

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

May 1, 2024

[REDACTED], BOARD PRESIDENT
SUGAR VALLEY LODGE INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024, 01/26/2024 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]

Certificate(s) of Occupancy

Type: R-4 Date: 07/30/2013 Issued By: Venango County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 01/26/2024

Inspection Dates and Department Representative

01/18/2024 - On-Site: [REDACTED]
 01/26/2024 - 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: 9
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

01/18/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2024

02/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/28/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/01/2024

Inspections / Reviews *(continued)*

05/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 1/26/24, at approximately 5:15 p.m., Resident #1 had bed side enablers on both sides of their bed. The enablers each had open areas within their designs that allowed an open space of approximately 4 x12 inches. The enabler on the right side of the bed could be away from the bed's mattress a distance of approximately 5 inches with minimal force.

Plan of Correction

Accept ([redacted] - 02/09/2024)

On 1/29/2024 PCA tightened the enabler on resident #1s bed.

On 2/13/2024 PCA will check the enabler on resident #1s bed to ensure that it is still tightened.

Starting on 3/4/2024 PCA will check the enabler on resident #1s bed monthly to ensure that it is tight.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented [redacted] - 03/22/2024)

83a - Indoor Temperature

2. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

The temperatures within multiple resident rooms was below 70° Fahrenheit on multiple dates and times to include 1/16/24, and 1/17/24. On 1/16/24, at 6:00 a.m., resident rooms 104 A and 104 B were 61° Fahrenheit during the 10:00 p.m., to 6:00 a.m., shift. On 1/17/24, resident rooms 108A and 108B were 65 degrees Fahrenheit. during the 10:00 a.m., to 6:00 p.m., shift.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 [redacted] COO contacted the county maintance man to have him come check the boilers to ensure that the rooms would come to temp.

On 2/1/2024 PCA checked the room temperatures and they were between 75 and 80 degrees.

Starting on 3/1/2024 PCA will check the rooms weekly to ensure that they are at temp.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 03/22/2024)

85d - Trash Receptacles

3. Requirements

2600.

85d Trash Receptacles (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/18/24, at approximately 11:05 a.m., there was an uncovered, unattended, 40 gallon gray garbage can approximately 1/3 full of refuse.

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On 1/29/2024 the PCA put the lid back on the garbage can.

On 2/5/2024 the PCA checked the garbage can to ensure that the lid was still on it.

On 2/5/2024 Nate Davis COO added to the daily duties of the PCAs to check and make sure that the lid is on the garbage can.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented [REDACTED] - 03/22/2024)

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 1/18/24, at 10:48 a.m., the men's common bathroom did not have operable ventilation or a window.

On 1/18/24, at 10:50 a.m., the women's common bathroom did not have operable ventilation or a window.

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On 1/29/2024 [REDACTED] COO reached out to County Maintenance about the ventilation not operating properly.

On 2/8/2024 [REDACTED] COO checked to ensure ventilation was being addressed by county maintenance.

Starting on 3/1/2024 [REDACTED] COO will continue to monitor the building performing audits to ensure all outstanding maintenance is being addressed.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 03/22/2024)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1/18/24, at 11:02 a.m., there was a missing ceiling tile exposing an opening approximately 3 x 5 feet in size in the home's kitchen above freezer #2.

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On 1/29/2024 [REDACTED] COO contacted the county maintance to replace the tile in the kitchen.

On 2/1/2024 PCA checked to ensure that the tile was up and in place.

Starting 3/1/2024 [REDACTED] COO will check to ensure that the tile is in place.

88a Surfaces (continued)

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/22/2024)

92 - Windows

6. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 1/18/24, at 10:43 a.m., there was no window screen in the middle window of resident room #111.

Plan of Correction

Accept () - 02/09/2024)

On 1/29/2024 () COO contacted the county maintenace man to come and replace the screen on the window in room 111.

On 2/1/2024 PCA checked to ensure that the covering was still in place.

Starting on 3/1/2024 PCA will check quarterly to make sure that the coverings are still in place.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/22/2024)

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 1/26/24, at approximately 3:00 p.m., there was a circular jagged hole approximately the size of a silver dollar in the corner of the shower stall's floor that was located in the women's common bathroom.

Plan of Correction

Accept () - 02/09/2024)

On 1/29/2024 () COO contacted the county Maintenace man to have the floor in the womans bathroom replaced.

On 2/1/2024 PCA checked to ensure that the floor was in good repair and not broken.

