pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]

E-mailed on: 2/11/15

[redacted], BOARD PRESIDENT
SUGAR VALLEY LODGE INC
190 SUGAR VALLEY LANE
FRANKLIN, PA 16323

RE: SUGAR VALLEY LODGE
(SILVER OAK BUILDING)
LICENSE/COC #: 44771

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 5/22/24, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure

Licensing Inspection Summary

# 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:** *11/03/2024*

**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:** *190 SUGAR VALLEY LANE, FRANKLIN, PA, 16323*

**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:** *13* **Waking Staff:** *10*

## Inspection Information

**Type:** *Partial* **Notice:** *Unannounced* **BHA Docket #:**

**Reason:** *Incident, Fine* **Exit Conference Date:** *06/24/2024*

## Inspection Dates and Department Representative

*05/22/2024 - On-Site:* [redacted]

*06/24/2024 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *15* **Residents Served:** *13*

### Secured Dementia Care Unit

**In Home:** *No* **Area:** **Capacity:** **Residents Served:**

### Hospice

**Current Residents:** *0*

### Number of Residents Who:

**Receive Supplemental Security Income:** *11* **Are 60 Years of Age or Older:** *7*

**Diagnosed with Mental Illness:** *7* **Diagnosed with Intellectual Disability:** *3*

**Have Mobility Need:** *0* **Have Physical Disability:** *0*

# Inspections / Reviews

## 05/22/2024 - Partial

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/22/2024*

**08/02/2024 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/22/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/09/2024*

**08/23/2024 - POC Submission**

**Submitted By:** [redacted] *on* **Date Submitted:** *08/08/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/07/2024*

**02/11/2025 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/05/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *Exception*

## 42b - Abuse

**1. 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.

**Description of Violation**

*Resident #1's resident assessment and support plan (RASP), dated [redacted] indicates multiple diagnoses to include schizoaffective disorder, moderate/chronic psychiatric illness, hypertension, and tremors.*

*On [redacted], resident #1 was shaking and very confused. Staff interviews indicate [redacted] was sent to the emergency room, was diagnosed with dehydration, and returned to the home the same day. Staff interviews indicate resident #1 experienced a decline during the prior week, indicating [redacted] Clozaril was discontinued, [redacted] tremors were a lot worse, [redacted] was not at [redacted] baseline, and [redacted] told a staff person [redacted] was feeling off.*

*On [redacted] while conducting a routine bed check, staff person A, the only staff person in the home, entered resident #1's bedroom and found [redacted] unresponsive and clammy, laying half off [redacted] bed [redacted]. Staff person A used [redacted] walkie to call for assistance from staff person B, who was working in another building on the grounds. When staff person B did not respond, staff person A left resident #1 alone and unresponsive in the home, walked to the other building and requested assistance from staff person C. Staff person A told staff person C resident #1 was lying in a weird position and [redacted] couldn't verify [redacted] was breathing. Staff person A and staff person C returned to the home, entered resident #1's bedroom and found the resident still unresponsive and in the same position. Staff person C left the home and returned to the other building and reported to staff person B that [redacted] needed to go check on resident #1. Staff person B walked to the home and entered resident #1's bedroom, yelled the resident's name multiple times and unsuccessfully attempted to shake the resident awake. At [redacted] staff person B called 911.*

*Emergency medical services arrived at [redacted], administered CPR and advanced life support including intra-venous medication, defibrillator, and intubation to resident #1, who was cyanotic, pale, unresponsive, and pulseless. Advanced life support was terminated at [redacted] Resident #1 ceased to breathe on resident #1's date of death. The resident's death certificate indicates the immediate cause of death as [redacted]*

*Repeat Violation: 12/7/23, 7/27/23*

**Plan of Correction** ***Directed ([redacted] - 08/23/2024)***

*On [redacted] COO terminated [redacted] PCA position for the failure to administer CPR.*
*Starting on 5/9/2024 [redacted] Med Lead completed CPR instructor course so any SVL staff can be recertified in the home.*
*By 8/31/2024 all new staff will be CPR certified by [redacted] Med Lead. Also SVL will develop codes for emergency communication. Policy and Procedure will be updated by 8/31/2024.*

*Proposed Overall Completion Date: 08/08/2024*

***Directed:***
*By 8/31/24, the administrator will reeducate all staff regarding the requirement that if a resident's medical condition requires immediate medical attention, staff should call 911 immediately. Documentation will be kept.*
***[redacted] 8/23/24***

## 42b - Abuse (continued)

***Directed:***

*By 8/31/24, the administrator will develop and implement policy and procedures and train staff on the policy and procedures, addressing what staff should do when they are uncertain if a resident is breathing.*

[redacted] ***8/23/24***

**Directed Completion Date:** *08/31/2024*

## 63d - Certified CPR Staff

**2. Requirements**

2600.
63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with [redacted] training, unless the resident has a do not resuscitate order.

