Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

October 20, 2023

[redacted]
SUGAR VALLEY LODGE INC
[redacted]

RE: SUGAR VALLEY LODGE
(WHISPERING PINES BUILDING)
178 SUGAR VALLEY LANE
FRANKLIN, PA, 16323
LICENSE/COC#: 44772

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2023 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 (WHISPERING PINES BUILDING)* **License #**: *44772* **License Expiration**: *08/10/2023*

Address: *178 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: *I-1* **Date**: *05/20/2016* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *14* **Waking Staff**: *11*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *08/14/2023*

Inspection Dates and Department Representative

08/10/2023 - 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**: *8*

Diagnosed with Mental Illness: *9* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

08/10/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/28/2023*

08/23/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/25/2023*

Inspections / Reviews *(continued)*

09/11/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/09/2023*

10/20/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, signed by assessor on [redacted]/23, indicates direct care staff (DCS) will assist resident with hygiene daily as indicated with "needs assistance with hygiene, shaving, reminding to change clothing, and nail," and plan to meet service need indicates, "staff will assist with shaving, nail care and remind to put clean clothes on daily." However, resident #1 regularly refuses assistance, as indicated below based on written documentation and staff interview, and is not receiving this assistance:
7/3/23 – Refused to shower or shave.
7/15/23 – Refused to have [redacted] fingernails and toenails clipped.
7/17/23 – Refused to shower or shave.
7/22/23 – Refused to have [redacted] fingernails clipped. (Resident #1) signed the refusal.
Furthermore, the home's staff indicated resident has not had a shower for approximately one month.

Plan of Correction ***Directed [redacted] - 09/11/2023)***

On 8/17/23 [redacted] discussed the importance of hygiene with resident, and reminded staff to remind resident #1 to be showering.
0n 8/21/23 [redacted] will remind staff to remind Resident #1 to shower, and assist when needed.
On 8/21/23 All staff will be reminded to remind resident #1 to be showering and to have [redacted] sign refusals when needs.

I will monitor weekly to ensure that the personal hygiene is completed.

DIRECTED PLAN:
By 9/22/23 and at least weekly thereafter: The administrator or designee shall check on the general hygiene of resident #1 and any other resident who refuses routine hygiene care and will take necessary steps to ensure that the resident's hygiene needs are met.

Directed Completion Date: *09/06/2023*

Implemented [redacted] - 10/20/2023)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2's assessment, dated [redacted]/23, does not include assessments for inappropriate sexual comments, aggression, agitation, and irritability as documented by the home's staff, nor the plan to meet these needs. All of these assessments are blank. Furthermore, resident #2 was issued a 30-day written notice of discharge, dated 7/19/23, for breaking the

225c - Additional Assessment (continued)

home's rules with these behaviors.

Plan of Correction ***Directed (- 09/11/2023)***

On 7/14/23 updated the RASP for resident #2 to say sexual comments and aggression, agitation and irritability.

I will be updating any RASP as changes come up in behaviors an needs.

DIRECTED PLAN:
By 9/22/23: The administrator or designee shall audit all current assessments to ensure they are current and include all of the resident's care needs, including behavioral care needs. Documentation of the audit shall be kept.

Directed Completion Date: *09/06/2023*

Implemented 10/20/2023)