

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

June 25, 2024

[REDACTED], BOARD PRESIDENT
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 04/30/2024 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 (HICKORY ACRES BUILDING) License #: 44770 License Expiration: 01/05/2025
 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: I-1 Date: 05/20/2016 Issued By: Sugar Creek Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/30/2024

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 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: 23 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 1

Inspections / Reviews

04/30/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/17/2024

05/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/20/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/17/2024

Inspections / Reviews *(continued)*

05/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/05/2024

06/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:25 a.m., there were approximately 18 cigarette butts at the home's designated smoking area underneath of the pavilion.

Plan of Correction

Accept (████ - 05/15/2024)

On 5/1/2024 PCA staff helped the residents of Hickory Acres clean up their cigarette butts.
On 5/29/2024 PCA staff will be having the annual cleanup day for Sugar Valley Lodge to ensure it is all free of cigarette butts.
Starting 6/1/2024 PCA staff will help residents to clean up the cigarette butts on a weekly basis and checking it off their daily cleaning up sheets.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented (████ - 06/25/2024)

86b - Bathroom

2. 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

At 11:15 a.m., the common bathroom located on the right side of the 300 hall did not have an operational ventilation fan. The bathroom did not have a window.

Plan of Correction

Accept (████ - 05/15/2024)

On 5/1/2024 CEO ██████████ contacted the county maintenance man to make ██████ aware of the fan not working in the bathroom on the right side of the 300 hall.
On 5/6/2024 maintenance came out to look at the fan and had to order a new motor that should be here within a week anticipated date of completion is 5/20/2024.
Starting on 6/1/2024 PCA staff will check the fans in the bathroom on a quarterly basis.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented (████ - 06/25/2024)

91 - Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:45 a.m., there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident #1's private room.

91 - Telephone Numbers (continued)

Plan of Correction

Accept ([redacted]) - 05/15/2024

On 5/1/2024 PCA placed a list in resident #1 room by [redacted] phone.

On 5/2/2024 PCA staff checked to ensure that the emergency contact list was still there and went over it with the resident.

Starting on 6/1/2024 PCA staff will check to ensure that the emergency numbers are still available on a quarterly basis and document the completion in the 24 hour reports.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented ([redacted]) - 06/25/2024

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home failed to conduct a fire drill for the month of July 2023, and February 2024.

Plan of Correction

Accept ([redacted]) - 05/15/2024

On 5/1/2024 [redacted] CEO made a list of fire drills for the year to ensure they are being done monthly.

On 5/2/2024 [redacted] CEO gave verbal instructions to the PCA staff and showed them where the fire drill paperwork was to ensure all fire drills are being done and documented, to ensure completion the CEO will review the paperwork upon completion.

Starting 5/13/2024 PCA staff will conduct a fire drill every month, all year long. Upon completion of the fire drills PCA will fill out the fire drill paper in completion to show that they were done and done properly.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented ([redacted]) - 06/25/2024

132c - Fire Drill Records

5. 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

Multiple fire drill records of multiple fire drills to include the fire drill record for the fire drill conducted on 8/31/23, did not include an a.m./p.m., indicator.

Multiple fire drill records of multiple fire drills to include the fire drill records for the fire drills conducted on 12/12/23, 4/16/24, and 4/25/24, did not include the exit route used to evacuate.

Plan of Correction

Accept ([redacted]) - 05/15/2024

On 5/1/2024 [redacted] pulled documentation for the fire drills and added the fire exits that were used.

132c - Fire Drill Records (continued)

On 5/2/2024 [REDACTED] gave verbal education on how to properly document a fire drill and went over the paper that the PCA uses. On 7/1/2024 the annual fire drill training will take place to ensure they are being done properly.

Starting 5/13/2024 PCA staff will conduct fire drills on a monthly basis and document properly on the fire drill paper to ensure proper fire drills are being done.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented ([REDACTED] - 06/25/2024)

132d - Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's most recent fire safely letter dated 7/17/23, indicated an evacuation time of 5 minutes and 0 seconds. However, the home exceeded this evacuation time during the fire drill conducted on 12/28/23, with an evacuation time of 9 minutes and 34 seconds.

Plan of Correction

Accept ([REDACTED] - 05/15/2024)

On 5/1/2024 [REDACTED] CEO read over the evacuation letter to give herself education and then gave verbal education to the PCA staff on the time they had to evacuate a building.

On 5/2/2024 [REDACTED] CEO went over the fire drill plan with the staff to ensure they knew how to properly do one. On 7/1/2024 the annual fire drill training will be held to ensure that the staff are being done properly.

Starting on 5/13/2024 PCA staff will ensure that the fire drills are done and in the appropriate amount of time allotted. They will fill out the fire drill paper for the CEO to show that it was done properly and in the allotted amount of time.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented ([REDACTED] - 06/25/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's most recent documented medical evaluation had a form completion date of [REDACTED]. However, the "date resident evaluated" field was blank.

Resident #3's most recent documented medical evaluation was completed on [REDACTED]. However, the resident's documented medical evaluation did not include a current list of the resident's medications.