Starting on 3/1/2024 PCA will check the floor during showers to ensure that the tiles are still there and not broken.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/22/2024)

100b - Removal Snow/Obstructions

8. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

100b - Removal Snow/Obstructions (continued)

Description of Violation

On 1/18/24, at 10:15 a.m., there was approximately 1.5 inches of snow covering the sidewalk of the building's rear exit next to resident room #113.

On 1/18/24, at 10:55 a.m., there was approximately .5 inches of snow on the sidewalks leading to the home's main front entrance.

On 1/18/24, at 11:06 a.m., there was approximately 1 inch of snow covering the sidewalk the leading from exit C.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 [redacted] COO provided Polk with a new snow shovel for when there is snow on the ground.

2/1/2024 [redacted] COO checked to ensure all sidewalks and steps were free of snow.

Starting on 3/1/2024 [redacted] will update jobs list to include when there is snow on the ground SVL staff are responsible for the removal.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 03/22/2024)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/18/24, at 10:45 a.m., Resident #2's closest source of bedside light was a lamp approximately 15 feet from the foot of the resident's bed.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 PCA moved the table and the lamp back over to resident #2s bed.

On 2/1/2024 PCA checked to ensure that the lamp and the table were still in place.

Starting on 2/1/2024 Nate Davis will add it to the staff duty list to make sure that the tables and lamps are beside the beds.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 03/22/2024)

107c - Food/Water 3 Day Supply

10. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 1/18/24, the home served 14 residents, requiring 42 gallons of emergency drinking water. However, the home had no emergency water or a contract with a local bottled water supplier.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 Nate Davis COO reached out to local bottled water suppliers to see if he would be able to acquire a

107c Food/Water 3 Day Supply (continued)

contract with them.

On 2/1/2024 Nutrition Group agreed to supply a water letter to Sugar Valley Lodge in the event that emergency takes place they will supply water.

Starting on 3/1/2024 [REDACTED] COO will continue to keep water letter filed correctly and available in emergency.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented ([REDACTED] - 03/22/2024)

127a - Portable Space Heaters

11. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 1/26/24, at approximately 5:00 p.m., there were 14 residents residing in the home. There was one portable heating air conditioning unit in each of the residents' rooms. The portable air conditioning/heating units were approximately 3 feet high, white and of an Airo Comfort make and ac12hmws model number.

Plan of Correction

Accept ([REDACTED] - 02/09/2024)

On 1/29/2024 [REDACTED] COO Informed all residents and SVL staff they are not permitted to use the heat on their portable units.

On 2/1/2024 [REDACTED] checked to make sure none of the heating units were using hot air function on these units.

Starting on 3/1/2024 [REDACTED] COO will provide education on fire risks and track that these units are not being used for heating through documentation.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented ([REDACTED] - 03/22/2024)

131f - Fire Extinguisher Inspection

12. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the common dining room next to the storage room has not been inspected by a fire safety expert since the calander year of 2020.

Plan of Correction

Accept ([REDACTED] - 02/09/2024)

On 1/29/2024 [REDACTED] COO requested fire safety expert to come and remove the old, expired fire extinguisher.

On 2/1/2024 [REDACTED] COO checked all fire extinguishers in the home to make sure they are in working order and documented in quality management binder.

Starting on 3/1/2024 [REDACTED] COO will audit the facility monthly to ensure all lifesaving equipment is in working order.

Licensee's Proposed Overall Completion Date: 02/09/2024

131f - Fire Extinguisher Inspection (continued)

Implemented [REDACTED] - 03/22/2024)

132b - Safety Inspection/Fire Drill

13. 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

A fire safety expert did not observe a fire drill in the calendar year of 2023.

Plan of Correction

Accept [REDACTED] 02/09/2024)

On 1/29/2024 [REDACTED] COO contacted Fire Chief [REDACTED] to observe a fire drill.

On 2/1/2024 [REDACTED] COO will ensure fire letter is documented and maintained.

Starting on 3/1/2024 [REDACTED] COO will ensure SVL Polk is on a yearly plan to make sure an expert is able to observe a fire drill and will have all necessary documentation.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 03/22/2024)

132c - Fire Drill Records

14. 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 fire drills completed on 11/16/22, 10/20/22, 5/29/23, 4/29/23, did not have an a.m., or p.m., time indicator for the time of day in which the fire drills were conducted.

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On 1/29/2024 [REDACTED] COO checked his paperwork on fire drills to find out if they happened during the AM or PM and placed the appropriate one on the paper.

On 2/1/2024 [REDACTED] COO gave spoke to the staff and gave education on writing down the exact time and whether it was AM or PM that it happened.

Starting 3/1/2024 [REDACTED] COO will check his fire safety book quarterly to ensure that the times are written in correctly.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 03/22/2024)

141b1 - Annual Medical Evaluation

15. Requirements

2600.