**Description of Violation**

*Resident #1's RASP, dated [redacted] indicates multiple diagnoses to include schizoaffective disorder, moderate/chronic psychiatric illness, hypertension, and tremors.*

*On [redacted] resident #1 was shaking and very confused. Staff interviews indicate [redacted] was sent to the emergency room, was diagnosed with dehydration, and returned to the home the same day. Staff interviews indicate resident #1 experienced a decline during the prior week, indicating [redacted] Clozaril was discontinued, [redacted] tremors were a lot worse, [redacted] was not at [redacted] baseline, and [redacted] told a staff person [redacted] was feeling off.*

*On [redacted] while conducting a routine bed check, staff person A, the only staff person in the home, entered resident #1's bedroom and found [redacted] unresponsive and clammy, laying half off [redacted] bed [redacted]. Staff person A used [redacted] walkie to call for assistance from staff person B, who was working in another building on the grounds. When staff person B did not respond, staff person A left resident #1 alone and unresponsive in the home, walked to the other building and requested assistance from staff person C. Staff person A told staff person C resident #1 was lying in a weird position and [redacted] couldn't verify [redacted] was breathing. Staff person A and staff person C returned to the home, entered resident #1's bedroom and found the resident still unresponsive and in the same position. Staff person C left the home and returned to the other building and reported to staff person B that [redacted] needed to go check on resident #1. Staff person B walked to the home and entered resident #1's bedroom, yelled the resident's name multiple times and unsuccessfully attempted to shake the resident awake. At [redacted] staff person B called 911.*

*Emergency medical services arrived at [redacted] administered CPR and advanced life support including intra-venous medication, defibrillator, and intubation to resident #1, who was cyanotic, pale, unresponsive, and pulseless. Advanced life support was terminated at [redacted] Resident #1 ceased to breathe on resident #1's date of death. The resident's death certificate indicates the immediate cause of death as [redacted].*

*Staff person A, who was trained in first aid or certified in obstructed airway techniques or CPR, was present and on duty at the time and failed to render assistance to the resident in accordance with [redacted] training.*

**Plan of Correction** ***Directed ([redacted] - 08/23/2024)***

*On [redacted] COO terminated [redacted] PCA position for the failure to administer CPR.*

*Starting on 5/9/2024 [redacted] Med Lead completed CPR instructor course so any SVL staff can be*

## 63d - Certified CPR Staff (continued)

*recertified in the home.*
*By 8/31/2024 all new staff will be CPR certified by [redacted] Med Lead. Also SVL will develop codes for emergency communication. Policy and Procedure will be updated by 8/31/2024.*

*Proposed Overall Completion Date: 08/08/2024*

***Directed:***
*By 8/31/24, the administrator will reeducate all staff regarding the requirement that if a resident's medical condition requires immediate medical attention, staff should call 911 immediately. Documentation will be kept.*
[redacted] ***8/23/24***

***Directed:***
*By 8/31/24, the administrator will develop and implement policy and procedures and train staff on the policy and procedures, addressing what staff should do when they are uncertain if a resident is breathing.*
[redacted] ***8/23/24***

**Directed Completion Date:** *08/31/2024*

## 141b1 - Annual Medical Evaluation

**3. Requirements**

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

**Description of Violation**

*Resident #1's most recent medical evaluation was completed on* [redacted]

**Plan of Correction** ***Accept ([redacted] - 08/23/2024)***

*On 5/23/2024 [redacted] COO made sure tracking system for all evals was up to date.*
*Starting on 6/1/2024 [redacted] Medical Liaison will track and maintain all resident evals.*
*Starting on 6/1/2024 All resident charts will be audited by [redacted] Medical Liaison monthly to ensure all evals were completed on time.*

*Resident #1 passed away and [redacted] DME was unable to be updated.*

**Licensee's Proposed Overall Completion Date:** *08/09/2024*

## 142a - Secure Medical Care

**4. 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**

*Resident #1's RASP, dated [redacted], indicates multiple diagnoses to include schizoaffective disorder, moderate/chronic psychiatric illness, hypertension, and tremors.*

*On [redacted] resident #1 was shaking and very confused. Staff interviews indicate [redacted] was sent to the emergency room, was diagnosed with dehydration, and returned to the home the same day. Staff interviews indicate*

## 142a - Secure Medical Care (continued)

*resident #1 experienced a decline during the prior week, indicating [redacted] Clozaril was discontinued, [redacted] tremors were a lot worse, [redacted] was not at [redacted] baseline, and [redacted] told a staff person [redacted] was feeling off.*

