

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

April 19, 2023

[REDACTED], BOARD PRESIDENT
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 02/23/2023, 03/27/2023 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]

Legal Entity

Name: SUGAR VALLEY LODGE INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-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: Incident Exit Conference Date: 02/27/2023

Inspection Dates and Department Representative

02/23/2023 - On-Site: [REDACTED]
 03/27/2023 - 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: 15 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

02/23/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2023

03/24/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/18/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/31/2023

Inspections / Reviews (*continued*)

04/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/12/2023

04/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/21/2023

04/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

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] at [redacted] resident #1 fell into resident #2 while fooling around with another resident and caused resident #2 to fall. Resident #2 complained of leg pain and was sent to the hospital where she was admitted with a fractured knee. The home failed to report the incident to the Department until 2/19/23 at 12:00 PM.

Plan of Correction

Directed [redacted] - 04/05/2023)

Sugar Valley Lodge will report any and all abuse and other incidents to the bureau of human services within 24 hours of the incident. Review of the regulations and incident reporting education will be provided to any and all personnel who report the incident by April 1st, 2023 by administrator [redacted], By 4/01/2023 and weekly thereafter, the administrator or designee shall review all reportable incidents and conditions to ensure all reportable incidents and conditions are reported to the department in accordance with regulation 2600.16c.

Directed:

Per the administrator, beginning 4/5/23 the administrator, the medical liaison or med lead will be responsible for reporting abuse to the Bureau within 24 hours.

[redacted] 4/5/23

Directed:

Per the administrator, review of the regulations and incident reporting education was provided by the administrator to the medical liaison and med lead by 4/1/23.

[redacted] 4/5/23

Directed Completion Date: 04/05/2023

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

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/23/23 at 8:59 AM, multiple cigarette butts littered the ground from the front door, down the sidewalks to the pavilion where the smoking area is located.

Plan of Correction

Directed [redacted] - 04/05/2023)

All residents and staff have and will be reeducated on sanitary conditions and the regulations of smoking on the premises by Administrator [redacted] by April 1st, 2023. We will also have a cleanup day to ensure that all cigarette butts are picked up. There will a weekly clean up with the residents and the PCA on do a cleanup of all cigarette butts that are not in the designated smoking area to be put in the ashtrays as it states in the home rules. Administrator met with all residents and staff on 3/24/2023 to re-educate them on use of the designed smoking area and proper disposal of cigarette butts.

85a Sanitary Conditions (continued)

Directed:

Per the administrator, on 2/24/23 direct care staff removed all cigarette butts from the cement entrance way.

█ 4/5/23

Directed:

Per the administrator, weekly clean up days began on March 7, 2023.

█ 4/5/23

Directed Completion Date: 04/05/2023

Implemented (█ - 04/19/2023)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/23/23 at 8:59 AM, the garbage can outside of the main entrance was uncovered and full of garbage.

Plan of Correction

Directed (█ - 04/05/2023)

Administrator █ and DCS will ensure starting on March 16th, 2023 that the cover on the trash can remains on it. At the start and the end of the shift DCS will check to ensure that it is there and covered.

Directed:

Per the administrator, the former administrator placed the lid on the garbage can on 2/23/23.

█ 4/5/23

Directed:

Per the administrator, the administrator ensures the trash can is covered weekly, beginning 3/16/23.

█ 4/5/23

Directed Completion Date: 04/05/2023

Implemented (█ - 04/19/2023)

183f - Discontinued Medications

4. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f Discontinued Medications (*continued*)**Description of Violation**

At 9:23 AM there were multiple containers and packets of expired resident medication laying on top of a medication cart in the medication room.

Plan of Correction**Directed** (█ - 04/05/2023)

All staff will be reeducated by administrator █ on the proper destruction of expired medications. Education will be done by April 1st, 2023. Beginning 3/24/23 and weekly thereafter the med lead will audit the medication cart to ensure all medications present are current, and have not been discontinued or expired.

Directed:

Per the administrator, the medical liaison destroyed the medications appropriately on 2/23/23.

█ 4/5/23

Directed Completion Date: 04/05/2023

Implemented (█ - 04/19/2023)