

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

February 6, 2024

[REDACTED]
SUGAR VALLEY LODGE INC
[REDACTED]
[REDACTED]

RE: SUGAR VALLEY LODGE (POLK)
196 CHURCH STREET
POLK, PA, 16342
LICENSE/COC#: 44549

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2023 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 (POLK) License #: 44549 License Expiration: 04/24/2024
Address: 196 CHURCH STREET, POLK, PA 16342
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: R-4 Date: 07/30/2013 Issued By: Venango County

Staffing Hours

Resident Support Staff: Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 12/14/2023

Inspection Dates and Department Representative

12/12/2023 - 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: 9
Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 6
Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

12/12/2023 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2024

01/30/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/05/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 02/26/2024

Inspections / Reviews *(continued)*

02/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on 11/17/22.

Plan of Correction

Accept [redacted] - 01/30/2024)

[redacted] Medical Liaison on [redacted] put in place an excel tracking spreadsheet where [redacted] is alerted of when the next evaluation is due so this does not take place again.

Medical Liaison [redacted] will update all DME's and RASPS annually within the required time period of a year.

On [redacted] [redacted] will continue to track all upcoming evaluations to ensure they are completed on time.

Ongoing Nate Davis COO will audit the RASP and DME binder to ensure all updated evaluations are completed in a timely manner as well as in the correct place. This will start on [redacted] and take place monthly.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 02/06/2024)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed a leg care skin assessment daily. Resident [redacted] medication administration record (MAR) does not include the initials of the staff person who conducted the skin assessment on [redacted] and [redacted].

Plan of Correction

Accept [redacted] - 01/30/2024)

[redacted] COO conducted a meeting with all staff members on [redacted] going over skin care and where it is located on the MAR. During this meeting it was also discussed how everyone needs to be doing the new skin check paperwork that was implemented recently.

[redacted] Med Lead will check the MAR and make sure people are filling in their initial in the MAR with the MED Audit. This Audit takes place weekly starting on [redacted].

Ongoing [redacted] Medical Liaison will be doing administrative skin checks on all SVL residents starting on [redacted]. [redacted] will keep track of any scrapes, cuts, bruises and any other unusual body mark to ensure all residents are receiving the proper care.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 02/06/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

The home failed to identify and treat an infected wound on Resident [redacted] lower right ankle until the wound was identified by the physician at a routine doctor's visit on [redacted]. Leg checks were on the medication administration

187d - Follow Prescriber's Orders (continued)

Records (MARs) since November 2020 and were signed off by staff as being checked.

Plan of Correction

Accept [redacted] - 01/30/2024)

On [redacted] Medical Liaison [redacted] started working at Polk facility every week keeping an eye on resident scrapes, cut and unusual body markings.

Starting on [redacted] [redacted] Medical Liaison implemented a daily skin check binder and trained SVL staff on what to look for.

Ongoing [redacted] [redacted] Medical Liaison will continue to provide instruction as well as monitoring all reports on residents per the skin checks.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 02/06/2024)

225c - Additional Assessment

4. 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

The Resident Assessment-Support Plan (RASP) for Resident [redacted] was not updated to include the wound treatment on the resident's lower right ankle.

Plan of Correction

Accept [redacted] - 01/30/2024)

On [redacted] [redacted] Medical Liaison updated residents RASP including information regarding the wound treatment.

Starting on [redacted] [redacted] will be updating all RASPs with specific information when residents receive any medical treatment.

Ongoing on [redacted] [redacted] COO will audit RASP binders monthly insuring all RASPs have been updated properly.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 02/06/2024)