

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

May 10, 2023

[REDACTED]  
SUGAR VALLEY LODGE INC  
[REDACTED]

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 01/03/2023, 01/10/2023 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 (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**

Name: SUGAR VALLEY LODGE INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [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: 20 Waking Staff: 15

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/10/2023

**Inspection Dates and Department Representative**

01/03/2023 On Site [REDACTED]  
 01/10/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 15 Residents Served: 14

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 14  
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

01/03/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2023

02/03/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/10/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/10/2023

Inspections / Reviews (*continued*)

## 03/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/04/2023

## 04/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/17/2023

## 05/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/12/2023

## 05/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

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, the fire department responded to a call from staff, who reported smelling smoke from wires. However, this incident was not reported to the Department.

Plan of Correction

Directed ([REDACTED] - 03/21/2023)

Wendy Morrison sent in an incident report late on 01/03/2023. From here on out Wendy Morrison will send out an incident report within the 24-hour period of time to the regional office to let them know of the incident that occurred and time it happened.

Directed:

Per the administrator, this process began 1/3/23 and is ongoing.

[REDACTED] 3/21/23

Directed:

Per the administrator, [REDACTED] trained the medical liaison on 3/8/23, and the med lead on 1/23/23 on reporting requirements in accordance with 2600.16(c).

[REDACTED] 3/21/23

Directed Completion Date: 03/21/2023

Implemented ([REDACTED] 04/14/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 01/03/23 at 1:04 PM, the floor of the men's bathroom by the medication room was sticky and had a mild smell of urine. The sticky floor extended into the hallway.

Plan of Correction

Directed ([REDACTED] - 03/21/2023)

t was told to the staff on 01/10/2023 by Wendy Morrison that they need to be cleaning the bathrooms every shift. including sweeping, mopping, taking out the trash, and making sure that the toilet paper, soap, and towels are stocked as well. It was started on 01/10/23 to be done every shift 6-2, 2-10, and 10-6, and the staff on duty will nitial that it was done.

Directed:

Per the administrator, the floor in the bathroom was cleaned by a med tech at 1:30 PM on 1/3/23.

[REDACTED] 3/21/23

Directed Completion Date: 03/21/2023

Implemented ([REDACTED] 05/10/2023)

85a - Sanitary Conditions (continued)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 01/03/23 at 1:15 PM there was a 1/4 full, uncovered, unattended trash can in the men's bathroom in the hallway near the bedrooms.

Plan of Correction

Directed ( ) - 03/21/2023

The trash can in the men's bathroom will be replaced with a new one that has a covering on it. The trash can came and was replaced on 01/17/2023 for the men's bathroom. Staff on duty every shift will check to ensure that it is there and covered starting on 1/17/2023.

Directed:

Per the administrator, the administrator replaced the trash can on 1/17/23.

3/21/23

Directed Completion Date: 03/21/2023

Implemented ( ) - 05/10/2023

86a - Ventilation

4. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The women's bathroom, in the long hallway near the bedrooms, has no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

The men's bathroom, in the long hallway near the bedrooms, has no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

Plan of Correction

Directed ( ) - 03/21/2023

The county Maintenance man was made aware of this issue on 1/10/2023. It was a broken fan and has since been replaced on 1/16/2023 and is now operable.

Directed:

Per the administrator, the administrator made the county maintenance man aware of this issue on 1/10/23.

3/21/23

Directed:

Per the administrator, the county maintenance man replaced the fan on 1/16/23.

3/21/23

86a - Ventilation (continued)

**Directed:**

Per the administrator, beginning 3/22/23, staff are cleaning the bathrooms every shift and verify the fans are operable.

█ 3/21/23

Directed Completion Date: 03/22/2023

Implemented (█ - 05/10/2023)

92 - Windows

5. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was no screen on the operable 3rd window from the left in bedroom #█.

There were no screens on the 8 operable windows in the library.

Plan of Correction

Accept (█ - 02/17/2023)

The screens have since been put back onto all the windows in the library and in bedroom █ on 1/09/2023. Starting 1/16/2023 the administrator will check every day that she is here to ensure that the screens are still in place.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented (█ - 05/10/2023)

93b - Railings

6. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The railing on the left side of the rear exit porch is not secure and moves back and forth approximately 6 inches.

The railing at the end of the front wheelchair ramp is not secure and moves back and forth approximately 11 inches.

