

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

November 22, 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 07/27/2023 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]
[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]
[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:** 16 **Waking Staff:** 12

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 07/27/2023

Inspection Dates and Department Representative

07/27/2023 - 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: 12 **Are 60 Years of Age or Older:** 7
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

07/27/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/25/2023

08/21/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/21/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/28/2023

Inspections / Reviews *(continued)*

09/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/04/2023

11/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

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

Resident #1, a [redacted] resident, had treatment indicated on the July Medication Administration Record, specifically to check fingernails and toenails weekly. Cut if too long, if diabetic notify staff member A to cut". However, Staff member A was unaware [redacted] being designated for resident toenail and fingernail cutting stating "I did not know my name was on the medication administration record, I have never cut resident #1's toenails". On [redacted], Staff member B observed resident #1 to have toenails approximately .5 inches long that were "cupping" and nail beds that were "slightly red". However, the home failed to obtain medical services for the resident. On [redacted], Resident #1 informed staff member C that his foot hurt. Staff member C took the resident to an Urgent Care where the resident was diagnosed with [redacted] of the toe on the left foot" and prescribed [redacted], take 1 capsule by mouth 4 times daily.

Plan of Correction

Accept [redacted] - 08/21/2023)

On 7/10/2023 PCA checked toenails and noted in 24-hour report that they needed cut and made an appointment for 7/25/2023 with podiatrist to have it done.

Starting 7/31/2023 medical liaison will check the toenails and fingernails 1 house each week to ensure they do not need cut or to be seen.

Starting 8/22/2023 [redacted] CEO will add to the administrative meetings weekly to ensure that toenail and fingernails are being taken care of.

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented [redacted] - 11/22/2023)

86a - Ventilation

2. 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

At 11:05 a.m., the common bathroom in the 200 hallway of the home. had no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

Plan of Correction

Accept [redacted] - 08/21/2023)

On 7/28/2023 [redacted] COO contacted the county maintenance man to let [redacted] know that the fan in the 200-hall bathroom was not working and needed fixed.

[redacted] COO reached out to maintenance on 8/1/2023 to see when it would be fixed, and they are waiting on parts to come in but should have it fixed by 8/30/2023.

[redacted] COO starting 9/1/2023 will add to [redacted] quality management to check to ensure the fan is working monthly.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [redacted] - 11/22/2023)

123b - Emergency Procedures Posted

3. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At 11:30 a.m., the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 08/21/2023)

On 7/28/2023 [redacted] COO posted the emergency procedures on the cork board in the dining room.

[redacted] COO starting 7/31/2023 checks weekly to ensure that the emergency procedures are still hanging.

Starting 9/1/2023 [redacted] COO will add to the quality control meeting to check that all emergency procedures are still hanging.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented ([redacted] - 11/22/2023)

132b Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire drill observed by a fire safety expert was conducted on 7/21/21.

Plan of Correction

Accept [redacted] - 08/21/2023)

On 7/17/2023 [redacted] CEO had a fire safety expert complete the annual observed fire drill for all buildings.

Starting 7/28/2023 [redacted] COO will start to track when the annual fire drills are to be taking place.

Starting December 2023 [redacted] COO will continue to monitor annual fire drills during the quarterly safety committee meetings.

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented ([redacted] - 11/22/2023)

132c Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The was no fire drill record for the drill conducted in June of 2023.

Plan of Correction

Accept [redacted] - 08/21/2023)

On 7/28/2023 [redacted] COO updated his fire drill records with the fire drill that was conducted on 7/23/2023.

Starting on 8/1/2023 [redacted] COO will continue to monitor his fire drill records with the fire drill that is to happen in August 2023.

Starting on 9/4/2023 [redacted] COO will add to the quality control meeting when fire drills are to be done, what papers need filled out, and will continue monthly to monitor his fire drill records.

132c Fire Drill Records (continued)

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented () - 11/22/2023)

142a - Secure Medical Care

6. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [redacted] staff member B observed [redacted] resident #1 to have toenails that were approximately .5 inches long, cupping" with nail beds that were "slightly red". However, the home failed to obtain medical services for the resident. On [redacted], Resident #1 informed Staff member C that [redacted] foot hurt. Staff member C took resident #1 to an Urgent Care where the resident was diagnosed with " [redacted] of the toe on the left foot" and prescribed [redacted], take 1 capsule by mouth 4 times daily.

Resident #1 Is prescribed [redacted] take one capsule orally 4 times daily plus six more doses. Resident was not administered the medication on multiple dates to include [redacted]. The resident was not administered the medications due to being "out of the facility". However, the home did not make accommodations to ensure the medication was administered.

Resident #2 is prescribed [redacted] inject per sliding scale before meals and at bedtime less than 150 0 units, 151 200 5 units, 201 250 8 units, 251 312 12 units, 301 350 15 units, 351 400 20 units, greater than 400 24 units call Dr. if over 450. However, the resident was not administered this medication on multiple dates to include [redacted]. The resident was not administered the medications due to being "out of the facility". However, the home did not make accommodations to ensure the medication was administered.

Plan of Correction

Accept () - 09/15/2023)

On 7/28/2023 [redacted] COO spoke to staff about sending out medication with residents who will not be in the facility at the time of administration. Starting 8/1/2023 designated med tech in will ensure that all medications are sent out with the residents who will be out of the facility at time of administration. Starting 9/4/2023 Med Lead will audit med carts weekly until 1/1/2024 and MARs to ensure that residents are being given medications at the time prescribed by the physician.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented () - 11/22/2023)

171b5 - First Aid Kit

7. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 - First Aid Kit (continued)

Description of Violation

At 5:05 p.m., the van used to transport residents did not include a first aid kit.