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

141b1 Annual Medical Evaluation (continued)

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED], did not indicate the date the evaluation occurred. The field was blank.

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On 2/1/2024 Medical Liaison called the physician to check on the date that the evaluation occurred and filled it in. On 2/2/2024 Nate Davis COO checked all his DMEs to ensure that they were filled in correctly. Starting 3/1/2024 Medical Liaison will ensure that all DMEs are filled out entirely with the physician.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 03/22/2024)

142a - Secure Medical Care

16. 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

During the period from [REDACTED], resident #3 had been to the emergency room multiple times due to experiencing [REDACTED]. On [REDACTED], resident #3 had a consultation with a general surgeon where the decision was made to have resident #3's gallbladder removed. On [REDACTED], a gallbladder surgery was schedule for resident #3, however, the surgery was cancelled due to transportation issues. Resident #3 continues to experience abdominal, acute chest pains after eating meals. Resident #3 has a tentative Gallbladder surgery scheduled [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On 1/29/2024 [REDACTED] COO contacted the ARC and created a direct line of communication. This will ensure there are no disruptions in transportation.

On 2/1/2024 [REDACTED] Medical Liaison put tracking system in place to audit RASPS as well as track all assessment due dates.

Starting on 3/1/2024 [REDACTED] Medical Liaison will track all appointments and ensure all appointments are set up and have transportation.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 03/22/2024)

185a - Implement Storage Procedures

17. 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

Resident #3 is prescribed [REDACTED] applied topically to affected area twice daily. Resident #3 was not administered this medication on multiple days to include [REDACTED], however, resident #3's [REDACTED], medication administration record indicates the resident refused the medication's administration on [REDACTED].

185a - Implement Storage Procedures (continued)

Resident #4 is prescribed [redacted] take one tablet orally in the morning. The January 2024, medication administration record indicated the medication was administered on [redacted]. However, the medication was not in the home.

Resident #4 is prescribed [redacted] tab take one tablet orally twice daily for 7 days. The January medication administration record indicated the medication was administered on [redacted], at [redacted]. However, the medication was not in the home.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 [redacted] COO alerted Med Lead Ashley Crawford that staff was unable to find medication for above residents.

On 2/1/2024 [redacted] Med Lead reorganized the med cart making it easier to locate specific medications.

On 2/5/2024 [redacted] Med Lead will track all medications through a weekly med audit.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/22/2024)

187c - Refusal of Medication

18. 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 #5 has refused multiple medications on multiple dates to include.

Resident #5 is prescribed [redacted] mix with equal amount of [redacted] and apply topically to [redacted] skin twice daily. However, the resident refused the administration of this medication on multiple dates to include [redacted] and [redacted]. However, the home failed to notify the prescribing physician.

Resident #5 is prescribed [redacted] apply topically to under breast daily however resident refused the administration of this medication on multiple dates to include [redacted]. However, the home failed to notify the prescribing physician.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 [redacted] updated procedures on refusals of medication. Stating all prescribing physicians need updated within 24 hours.

On 2/1/2024 [redacted] Medical Liaison met with all med techs updating them on the new procedures.

Starting on 3/1/2024 [redacted] Med Lead will track this is taking place through weekly med audits.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/22/2024)

187d - Follow Prescriber's Orders

19. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #3 is prescribed [redacted] applied topically to affected area twice daily, however, the resident has not been administered this medication on multiple dates to include [redacted]. The medication was not available in the home.

Resident #3 is prescribed [redacted] orally before meals and bedtime. However, the resident was not administered this medication on [redacted].m. The medication was not in the home.

Resident #4 prescribed Jardiance take one tablet orally in the morning. However, resident was not administered this medication on [redacted]. The medication was not in the home.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 [redacted] Medical Liaison went over the importance of following prescribing physician orders.

On 2/1/2024 [redacted] Medical Liaison had med tech meeting going over how to read and correctly follow orders.

Starting on 3/1/2024 [redacted] will track if any orders are not being followed correctly through weekly med audit.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/22/2024)

225c - Additional Assessment

20. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's most recent assessment and support plan was completed on [redacted]. However, resident #2's previous assessment and support plan was completed on [redacted].

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/29/2024 Nate Davis COO let medical Liaison [redacted] know that resident [redacted] did not have an assessment done.

On 2/1/2024 Medical Liaison [redacted] had [redacted] updated on [redacted] assessment checklist to ensure this does not occur again.

Starting on 3/1/2024 [redacted] Medical Liaison will track and maintain all documentation on assessments.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 03/22/2024)