*On [redacted] while conducting a routine bed check, staff person A, the only staff person in the home, entered resident #1's bedroom and found [redacted] unresponsive and clammy, laying half off [redacted] bed [redacted]. Staff person A used [redacted] walkie to call for assistance from staff person B, who was working in another building on the grounds. When staff person B did not respond, staff person A left resident #1 alone and unresponsive in the home, walked to the other building and requested assistance from staff person C. Staff person A told staff person C resident #1 was lying in a weird position and [redacted] couldn't verify [redacted] was breathing. Staff person A and staff person C returned to the home, entered resident #1's bedroom and found the resident still unresponsive and in the same position. Staff person C left the home and returned to the other building and reported to staff person B that [redacted] needed to go check on resident #1. Staff person B walked to the home and entered resident #1's bedroom, yelled the resident's name multiple times and unsuccessfully attempted to shake the resident awake. At [redacted] staff person B called 911.*

*Emergency medical services arrived at [redacted] administered CPR and advanced life support including intra-venous medication, defibrillator, and intubation to resident #1, who was cyanotic, pale, unresponsive, and pulseless. Advanced life support was terminated at [redacted] Resident #1 ceased to breathe on resident #1's date of death. The resident's death certificate indicates the immediate cause of death as [redacted]. Staff did not immediately call 911 when resident #1 was unresponsive.*

**Plan of Correction** ***Directed ([redacted] - 08/23/2024)***

*On 5/23/2024 [redacted] Med Lead started daily med tech meetings where staff meet and go over any concerns with residents.*
*Starting on 6/1/2024 any medical concerns will be relayed to [redacted] Medical Liaison. [redacted] Medical Liaison will educate staff on when a resident should be sent for Emergency Services.*
*Starting on 7/1/2024 [redacted] Medical Liaison will track and maintain all doctors appointments for residents.*

*Proposed Overall Completion Date: 08/07/2024*

***Directed:***
*By 8/31/24, the administrator will reeducate all staff regarding the requirement that if a resident's medical condition requires immediate medical attention, staff should call 911 immediately. Documentation will be kept.*
[redacted] ***8/23/24***

***Directed:***
*By 8/31/24, the administrator will develop and implement policy and procedures and train staff on the policy and procedures, addressing what staff should do when they are uncertain if a resident is breathing.*
[redacted] ***8/23/24***

**Directed Completion Date:** *08/31/2024*

## 187b - Date/Time of Medication Admin.

**5. Requirements**

2600.

## 187b - Date/Time of Medication Admin. *(continued)*

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

**Description of Violation**

*Resident #2 is prescribed Aspirin 81mg EC, take one tablet by mouth once daily. This medication was not administered to resident #2 on 5/14/24, 5/15/24, 5/16/24, 5/17/25, 5/18/24, 5/19/24, 5/20/24, 5/21/24 & 5/22/24 because the medication was not available in the home. However, resident's #2's medication administration record indicates staff signed off on the medication as given 5/16/24, 5/17/24 and 5/18/24 when this medication was not available in the home.*

**Plan of Correction** ***Directed ( - 08/23/2024)***

*On 5/23/2024 [redacted] Med Lead started daily Med Tech meetings. In these meetings [redacted] Med Lead goes over the MAR to ensure all staff are administering medications as well as documenting.*
*Starting on 6/1/2024 [redacted] Med Lead all medications for residents will be audited weekly. Documents will be kept of these audits. Any med techs who have med errors will be required to go through med training course.*
*Starting on 8/1/2024 [redacted] Medical Liaison will conduct separate med audits catching any med errors then discussing them in the med meeting.*

*Proposed Overall Completion Date: 08/08/2024*

***Directed:***
*Beginning 8/31/24 and weekly thereafter, [redacted] Medical Liaison will conduct separate med audits as indicated above. Documentation will be kept.*
[redacted] ***8/23/24***

**Directed Completion Date:** *08/31/2024*

## 187d - Follow Prescriber's Orders

**6. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #2 is prescribed Aspirin 81mg EC, take 1 tablet by mouth once daily. However, this medication was not administered to resident #2 on 5/14/24, 5/15/24, 5/16/24, 5/17/25, 5/18/24, 5/19/24, 5/20/24, 5/21/24 & 5/22/24 because the medication was not available in the home.*

*Repeat Violation: 2/29/24 et al, 12/7/23, 7/27/23*

**Plan of Correction** ***Directed ( - 08/23/2024)***

*On 5/23/2024 [redacted] Med Lead started daily med tech meetings.*
*On 6/12/2024 [redacted] CEO held a meeting telling all Med Techs they would be retrained. During the med audit Resident 2 was missing [redacted] medication. The medication was in the home on May 23rd, 2024.*
*Starting on 7/1/2024 [redacted] Med lead will start re-med training all SVL med techs. All med techs will be*

187d - Follow Prescriber's Orders (continued)

retrained by August 31st, 2024.

Proposed Overall Completion Date: 08/08/2024

***Directed:***

By 8/31/24, the administrator will develop and implement policy and procedures and educate staff on the new policy and procedures to ensure all resident medication is available in the home for administration at all times. Documentation will be kept.

[redacted] ***8/23/24***

**Directed Completion Date:** *08/31/2024*