

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

April 19, 2023

[REDACTED]
SUGAR VALLEY LODGE INC
[REDACTED]
[REDACTED]

RE: SUGAR VALLEY LODGE (SILVER OAK
BUILDING)
158 SUGAR VALLEY LANE
FRANKLIN, PA, 16323
LICENSE/COC#: 44771

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2023 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 (SILVER OAK BUILDING) **License #:** 44771 **License Expiration:** 08/10/2023
Address: 158 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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1/1 **Date:** 05/20/2016 **Issued By:** L&I

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 01/30/2023

Inspection Dates and Department Representative

01/26/2023 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: 14 **Are 60 Years of Age or Older:** 12
Diagnosed with Mental Illness: 11 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

01/26/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/19/2023

02/16/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/18/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/03/2023

Inspections / Reviews (*continued*)

03/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/05/2023

04/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

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

04/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 - Annual Medical Evaluation

1. 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]/22. The resident's previous medical evaluation was completed on [redacted]/21.

Plan of Correction

Directed [redacted] - 03/22/2023)

[redacted] COO of Sugar Valley Lodge trained Medical Liaison on November 27,2022. The spread was created by [redacted] and the Medical Liaison started utilizing it on December 1, 2022. Random Audits were started on RASP/DME in January 2023, and Administrator's [redacted], CEO, [redacted] COO) conduct them monthly.

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 administrator conducted an initial audit of all current resident DMEs 3/1/23 using the spreadsheet. Beginning 4/1/23 and monthly thereafter, the medical liaison will use the spreadsheet to audit all resident DME's and RASPs to ensure they are current.

[redacted] 3/21/23

Directed Completion Date: 02/28/2023

Implemented [redacted] - 04/18/2023)

187b - Date/Time of Medication Admin.

2. 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 #1 is prescribed [redacted] This medication was not available in the home since August 2022. Staff initialed in the Medication Administration Record that the medication had been given since August 2022.

Plan of Correction

Directed [redacted] - 03/22/2023)

Administration write all staff up that initialed the MAR for administrating a medication that was not in the facility. Administration also had a Mandatory Medication Administration Re-Training on 1-10-23, to reinforce the policy and procedures of administrating medication, how to proper administer medication, how to document the MAR, and how to reorder medication from Care-Fill pharmacy . Staff was also educated on the protocol to follow if a refill is rejected or refused by Care-fill pharmacy.

[redacted], CEO wrote up all staff that initialed the MAR for administrating a medication that was not in the facility. Medical Liaison [redacted] conducted the Mandatory Medication Administration Re-training and the education on the protocol to follow if a refill is rejected by Care-Fill Pharmacy on 1/10/23.

Medical Liaison [redacted] conducted the Mandatory Medication Administration Re-training and the education on the protocol to follow if a refill is rejected by Care-Fill Pharmacy on 1/10/23.

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.

3/22/23

Directed Completion Date: 02/28/2023

Implemented - 04/18/2023

187d Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed However, this medication was not available in the home since August 2022.

Plan of Correction

Directed - 03/22/2023

Staff at Sugar Valley was retrained on 1-10-23 on how to reorder medication from Care-Fill pharmacy. Staff was also educated on the protocol to follow if a refill is rejected or refused by Care-fill pharmacy.

Medical Liaison conducted the Mandatory Medication Administration Re-training and the education on the protocol to follow if a refill is rejected by Care-Fill Pharmacy on 1/10/23. Medical Liaison conducted the Mandatory Medication Administration Re-training and the education on the protocol to follow if a refill is rejected by Care-Fill Pharmacy on 1/10/23.

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.

3/22/23

Directed Completion Date: 02/28/2023

Implemented 04/18/2023

225c Additional Assessment

4. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #2's current assessment was completed on /22. However, the resident's previous assessment was completed on /21.

225c - Additional Assessment (continued)

Plan of Correction**Directed (SQ - 03/22/2023)**

SVL was behind in RASP and DME's due to administration leaving. Medical Liaison was trained on November 27th on how to complete RASP, and was instructed that all RASP and DME's must be completed within one year of the ast one. Resident #2 DME was completed by Medical Liaison late due to a system not being setup. There is a spreadsheet that was created for Medical Liaison by administration so they can keep up with when DME/RASP are due. Administration also conducts random audits for DME's and RASP also.

██████████ COO of Sugar Valley Lodge trained Medical Liaison on November 27, 2022. The spread was created by ██████████ and the Medical Liaison started utilizing it on December 1, 2022. Random Audits were started on RASP/DME in January 2023, and Administrator's ██████████ CEO, ██████████, COO) conduct them monthly.

Directed:

Per the administrator, ██████████ created and spreadsheet to track all DME's and RASPs to ensure they are current. This was implemented 11/20/22. The administrator conducted an initial audit of all current resident RASPs 3/1/23 using the spreadsheet. Beginning 4/1/23 and monthly thereafter, the medical liaison will use the spreadsheet to audit all resident DME's and RASPs to ensure they are current.

3/22/23

Directed Completion Date: 02/28/2023

Implemented ██████████ - 04/18/2023