



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 3, 2024

[REDACTED]
Sugar Valley Lodge Inc.
[REDACTED]

RE: Sugar Valley Lodge (Silver Oak Building)
158 Sugar Valley Lane
Franklin, PA 16323
License/COC #: 447711

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 7, 2023, February 29, 2024, and March 19, 2024, the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (44771) dated August 10, 2023 to August 10, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 3, 2024 to November 3, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code	Class	Fine	Calculated	Mandated
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Chapter 2600 of Violation	Section	Census at Inspection X	Per resident Per day	Fine = Per day	Correction Date (to avoid Fine)
187(d)	II	15	\$5	\$75	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

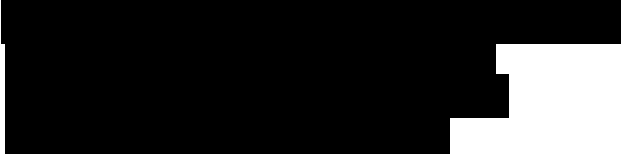
Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *SUGAR VALLEY LODGE (SILVER OAK BUILDING)* License #: *44771* License Expiration: *08/10/2024*
Address: *158 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] 2 Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/20/2016* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *12/07/2023*

Inspection Dates and Department Representative

12/07/2023 - 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: *8*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/07/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/07/2024*

Inspections / Reviews (*continued*)

01/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/08/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2024

02/01/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/08/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/14/2024

04/24/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/08/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home did not report resident #1's following suicide attempts to the Department:

On 9/1/23 at approximately 7:40 p.m., resident #1 entered the medication room and took a razor from the medication cart. The resident was later observed by staff with a razor in [REDACTED] right hand and [REDACTED] left wrist was bleeding from a razor cut.

On 10/15/23 at approximately 7:20 p.m., resident #1 entered the medication room and took a razor, refused to give the razor back to staff, ran to [REDACTED] bedroom and when staff attempted to take the razor, resident #1 physically pushed staff away. Staff exited resident #1's room to get assistance and when staff re-entered the room, resident #1 was found with a jacket wrapped around her neck.

On 11/24/23, at approximately 2:45 p.m., resident #1 entered the medication room, threw plastic cups and the water pitcher on the floor, then went back to [REDACTED] bedroom and continued throwing things around. Resident #1 exited [REDACTED] bedroom and was actively bleeding from [REDACTED] wrist and thumb. Resident #1 told staff [REDACTED] cut [REDACTED] with a razor blade.

Repeat Violation: 2/23/2023 et al

Plan of Correction

Directed [REDACTED] - 02/01/2024)

Sugar Valley Lodge on 1/22/2024 has now implemented policy whenever an incident report is made or taken place the administrator [REDACTED] COO will immediately be notified. [REDACTED] will then notify the correct departments of the said incident.

Starting on 1/26/2024 [REDACTED] COO will receive incidents to review and track the status. All SVL staff will be trained on what is a reportable incident.

Ongoing employees have been made aware that all reportable incidents must be reported within in 24 hours. Staff will receive training on what incidents would classify as a reportable incident by the PCA Lead [REDACTED] on 3/1/2024. (Directed)- Training will be completed by 2/14/24. [REDACTED] 2/1/24)

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 2/14/2024

Not Implemented [REDACTED] - 04/24/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

Resident #1's resident assessment and support plan, dated 12/5/22, indicates [REDACTED] has a history of suicidal attempts, cutting [REDACTED], self-strangulation and running into traffic. To assist with these needs, staff will watch for signs of self-harm and will call PIC unit/911 if there are any signs of self-harm and follow their directions.

On 9/1/23 at approximately 7:40 p.m., resident #1 entered the medication room and took a razor from the medication cart. The resident was later observed by staff with a razor in [REDACTED] right hand and [REDACTED] left wrist was bleeding from a razor cut.

On 10/15/23 at approximately 7:20 p.m., resident #1 entered the medication room and took a razor, refused to give the razor back to staff, ran to [REDACTED] bedroom and when staff attempted to take the razor, resident #1 physically pushed staff away. Staff exited resident #1's room to get assistance and when staff re-entered the room, resident #1 was found with a jacket wrapped around [REDACTED] neck.

On 11/24/23, at approximately 2:45 p.m., resident #1 entered the medication room, threw plastic cups and the water pitcher on the floor, then went back to [REDACTED] bedroom and continued throwing things around. Resident #1 exited [REDACTED] bedroom and was actively bleeding from [REDACTED] wrist and thumb. Resident #1 told staff [REDACTED] cut [REDACTED] with a razor blade.

The home was aware of resident #1's history of repeated suicidal behaviors; however, failed to provide adequate supervision to prevent these incidents from occurring.

Repeat Violation: 7/27/2023

Plan of Correction

Directed [REDACTED] - 02/01/2024)

On 12/20/2023 [REDACTED] COO had resident placed on permanent 30-minute checks to ensure [REDACTED] safety. Starting on 1/1/2024 PCA Lead [REDACTED] is going to have all employees read through their resident support plans to ensure they are aware of resident behaviors. All PCA will be required to have a report on a different resident each month.

