

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

March 11, 2024

[REDACTED], EXECUTIVE DIRECTOR
SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
[REDACTED]
[REDACTED]

RE: SACRED HEART SENIOR LIVING BY
SAUCON CREEK
4851 SAUCON CREEK ROAD
CENTER VALLEY, PA, 18034
LICENSE/COC#: 21675

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK License #: 21675 License Expiration: 12/17/2024
Address: 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034
County: LEHIGH Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
Address: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 12/27/2005 Issued By: Upper Saucon Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 01/31/2024

Inspection Dates and Department Representative

01/31/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 2 columns: Category and Value. Rows include: General Information (License Capacity: 85, Residents Served: 46), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 6), Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 46, Diagnosed with Mental Illness: 1, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 8, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date, Type, and Details. Rows include: 01/31/2024 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 02/23/2024), 02/23/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 03/07/2024, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 02/28/2024).

Inspections / Reviews *(continued)*

02/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/08/2024

03/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There is a video camera monitoring the entrance/exit to the Home on the #378 side of the building. There is no signage to indicate that a video recording is operational for residents, staff and visitors.

Plan of Correction

Accept [redacted] - 02/23/2024)

Sacred Heart Senior Living by Saucon Creek

PLAN OF CORRECTION for 2600.42.s

WEYHILL INSPECTION JANUARY 31ST 2024

Violation: 2600.42.s audio & video monitor

A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

No signage posted at the outdoor 378 side entrance where there is an outdoor security camera

IMMEDIATE CORRECTION AT TIME OF INSPECTION 1/31/2024: Signage place at 378 outside door

Stating "Notice to all Sacred Heart Senior Living Residents, Families, Staff and Visitors: This Entrance is under 24 Hour Video Recording."

PLAN OF CORRECTION:

All entrances with a camera now have signage as listed above. See attached signage

It will be the responsibility of Director of Maintenance and Administrator to review all camera areas for correctly placed signage during walk through of the buildings. If a sign is missing, it will be replaced immediately. The Director of Maintenance will conduct weekly walk through of the building. The Administrator will complete monthly walk through of the building

Plan of Correction/Policy and Procedure Reviewed By Administrator, Director Of Maintenance, Director Of Nursing And Human Resources.

Note: Plan of Correction signed by Administrator, Director Of Maintenance, Director Of Nursing And Human Resources and is included in attachment.

See attached.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [redacted] - 02/27/2024)

182b - Prescription Medication

2. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Resident #1 is prescribed OTC products daily. They are not identified by their PCP as able to self-medicate. Resident #1's medication is administered daily by resident #2. Resident #2 is not trained to administer medication under the

182b Prescription Medication (continued)

PA Personal Care Home 2600 Regulations.

Plan of Correction

Accept [redacted] - 02/23/2024)

Sacred Heart Senior Living by Saucon Creek

PLAN OF CORRECTION for 2600.182.b

WEYHILL INSPECTION JANUARY 31ST 2024

Violation: 2600.182.b Prescription medication that is not self administered by a resident shall be administered by one of the following:

Resident #1 is prescribed OTC products daily. Resident #1 is not identified by PCP to administer medication to self. Resident #1 medicine administered by Resident #2. Resident #2 not trained to administer medication.

PLAN OF CORRECTION: The Resident #1 requires medication (OTC product) to be administered by trained med tech staff at the facility.

1. The OTC product was removed from the resident's room immediately.
2. POA of Resident#1 made aware PCP does not identify Resident #1 is able to self administer medication.
3. POA of Resident #2 (same POA for Resident #1) has been made aware Resident #2 is not trained to administer medication to Resident #1.
4. POA agrees to have facility trained med techs to administer medication to Resident #1
5. PCP for Resident #1 provided order stating Resident #1 cannot self administer medicines effective 2/13/2024.
6. Resident #1 entered into electronic medication administration record system to have OTC product administered by the trained med techs of facility.
7. The OTC product will be labeled and kept in the assigned med tech cart for the floor for Resident #1.
8. Med tech staff made aware that the order for Resident #1 for OTC medication is entered into the QuickMar system (EMAR) for administrating per PCP order effective today 2/13/2024.

This plan of correction has been reviewed by the Administrator and Director of Nursing and it be the responsibility for the Director of Nursing to monitor QuickMar system to ensure the medication is being administered to Resident #1.

Note: Attached Plan of Correction signed by Director of Nursing and Administrator and includes physician order and RASP assessment amendment for medication correction for Resident #1.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [redacted] - 02/27/2024)

187a - Medication Record

3. Requirements

2600.

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

Description of Violation

Review of Resident #3's glucometer indicated a Blood Glucose Level of [redacted] on [redacted] at [redacted] [redacted] is recorded on the MAR.

Review of Resident #3's glucometer indicated a Blood Glucose Level of [redacted] on [redacted] at [redacted]; [redacted] is recorded on the MAR.