Plan of Correction

Accept ([REDACTED] - 05/15/2024)

On 5/1/2024 the medical liaison updated resident #2 and resident #3's medical evaluation form to be completed.
 On 5/2/2024 [REDACTED] CEO gave the medical liaison education on how to properly fill out a medical evaluation form.
 Starting 6/1/2024 medical liaison will ensure that all medical evaluation forms are filled out and completed in entirety. Medical liaison will also fill out the spreadsheet to show date of completion and that they are being done in the allotted time frame.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented ([REDACTED] - 06/25/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.
 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/15/2024)

On 5/1/2024 the medical liaison updated resident #4's medical evaluation form.
 On 5/2/2024 [REDACTED] CEO gave the medical liaison education on how to properly fill out a medical evaluation form.
 Starting 6/1/2024 medical liaison will ensure that all medical evaluation forms are filled out and completed in entirety. Medical liaison will also fill out the spreadsheet to show date of completion and that they are being done in the allotted time frame.

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented () - 06/25/2024

161c - Additional Portions

9. Requirements

2600.

161.c. Additional portions of meals and beverages at mealtimes shall be available for the resident.

Description of Violation

Multiple residents have requested second helpings of food during their supper meal to include resident #4 who requested seconds during [REDACTED] supper meal on 4.29.24. However, resident #4's request for seconds was not accommodated by the home.

Plan of Correction

Accept () - 05/15/2024

On 5/1/2024 [REDACTED] CEO gave education to the kitchen staff to ensure that the residents were getting seconds and more if requested.

On 5/2/2024 kitchen staff offered all the residents in the dining room seconds if they wanted it.

Starting on 6/1/2024 monthly [REDACTED] CEO will sit in on a meal to ensure that seconds are being offered, CEO document each day [REDACTED] sits in and ensures that seconds are being offered.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented () - 06/25/2024

187a - Medication Record

10. 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

Resident #1 is prescribed Famotidine 10mg tablet take 210 mg tablets to equal 20 mg once a day. However, the resident's March 2024, medication administration record indicates Famotidine tab 20mg take one tablet by mouth once daily.

Resident #3 is prescribed Creon cap 36,000 units take 2 capsules orally 3 times daily with each meal. The resident refused the administration of this medication on multiple dates to include 4/3/24, and 4/18/24. However, the resident's refusal of the medication's administration was not documented on [REDACTED] March 2024, medication administration record. The field was blank.

Resident #3 was not administered multiple medications on 4/14/24, at 8:00 a.m., due to being out of the facility. To include phrasal tab 325mg take one tablet orally daily; duloxetine cap 60mg take one capsule by mouth once daily. However, the non-administration of these medications were not documented on the resident's March 2024, medication administration record. The fields were blank.

Plan of Correction

Accept () - 05/10/2024

On 5/13/2024 med lead went over all the MARs in hickory acres to ensure that the prescriptions were correct.

On 5/13/2024 med lead gave education to PCA staff on how to check the MARs to the prescriptions and how to

187a - Medication Record (continued)

properly document on the MAR.

Starting on 6/1/2024 med lead will audit all MARs monthly to ensure that they are being completed and documentation is being done correctly.

Licensee's Proposed Overall Completion Date: 05/07/2024

Implemented (█) - 06/25/2024)

187c - Refusal of Medication**11. 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 #3 is prescribed Creon cap 36,000 units take 2 capsules orally 3 times daily with each meal. The resident refused the administration of this medication on multiple dates to include 4/4/24, through 4/12/24, at 12:00 p.m. However, the home failed to notify the prescribing physician.

Plan of Correction

Accept (█) - 05/10/2024)

On 5/1/2024 med lead gave verbal education to the staff on the importance of notifying the physician if residents are refusing medications.

On 5/13/2024 med lead gave education to the staff on how to write up a refusal form and fax it to the physicians. Starting on 6/1/2024 med lead will audit all charts monthly to ensure that they are being completed and documentation is being done correctly.

Licensee's Proposed Overall Completion Date: 05/07/2024

Implemented (█) - 06/25/2024)

187d - Follow Prescriber's Orders**12. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed gabapentin cap 100mg take one capsule by mouth three times a day. However, the medication was not administered on 4/7/24, at 2:00 p.m., and 8:00 p.m., and 4/8/24, at 8:00 p.m. The medication was not in the home.

Resident #4 is prescribed amlodipine 10mg tablet take one tablet orally daily. However, the resident was not administered this medication on multiple dates to include 4/2/24, through 4/26/24. The medication was not in the home.

Plan of Correction

Accept (█) - 05/10/2024)

On 5/1/2024 med lead ensured that the medications for resident #3 and resident #4 were in house.

On 5/13/2024 med lead gave education to the staff on how to ensure that the medications would be in house on time.

Starting on 6/1/2024 med lead will audit carts and MARs to ensure that the medications are here and will be here

187d - Follow Prescriber's Orders (continued)

in time.

Licensee's Proposed Overall Completion Date: 05/07/2024

Implemented (█) - 06/25/2024