Plan of Correction

Accept [REDACTED] 08/21/2023)

On 7/28/2023 [REDACTED] COO put an update to date first aid kit in the van used to transport the residents. Starting on 8/1/2023 activities director continues to check to see if the first aid kit is still inside the van before using it.

Starting on 9/4/2023 [REDACTED] COO will add to quality control meetings to have first aid kits checked in the van.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 11/22/2023)

171c - Home's Vehicle Documents

8. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 1. Vehicle registration.
- 3. Vehicle insurance.

Description of Violation

The home did not have a copy of registration for the van used to transport residents.

The home did not have a copy of insurance for the van used to transport residents.

Plan of Correction

Accept [REDACTED] - 08/21/2023)

On 7/28/2023 [REDACTED] COO put the insurance paperwork in the van that transport the residents. Starting on 8/1/2023 activities director checks before taking the van to ensure that the insurance information is in the van before leaving. Starting on 8/1/2023 activities director will continue to check each time she takes the van to ensure that the insurance information is in it.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 11/22/2023)

183e - Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed [REDACTED] subcutaneously in the morning. Do not mix with other insulins discard after 28 days after opening. The medication was opened, however, it was not dated.

Resident #2 is prescribed [REDACTED] per sliding scale before meals and at bedtime less than 150 = 0 units, 151-200 = 5 units, 201 - 250 = 8 units, 251-312 = 12 units, 301- 350 = 15 units, 351- 400 = 20 units,

183e - Storing Medications (continued)

greater than 400 = 24 units call Dr if over 450. The medication was opened, however the manufacturer's instructions state "Opened vials/cartridges stay good at room temperature for up to 4 weeks".

Plan of Correction

Accept (█ - 08/21/2023)

On 7/28/2023 Med Lead had a new insulin opened due to not knowing when the first one was and had it dated appropriately.

Starting on 8/1/2023 the med lead has checked to ensure that the insulins are labeled correctly.

Starting on 9/4/2023 med lead will continue to check the insulins weekly to ensure that they are dated appropriately.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█ - 11/22/2023)

185a - Implement Storage Procedures**10. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On █, at █ resident #2's glucometer was calibrated to a date and time of █.

Resident #3 is prescribed █ use as directed as needed for █. However, on █, the medication was not available in the home.

Plan of Correction

Accept (█ - 08/21/2023)

On 7/28/2023 med tech calibrated the glucometer. Also, on 7/28/2023 med lead made sure that the █ was available for the resident.

Starting on 8/1/2023 Med Lead starts to audit all glucometers and med carts for medications.

Starting on 9/4/2023 Med Lead will continue to audit glucometers and med carts weekly to ensure that all medication is there and that the glucometers are calibrated.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█ - 11/22/2023)

187c - Refusal of Medication**11. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 is prescribed █ apply topically to affected area as directed twice daily. Resident refused the administration of this medication on multiple dates to include █ p.m. However, the home failed to notify the prescribing physician.

187c - Refusal of Medication (continued)

Resident #4 is prescribed vitamin b1 take one tablet orally daily. On 7/2/23, at 9:30 a.m., the resident refused the administration of the medication. However, the prescribing physician was not notified by the home.

Plan of Correction

Accept [REDACTED] - 08/21/2023)

On 7/28/2023 Med Lead informed all med techs when a resident refuses a medication refusal documentation will be faxed to the prescribing physician.

On 8/1/2023 Med Lead monitors all refusals of medications and makes sure physicians are being contacted as well as documented.

Starting on 9/4/2023 Med Lead will put in refusal procedure that for any refusal physicians are to be contacted.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 11/22/2023)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] tablet Take one tablet orally daily. However, the resident did not receive the administration of this medication on [REDACTED]. The medication was not in the home.

Resident #1 is prescribed [REDACTED] Take one tablet orally daily. However, the resident did not receive the administration of this medication on [REDACTED]. The medication was not in the home.

Resident #3 is prescribed [REDACTED] one mini nebulizer orally 4 times daily. However, the resident did not receive the medication from [REDACTED]. There was no nebulizer available in the home.

Resident #4 is prescribed [REDACTED] Take one capsule orally twice daily until [REDACTED]. The medication's original order date was 7/3/23, However, the medication's administrations did not begin until [REDACTED], at [REDACTED] and ended [REDACTED]. Of the original pill count of 14, there were 6, administrations in total that occurred.

Plan of Correction

Accept [REDACTED] - 08/21/2023)

On 7/28/2023 Med Lead trained all med techs on ordering medications, and following directions of the prescribing physician.

On 8/1/2023 Med Lead ensures that all medications are being correctly administered, following prescribing physician orders, and available within the home.

Starting on 9/4/2023 Med Lead will audit med carts and MARs ensuring that proper administration of medications is taking place.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 11/22/2023)

221c - Post Activity Calendar

13. Requirements

2600.

221c Post Activity Calendar (continued)

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

At 11:00 a.m., the home had an activity calendar posted for July 2023. However, from 7/1/23, through 7/15/23, no activities were indicated on the posted document.

Plan of Correction**Accept** [REDACTED] - 08/21/2023)

On 7/28/2023 [REDACTED] COO posted an up to date activities calendar on the board in the dining room.

On 8/1/2023 [REDACTED] COO continues to make sure activities calendar is posted on board in the dining room.

Starting on 9/4/2023 Activities Director will ensure calendar is filled out and posted in designated areas where residents are able to view.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented ([REDACTED] - 09/22/2023)