Starting on 1/22/2024 [REDACTED] COO will complete safety checks for all accessible areas to residents. This will take place weekly. All staff will also be subject to a suicide prevention training yearly.

(Directed)-

Sugar Valley Lodge 12/20/2023 removed all razors from the med rooms. Only having them in a locked storage area. Starting on 1/1/2024 Sugar Valley Lodge conducted training on the importance of when walking away how the med room must be locked at all times.

Starting on 1/22/2024, Administrator [REDACTED] will perform weekly checks to make sure med rooms are locked when the med tech leaves the facility. Documentation will be kept.

By 2/28/24, all staff will receive suicide prevention training from an outside source approved by the Department.

[REDACTED]. 2/1/24)

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 02/28/2024

Not Implemented [REDACTED] - 04/24/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Norg-Ethin 0.25-0.035mg., take one tablet orally daily (birth control) re-order when low. However, this medication was not administered to resident #1 on 11/20/23 or 11/21/23 because the medication was not available in the home.

Repeat Violation: 7/27/2023, 1/26/2023

Plan of Correction**Directed** [REDACTED] - 02/01/2024)

On 1/1/2024 PCA Lead [REDACTED] had Diamond Pharmacy make sure we are on an auto refill schedule meaning that Diamond Pharmacy will automatically refill medications when they are getting low.

Starting on 2/1/2024 PCA Lead [REDACTED] will call Diamond when medications are getting low to ensure they get filled. PCA Lead will track this through the weekly/monthly med audits.

Starting on 2/1/2024 Medical Liaison [REDACTED] will track any instances of medications not being delivered in a timely manner to eliminate any further instances.

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 02/01/2024

Not Implemented [REDACTED] - 04/24/2024)**4. Requirements**

2600.

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

Description of Violation

Resident #1, resident #2, resident #3, resident #4, resident #5, resident #6, resident #7, resident #8, resident #9 and resident #10 were prescribed Permethrin 5% Cream for scabies, apply topically to all areas of the body from the neck to the soles of the feet, leave on for 8 - 14 hours before removing by washing, repeat treatment in 2 weeks. Resident #1, resident #2, resident #3, resident #4, resident #5, resident #6, resident #7, resident #8, resident #9 and resident #10 were administered their initial dose of Permethrin 5% Cream on 11/2/23; however, none were administered the repeat treatment in 2 weeks. Repeat Violation: 7/27/2023, 1/26/2023

Plan of Correction**Directed** [REDACTED] - 02/01/2024)

On 1/1/2024 PCA Lead [REDACTED] went over with all staff members on the importance of following the physician's orders. Reviewed a physician order, and ensured all staff were aware of how to follow a physician's order.

Starting on 2/1/2024 PCA [REDACTED] will continue to track any missteps through the MAR and Med audit. The Med audit takes place monthly but in the short-term med carts will be audited weekly.

Starting on 2/1/2024 [REDACTED] COO will continue to provide education and training on administering medications. Having sugar Vally lodge staff members get refresher training yearly.

Directed-

Beginning 2/14/24, then monthly thereafter, the administrator or designated staff person qualified to administer medications, shall conduct an audit of physician orders, medications in the home and resident MARs to ensure all prescribed medications are available in the home for administration. Documentation of audits shall be kept. [REDACTED]

2/1/24)

Proposed Overall Completion Date: 02/14/2024

187d - Follow Prescriber's Orders (*continued*)

Directed Completion Date: 02/14/2024

Not Implemented ([REDACTED] - 04/24/2024)

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

Facility Information

Name: *SUGAR VALLEY LODGE (SILVER OAK BUILDING)* License #: *44771* License Expiration: *08/10/2024*
Address: *158 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: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *03/19/2024*

Inspection Dates and Department Representative

02/29/2024 - On-Site: [REDACTED]
03/19/2024 - Off-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: *10* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/29/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2024*

04/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/22/2024

04/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

On 2/7/24, resident #1 was discharged from the hospital after being admitted for Gout. [REDACTED] was prescribed Acetaminophen-Hydrocodone (Norco 5mg-325mg) every 6 hours as needed for pain and Oxycodone 5mg tablet, take 1 every 4 hours as needed for pain. Interviews with staff and the resident indicate [REDACTED] asked for pain medication daily after returning from the hospital, however neither of these pain medications were available in the home.

Resident #2 is prescribed Hydroxyzine Pam Cap 25mg, take 1 capsule orally 3 times daily. Resident #2 did not receive this medication from 1/25/24-2/12/24 because it was not available in the home.

Repeat Violation: 7/27/2023, 1/26/2023

Plan of Correction

Accept [REDACTED] - 04/17/2024)

On 3/19/2024 [REDACTED] COO informed [REDACTED] Med Lead of medications not being in the home.

On 3/21/2024 Med Lead [REDACTED] went through the med cart and reorganized so medications could be located easier.

Starting on 4/1/2024 Medical Liaison [REDACTED] will audit all of the med carts weekly to ensure all medications are within the home.

Licensee's Proposed Overall Completion Date: 04/10/2024

Not Implemented [REDACTED] - 04/24/2024)