187a - Medication Record (continued)

Plan of Correction

Accept () - 02/23/2024

*Sacred Heart Senior Living by Saucon Creek**PLAN OF CORRECTIONS FOR 2600.187.(a)**WEYHILL INSPECTION JANUARY 31st, 2024**Violation: 2600.187.(a) A medication record shall be kept to include the following for each resident for whom medications are administered: Includes documentation of blood glucose**Review of Resident #3's glucometer indicated Blood Glucose Level of [REDACTED] on [REDACTED]; [REDACTED] is recorded on the MAR.**Review if Resident #3's glucometer indicated a Blood Glucose of [REDACTED] on [REDACTED]; [REDACTED] is recorded on the MAR.***PLAN OF CORRECTION:**

- 1. The Blood Glucose Monitors information sheet given to all med techs has been updated and attached for review. Review of policy and safe practices.*
- 2. A coach and counseling and review of the Five Rights of Medication Administration have been reviewed with both med techs regarding the documentation errors for the recording of blood glucose readings on the Blood Sugar Tracking form. Med Tech #1 and Med Tech #2 for documentation.*
- 3. The policy for recording and reviewing of the blood glucose readings are:*
 - a.) The med tech is required to transcribe the correct blood glucose reading taken from the glucometer and document on the Blood Sugar Tracking Form.*
 - b.) All med techs will end each shift by reviewing the glucometer and Blood Sugar Tracking form to ensure both are the same number reading.*
- 4. All med techs to follow safe practices and compliance checks.*
- 5. Director of Nursing will review the plan of correction with all med techs and observe all med techs correctly collecting and documenting the blood glucose to ensure the plan of correction is implemented.*
 - a. The above plan of correction has been implemented into the training of all new Med Techs and to be reviewed at the time of Med Tech MAR review and Med Tech Observation which occurs every six months with the Med Tech Trainer and/or Med Tech Practicum Observer.*
- 6. Director of Nursing will review Blood Sugar Tracking forms and glucometers weekly for compliance.*
 - a. Any discrepancies on the Blood Sugar Tracking Form and glucometer will be addressed with the med tech and coaching/counseling will be conducted along with the Five Rights of Medication Administration.*

Safe Practices:

- 1. Upon Admission, all glucometers will be labeled with the resident's name. The case shall be labeled with the resident's name and photo.*
- 2. Prior to using the glucometer, the Med Tech will check (1) the resident's photo, (2) the resident's name on the glucometer and (3) the resident's name on the medication order. If ALL three checks match and are correct, then the Med Tech may proceed with the process.*
- 3. Med Tech will use ONLY ONE glucometer at a time. Med Tech may not move on to the next resident until current glucometer has been safely returned to the locked cabinet/black box in the resident's room.*
- 4. Med Tech must wash hands.*
- 5. Med Tech must wear gloves during Blood Glucose Monitoring.*
- 6. Med Tech must change gloves between resident contacts. Change gloves that have touched potentially blood-contaminated objects or finger stick wounds before touching clean surfaces. Discard used gloves in appropriate receptacles. Wash hands after glove removal.*

187a - Medication Record (continued)

7. Record Blood Glucose taken from glucometer. Med Tech will record blood glucose on the Blood Sugar Tracking form.
8. Med Tech will review that the previous recorded blood sugar reading matches the resident's glucometer and will follow the documentation of blood glucose.
9. Documentation of Blood Glucose will be reviewed by Med Tech at the end of scheduled shift. The following three steps for reviewing of correctly documented blood glucose are:
 - a.) Review the glucometer for the blood glucose reading
 - b.) Review the glucose reading from the glucometer has been correctly documented on the Blood Sugar Tracking form.
10. Any discrepancies to be reported to the Administrator/Director of Nursing immediately.

Compliance Checks:

1. Med Tech will ensure the glucometer and case are labeled with the resident's name AT ALL TIMES. The case will be labeled with the resident's name and photo at all times.
2. In each individual glucometer, the Med Tech will check previously recorded blood sugar number listed on the Blood Glucose (Sugar) tracking form against the glucometer reading prior to each Accucheck.
3. Med Tech will check the glucometer reading and Blood Sugar Tracking form at the end of their shift to ensure documentation is correct and transcribed correctly on all three formats.
4. In each individual glucometer, Director of Nursing will check the previous week's recorded blood glucose numbers against the respective glucometer readings.
5. A glucometer is only to be used for the designated resident according to the labeling and photo attached to the glucometer.

The following have reviewed and understand the plan of correction for the reading and documenting of a blood glucose and the below designees will ensure to implement and assess to ensure compliance is maintained.

Note 1.) Attachment includes Plan of Correction signed by Director of Nursing and Administrator, Blood Glucose Monitors updated procedure and policy for Med Techs for review, Coach and Counsel forms for Med Tech #1 and Med Tech #2, Notice sent and posted for all med techs, and example of attendance for training.

Note 2.) If this Plan of Correction is approved, we would like to conduct med tech training March 4th-8th, 2024.

