

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

August 17, 2023

[REDACTED], CEO  
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 05/18/2023, 05/19/2023 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:** 11    **Date:** 05/20/2016    **Issued By:** Sugar Creek Borough

## Staffing Hours

**Resident Support Staff:** 0    **Total Daily Staff:** 26    **Waking Staff:** 20

## Inspection Information

**Type:** Full    **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Renewal    **Exit Conference Date:** 05/19/2023

## Inspection Dates and Department Representative

05/18/2023 On Site [REDACTED]  
05/19/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 27    **Residents Served:** 26

## 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:** 16    **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0    **Have Physical Disability:** 1

## Inspections / Reviews

## 05/18/2023 - Full

**Lead Inspector:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 06/15/2023

## 06/29/2023 - POC Submission

**Submitted By:** [REDACTED]    **Date Submitted:** 08/11/2023  
**Reviewer:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 07/07/2023

Inspections / Reviews *(continued)*

## 07/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/30/2023

## 08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/10/2023

## 08/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

**3c - Post Current License****1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**Description of Violation**

*On 5/18/23, a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home. A copy was posted inside the locked glass bulletin board in the hallway which is not accessible to residents or the public.*

**Plan of Correction**

Accept [REDACTED] - 07/06/2023)

*On 5/19/2023 the CEO/Administrator moved the copy of the regulation book to the file holders beside the locked glass doors.*

*On 5/19/2023 the CEO/Administrator checks weekly to ensure that it is still in place. By 8/30/2023*

*CEO/Administrator will add checks to the quality management reviews to ensure that the books are where they need to be for all to view.*

**Licensee's Proposed Overall Completion Date: 07/06/2023**

Implemented [REDACTED] - 08/17/2023)

**20b8 - Quarterly Account****2. Requirements**

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**Description of Violation**

*On 5/19/23, residents #1, #2, #3, and #4 are not being provided quarterly statements to the resident s or the resident s designated person.*

**Plan of Correction**

Accept [REDACTED] - 07/06/2023)

*On 7/6/2023 CFO gave the residents a copy of their update financial statements for them to review.*

*Starting 7/6/2023 CFO will ask residents during PNA if they want a copy of their financial statement for them to review weekly.*

*Starting 7/10/2023 CEO/Administrator will remind CFO during morning meeting to ask the residents if they want their financial statements.*

**Licensee's Proposed Overall Completion Date: 07/06/2023**

[REDACTED] 08/17/2023)

**63a - First Aid/CPR Training****3. Requirements**

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*Direct care staff person A worked from 2:00 p.m.-10:00 p.m., direct care staff person B worked 8:00p.m.-6:00a.m., and direct care staff person C worked 10:00 p.m.-6:00 a.m. on 5/6/23. 25 Residents reside in this personal care home;*

63a - First Aid/CPR Training (continued)

however, none of the above staff persons present in the home were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept ( [redacted] - 07/06/2023)

CEO/Administrator has CPR training set for July 11th, 2023 for ALL staff in Hickory Dining Room from 1p-3p, this was the quickest that [redacted] could get someone in to do it.

Starting July 6th 2023 CEO/Administrator will ensure that yearly and upon hiring of staff that they have a current CPR certification.

By August 30th, 2023 CEO/Administrator will have added the CPR/Training certification to be checked annually during Safety Committee Meetings.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented [redacted] - 08/08/2023)

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

On 5/18/22, an observed fire drill conducted by a fire safety expert was not completed in 2022.

Plan of Correction

Accept ( [redacted] - 07/06/2023)

The CEO/administrator contacted the local fire department on 5/19/2023 to set up an observed fire drill and fire safety training for all staff.

early starting July 17th, 2023 the CEO/Administrator will continue to have an observed fire drill and fire safety training done yearly per regulations for all staff members.

By August 30th 2023 the CEO/Administrator will have added the yearly safety training to the Safety Committee Meeting agenda to ensure that it is completely per regulations.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented [redacted] - 07/17/2023)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/19/23 there was a tube of [redacted], filled [redacted]/21, prescribed to resident #2 that expired [redacted] in the medication cart.

Plan of Correction

Accept ( [redacted] - 07/06/2023)

On 5/22/2023 the Med-lead was retrained on how to audit med carts and MARs by medical liaison.

Starting on 5/23/2023 the med-lead will be auditing all MARs and carts weekly to ensure there are no medication errors.

Starting 7/10/2023 the medical liaison will audit up to 25% of all MARs and med carts quarterly for each building.

183d - Prescription Current (*continued*)

Licensee's Proposed Overall Completion Date: 07/06/2023

*Implemented* [REDACTED] - 07/17/2023)

## 187a Medication Record

**6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

On 5/19/23, resident #2 is ordered [REDACTED], take 1 tablet by mouth 3 times daily; however, the Medication Administration Record (MAR) indicated take ½ tablet (0.25mg) orally 3 times daily.

**Plan of Correction***Accept* [REDACTED] 07/06/2023)

On 5/20/2023 the med-lead contacted diamond pharmacy who does our MARs to have them fix the prescription.

On 5/23/2023 the Med-Lead continued to audits the MARs weekly to ensure that the prescriptions are correct.

Starting 7/10/2023 the medical liaison will audit up to 25% of all MARs and med carts quarterly for each building.

Licensee's Proposed Overall Completion Date: 07/06/2023

*Implemented* [REDACTED] - 07/17/2023)