Plan of Correction

Directed (█ - 03/21/2023)

Cement work is being scheduled in the spring time when the weather permits it to be done to fix the railings in the front and rear of the building. It should be complete by 05/22/2023 by county maintenance man. Reinforcements will be made on 02/03/2023 to ensure resident safety until cement work is complete in the spring. Starting 02/03/2023 Administrator will check every day that she is here to ensure the railings are stable until cement work is complete.

**Directed:**

Per the administrator, the county maintenance man is responsible for scheduling the cement work.

93b - Railings (continued)

3/21/23

**Directed:**

Per the administrator, the county maintenance man added the reinforcements on 2/3/23.

3/21/23

**Directed:**

Per the administrator, starting 2/3/23, the administrator or designee check daily to ensure the railings are stable until cement work is complete.

3/21/23

Directed Completion Date: 03/21/2023

Implemented ( ) - 05/10/2023)

101j6 - Mirror

7. 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 bedroom of resident #1, resident #2, resident #3, resident #4, resident #5 and resident #6.

Plan of Correction

Directed ( ) - 03/21/2023)

Mirrors have since been found and are being hung in the resident's bedrooms on 01/16/2023. Administrator will check when ( ) is in the office to ensure that the mirrors are still hanging and usable.

**Directed:**

Per the administrator, the house keeper hung mirrors in all rooms that were missing mirrors on 1/16/23.

3/21/23

**Directed:**

Per the administrator, beginning 3/22/23, the administrator or designee will check rooms daily to ensure a mirror is present.

3/21/23

Directed Completion Date: 03/22/2023

Implemented ( ) - 05/10/2023)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on ( )/22. The resident's previous medical evaluation was completed on ( )/21.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Directed (SQ - 03/21/2023)

Due to the previous administration leaving without notice to the company we had a space in time from July 2022 to October 2022 where these were not completed. They were completed once new administration came aboard on October 25th, 2022. The medical liaison now keeps track of when all DMEs are coming due in a file in [redacted] office to ensure they are all up to date.

Directed:

Per the administrator, [redacted] created and spreadsheet to track all DME's and RASPs to ensure they are current. This was implemented 11/20/22. The spreadsheet is checked monthly by the medical liaison to ensure all DME's and RASPs are current.

[redacted] 3/21/23

Directed:

Per the administrator, an initial audit was conducted by the [redacted], CEO, medical liaison. This was completed 10/24/22.

[redacted] 3/21/23

Directed Completion Date: 03/21/2023

Implemented ([redacted] - 04/14/2023)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed [redacted] 80mg - Take one capsule by mouth once daily at bedtime. Resident #3's December 2022 medication administration record (MAR) does not include the initials of the staff person who administered this medication on [redacted] 22, [redacted] /22, [redacted] /22, [redacted] /22, 1 [redacted] /22, [redacted] 22 and [redacted] 2.

Plan of Correction

Directed ([redacted] - 03/21/2023)

Medication administration education was given to the employees on January 10th, 2023, by [redacted], CEO and [redacted] Medical Liaison. So, they are now aware of how medication is supposed to be given and what they are supposed to be doing. Starting January 2023 all staff will be given education as needed by Administration to ensure proper medication administration.

Directed:

Per the administrator, beginning 1/10/23, all staff will be given education as needed by administration to ensure proper medication administration.

[redacted] 3/21/23

## 187b - Date/Time of Medication Admin. (continued)

**Directed:**

Per the administrator, beginning 1/11/23, the med lead audits MARs weekly to ensure proper documentation. Beginning 3/22/23, documentation of audits will be kept.

█ 3/21/23

Directed Completion Date: 03/22/2023

Implemented (█ - 04/14/2023)

## 187d Follow Prescriber's Orders

## 10. Requirements

2600.

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

**Description of Violation**

Resident #7 is prescribed █ Inhale 1 puff by mouth daily. However, this medication was not administered to resident #7 on █ 22, because the medication was not available in the home.

**Plan of Correction**

Directed (█ - 03/21/2023)

Medication administration education was given to the employees on January 10th, 2023, by █ CEO and █, Medical Liaison. So, they are now aware of how medication is supposed to be given and what they are supposed to be doing. Administration will continue to give education as of January 2023 to employees as they need t for med administration.

**Directed:**

Per the administrator, beginning 1/10/23, all staff will be given education as needed by administration to ensure proper medication administration.

█ 3/21/23

**Directed:**

Per the administrator, beginning 1/11/23, the med lead audits MARs and the med cart to ensure medications are refilled and available in the home for administration. Beginning 3/22/23, documentation of audits will be kept.

█ 3/21/23

Directed Completion Date: 02/03/2023

Implemented (█ - 05/05/2023)