See attached.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented (█) - 03/11/2024)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident #4 has an order for their blood pressure (BP) to be checked 2x daily (6am/6pm). Review of the resident's BP log indicates their BP was not checked on █.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 02/23/2024)

*Sacred Heart Senior Living by Saucon Creek**PLAN OF CORRECTIONS FOR 2600.187.(d)**WEYHILL INSPECTION JANUARY 31st, 2024**Violation: 2600.187.(a) The home shall follow the directions of the prescriber: Includes documentation of blood pressures**Resident #4 has an order for their blood pressure (BP) to be checked 2x daily (6AM/6PM). Review of the resident's BP log indicates their BP was not checked on [REDACTED].***PLAN OF CORRECTION:***1. A coach and counseling and review of the Five Rights of Medication Administration have been reviewed with the med tech regarding the documentation errors (omission of documentation or not collecting the blood pressure) for the recording of blood pressure readings on the Blood Pressure Tracking form. Med Tech #3.**2. The policy for recording and reviewing of the blood pressure readings are:**a.) The med tech must review the MAR for all orders which includes medications and treatment orders. A blood pressure parameter is a physician order which must be documented.**b.) The med tech is required to transcribe the correct blood pressure reading taken and document on the Blood Pressure Tracking Form prior to administering a medication if a medication is indicated.**c.) All med techs will end each shift by reviewing the Blood Pressure Tracking form to ensure orders for collecting and recording blood pressures are completed.**3. All med techs to follow the Five Rights of Medication Administration as indicated in the required med tech training courses and follow safe practices and compliance checks.**4. Director of Nursing will review the plan of correction with all med techs and observe all med techs correctly collecting and documenting the blood pressures to ensure the plan of correction is implemented.**a. The above plan of correction has been implemented into the training of all new Med Techs and to be reviewed at the time of Med Tech MAR review and Med Tech Observation which occurs every six months with the Med Tech Trainer and/or Med Tech Practicum Observer.**5. Director of Nursing will review Blood Pressure Tracking forms weekly for compliance.**a. Any discrepancies on the Blood Pressure Tracking Formr will be addressed with the med tech and coaching/counseling will be conducted along with the Five Rights of Medication Administration.**The following have reviewed and understand the plan of correction for the review of order and documentation of a blood pressure and the below designees will ensure to implement and assess to ensure compliance is maintained.**Note 1.) Attachment includes Plan of Correction signed by Administrator and Director of Nursing, Coach and Counseling for Med Tech #3, Notice sent and posted for all med techs to reviewed and example of attendance for training.**Note 2.) If this plan of correction is approved, we would like to conduct med tech training March 4th-8th, 2024.**See attached.***Licensee's Proposed Overall Completion Date: 02/22/2024**

Implemented [REDACTED] - 03/11/2024)

251a - Record for Each Resident

5. Requirements

2600.

251.a. A separate record shall be kept for each resident.

Description of Violation

The Annual RASP dated [REDACTED] for Resident #1 contains on Page 6 information related to Resident # 2. It is a listing of all identified diagnoses for which the resident is treated. It does not match the Resident's DME in the record (dated 7-14-23).

Plan of Correction

Accept [REDACTED] - 02/23/2024)

Sacred Heart Senior Living by Saucon Creek

PLAN OF CORRECTIONS FOR 2600.251.(a)

WEYHILL INSPECTION JANUARY 31st, 2024

Violation: 2600.251.(a) A separate record shall be kept for each resident.

The annual RASP dated [REDACTED] for Resident #1 contains on Page 6 information related to Resident #2. It is listing of all identified diagnoses for which the resident is treated. It does not match the Resident's DME in the record (dated 7-14-2023)

IMMEDIATE PLAN OF CORRECTION AT TIME OF INSPECTION: The document (Page 6) was removed from Resident #1 file and a correct RASP page #6 was completed upon discovery for Resident #1 based current DME dated 7-14-2023.

PLAN OF CORRECTION:

- 1. The RASP and DME must be reviewed for the same name, date of birth and diagnoses for the resident prior to placing in a resident file.
- 2. Any individual working on a resident file, will only work on one file at a time to ensure documentation is for the correct resident at time of review and is not placed in a different resident file.
- 3. Additional label to be added to all files with the same last name to ensure the correct documentation is placed in the correct resident file.
- 4. A double check system to be added where two individuals will review the resident file paperwork to ensure the correct paperwork is placed in the correct file. Director of Nursing, Admissions Director and/or Administrator will be the designees to perform the double check.

The following have reviewed and understand the Plan of Correction for Required Paperwork for resident's RASPs and DMEs for resident files and the review procedure to ensure the correct paperwork is in the correct resident file and will make sure to check monthly to maintain compliance.

Note 1.) Attachment has Plan of Correction signed by Administrator, Director of Nursing and Admissions Director.

Note 2.) RASPs for resident #1 and #2 were emailed to inspectors per their request.

See attached.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] - 03/11/2024)