

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

May 8, 2023

[REDACTED]
SUGAR VALLEY LODGE INC
190 SUGAR VALLEY LANE
FRANKLIN, PA, 16323

RE: SUGAR VALLEY LODGE (HICKORY
ACRES BUILDING)
190 SUGAR VALLEY LANE
FRANKLIN, PA, 16323
LICENSE/COC#: 44770

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2023 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 (HICKORY ACRES BUILDING) **License #:** 44770 **License Expiration:** 01/05/2024
Address: 190 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: 190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 **Date:** 05/20/2016 **Issued By:** Sugarcreek Boro

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 27 **Waking Staff:** 20

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 03/01/2023

Inspection Dates and Department Representative

03/01/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 **Residents Served:** 27

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 22 **Are 60 Years of Age or Older:** 17
Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

03/01/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/26/2023

03/24/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/05/2023
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: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/14/2023

04/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

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

05/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/11/2023

05/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED]/23 at approximately [REDACTED] pm [REDACTED], resident #1 and resident #2 were involved in a verbal altercation which led to resident #1 punching resident #2 in the chest. Resident #2 then punched resident #1 in the face.

On [REDACTED]/23 at approximately [REDACTED] pm in the dining room, resident #3 kicked resident #2 in the leg.

The home was aware of and failed to adequately address the aggressive behaviors of resident #2 and resident #3. On [REDACTED]/22, a warning letter was issued to resident #3, indicating [REDACTED] is not to act in any threatening or aggressive manner toward staff or other residents or a 30-day notice will be given for discharge. On 12/28/22, a 30-day notice was issued to resident #2 for verbal aggression towards staff and residents.

Plan of Correction**Directed [REDACTED] - 04/05/2023)**

When a resident-to-resident issue is brought to administrations attention there will be a in house investigation done on all parties involved. If a 30-day notice needs to be issued it will be done so once the investigation is done and all the reports have been gone over. the administrator or designee will privately interview 2 residents per week for 2 months, then monthly thereafter, regarding their treatment from other residents and staff. Documentation of interviews to be kept and reviewed at quality management plan review meetings.

Ombudsman will be at sugar valley lodge on 4/12/23 at 10am to do a training with all staff and administration on resident rights.

Directed:

Per the administrator, resident #1, resident #2 and resident #3 still reside in the home and staff are conducting hourly checks. Documentation to be kept beginning 4/5/23.

[REDACTED] 4/5/23

Directed:

Per the administrator, it has always been procedure that when a resident-to-resident issue is brought to administrations attention, immediately there will be a in house investigation will be done by the administrator on all parties involved. If a 30-day notice needs to be issued it will be done so by the administrator once the investigation is done and all the reports have been gone over.

[REDACTED] 4/5/23

Directed:

Beginning 2/14/23 the administrator or designee will privately interview 2 residents per week for 2 months, then monthly thereafter, regarding their treatment from other residents and staff. Documentation of interviews to be kept and reviewed at quality management plan review meetings.

[REDACTED] 4/5/23

42b - Abuse (continued)

Directed Completion Date: 04/12/2023

Implemented [REDACTED] - 05/08/2023)

85a Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The home's designated smoking area is located outside in the smoking pavilion. However, on 3/1/23 at approximately 9:10am, there were approximately 18 cigarette butts observed on the cement entranceway, directly outside the main entrance to the home.

Plan of Correction

Directed [REDACTED] - 04/05/2023)

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.

Directed:

Per the administrator, on 3/2/23 direct care staff removed all cigarette butts from the cement entrance way.
[REDACTED] 4/5/23

Directed:

Per the administrator, weekly clean ups began 3/7/23.
[REDACTED] 4/5/23

Directed Completion Date: 04/05/2023

Implemented ([REDACTED] 05/08/2023)