 12/09/2022 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 THE CREEK      License #: 20136      License Expiration: 09/29/2023

Address: 602 EAST 21ST STREET, NORTHAMPTON, PA 18067

County: NORTHAMPTON      Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: SACRED HEART ASSISTED LIVING, LLC

Address: [REDACTED]

Phone: [REDACTED]      Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff:      Total Daily Staff: 96      Waking Staff: 72

**Inspection Information**

Type: Partial      Notice: Unannounced      BHA Docket #:

Reason: Complaint      Exit Conference Date: 12/09/2022

**Inspection Dates and Department Representative**

12/01/2022 On Site [REDACTED]

12/09/2022 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 124      Residents Served: 70

**Secured Dementia Care Unit**

In Home: No      Area:      Capacity:      Residents Served:

**Hospice**

Current Residents: 9

**Number of Residents Who:**

Receive Supplemental Security Income: 0      Are 60 Years of Age or Older: 70

Diagnosed with Mental Illness: 0      Diagnosed with Intellectual Disability: 0

Have Mobility Need: 26      Have Physical Disability: 0

**Inspections / Reviews**

**12/01/2022 - Partial**

Lead Inspector: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 01/15/2023

**01/17/2023 - POC Submission**

Submitted By: [REDACTED]      Date Submitted: 01/26/2023

Reviewer: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 01/20/2023

Inspections / Reviews *(continued)*

01/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2023

01/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

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

On [REDACTED]/22, Resident #1 had a witnessed fall to his/her knees at approximately [REDACTED] pm. At approximately [REDACTED] pm that evening, Resident #1 complained of severe back pain, was sent to the hospital, and was admitted for treatment on [REDACTED]/22 with a diagnosis of [REDACTED]. The home did not report this incident to the department.

## Plan of Correction

Accept [REDACTED] - 01/25/2023)

The Home incorrectly acted on the [REDACTED] PM incident as a medical condition unrelated to the prior fall. Home did not report as a fall as the diagnosis from the hospital was [REDACTED], not due to an injury or serious trauma. Home was also not made aware of medical diagnosis until well after 24 hours had passed.

Home was directed by the Licensing Rep to report "medical conditions of unknown cause" to Dept. within 24 hours. Effective immediately, Home will report to the State, within 24 hours, for Reportable Incidents involving falls, serious bodily trauma, and conditions of unknown medical cause.

Additional POC: The Admissions Director and Administrator collectively are responsible to report all Reportable Incidents to the Department within 24 hours. Nursing staff are required to send all documentation of a Reportable Incident, (falls, hospitalizations, treatment for unknown reason, to AD. Administrator is given the report to review for compliance and accuracy. Admissions Director will complete Reportable Incident document and email to Department within 24 hours. Administrator will monitor that Reporting is in compliance with Regulation 16c. within the 24 hour timeline. Reportable Incident will be filed in Resident file and in Reportable Incident Yearly binder.

Licensee's Proposed Overall Completion Date: 01/24/2023

Implemented [REDACTED] - 01/27/2023)

## 182b - Prescription Medication

## 2. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

## Description of Violation

Per staff interviews and treatment documentation, it was determined that Resident #1's prescribed [REDACTED] was administered twice daily to Resident #1 by direct care staff who have not completed the Department-approved Medication Administration Training.

## Plan of Correction

Accept [REDACTED] - 01/25/2023)

Effective immediately, Home will administer [REDACTED] by Medication Tech. Med Tech will follow physician orders and document daily administration of [REDACTED]. All medications will be stored in locked medication cart.

Director of Nursing, Assistant DON will audit medication records for each resident to ensure that prescribed



227g -Support Plan Signatures (continued)

[REDACTED]

Licensee's Proposed Overall Completion Date: 01/24/2023

Implemented ( [REDACTED] - 01/27/2023)