

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

November 27, 2024

[REDACTED]
QUALITY LIFE SERVICES-SUGAR CREEK, LLC
[REDACTED]

RE: QUALITY LIFE SERVICES-SUGAR
CREEK
109 PERSONAL CARE LANE
WORTHINGTON, PA, 16262
LICENSE/COC#: 45535

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/05/2024, 09/12/2024, 09/23/2024, 10/04/2024, 10/16/2024, 10/17/2024 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: *QUALITY LIFE SERVICES-SUGAR CREEK* **License #:** *45535* **License Expiration:** *05/08/2025*

Address: *109 PERSONAL CARE LANE, WORTHINGTON, PA 16262*

County: *ARMSTRONG* **Region:** *WESTERN*

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: *QUALITY LIFE SERVICES-SUGAR CREEK, LLC*

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *12/01/2015* **Issued By:** *Worthington Twp*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *25* **Waking Staff:** *19*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *10/30/2024*

Inspection Dates and Department Representative

09/05/2024 - On-Site: [REDACTED]

09/12/2024 - Off-Site: [REDACTED]

09/23/2024 - Off-Site: [REDACTED]

10/04/2024 - Off-Site: [REDACTED]

10/16/2024 - Off-Site: [REDACTED]

10/17/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served:** *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *19*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *6* **Have Physical Disability:** *0*

Inspections / Reviews

09/05/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/14/2024*

11/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/09/2024

11/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 received an allegation of abuse from an Older Adult Protective Services Investigator. Additionally, a State police officer appeared in the personal care home on 8/23/24 to investigate an abuse allegation; however, the home did not report the allegation of abuse to the Department until 9/6/24.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

1. A reportable incident form was submitted by the PC Administrator to DHS via email on 9/6/24 pertaining to the incident investigated during the complaint survey on 9/5/24.
2. PC Administrator was verbally educated on 9/5/24 by DHS surveyor on reporting regulations. Education was provided by PC Administrator to facility NHA on 9/6/24 on DHS reporting regulations.
3. PC Administrator or designee will submit reportable incident form to DHS for any future report of suspected abuse or involvement of emergency services within 24 hours of incident occurring.
4. A copy of all reportable incident forms will be kept. PC Administrator or designee will complete an audit of incidents reviewed in daily interdisciplinary team meeting compared to DHS reported incidents 1 time per calendar month for 4 months beginning 11/11/2024 and continuing through 2/28/2025.
5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [REDACTED] 11/27/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

A binder that contained private resident information was on top of the medication cart, next to the dining room where multiple residents were eating breakfast. The binder was unlocked, accessible, and unattended and included resident full names, dates of admission, dates of birth, ages, allergies, and ADL care in detail for: bathing, transferring, dressing, bladder/bowel, eating/nutrition, personal hygiene, mobility, resident care for multiple residents, to include: resident [REDACTED], resident [REDACTED], resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

1. PC Administrator placed Kardex binders in med cart drawers at time of the survey on 9/5/24 and med carts were locked.
2. Education was provided by PC Administrator to PC staff on 9/9/24 that any document including names and any private resident information should be locked in the med cart and not left on top of the cart when staff is not present at the cart. Documentation of the education will be kept.

17 - Record Confidentiality (continued)

- 3. If confidential documents are observed on the med cart while the med tech is not present at the cart, PC Administrator or designee will complete re-education, issue verbal and written warnings, and more severe as needed, as established in HR performance policy.
- 4. Audits of the med carts will be completed by PC Administrator or designee to ensure no confidential documents are accessible when staff is not present at med cart 5 days per week for 2 weeks beginning 11/11/2024 and continuing through 11/22/2024, and then 1 time per week for 2 weeks beginning 11/25/24 and continuing through 12/6/2024, and then 1 time per calendar month for 4 months beginning 12/9/2024 and continuing through 3/31/2025.
- 5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [redacted] - 11/27/2024)

42s - Privacy

3. 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

The door to the single use common bathroom, next to the Administrator's office, was not equipped with any type of locking device.

Plan of Correction

Accept [redacted] - 11/13/2024)

- 1. PC Administrator made request to maintenance staff on 9/6/24 to replace the door handle on the Armstrong hallway common bathroom door to include a lock. Maintenance staff replaced the existing door handle with a locking door handle on 9/10/24.
- 2. Education was provided by PC Administrator to all PC staff, including ancillary staff, on 9/10/24 that all single common use bathrooms must have a lock. Documentation of the education will be kept.
- 3. PC Administrator audited the other single common use bathrooms in the facility to ensure there is a lock in place. There are 2 other single common use bathrooms – 1 on the Butler hallway and 1 staff bathroom, both with locks.
- 4. Audits of all single common use bathrooms will be completed by the PC Administrator or designee 1 time per calendar month for 4 months beginning 11/11/2024 and continuing through 2/28/2025 to ensure functioning locks are in place.
- 5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [redacted] - 11/27/2024)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

The medication cart was unlocked, unattended, and accessible to multiple residents, included 4 residents who were within arm's reach of the medication cart in the dining room. The medication cart contained multiple resident medications, to include the following:

Resident [REDACTED]
 Resident [REDACTED]
 Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

1. PC Administrator verbally educated on-shift PC med techs at time of survey on 9/5/24 that the med carts are to be locked at all times, when the med tech is not present at the cart, actively completing medication administration tasks. The carts were locked at this time.
2. Written education was provided by PC Administrator to PC med techs that med carts are to be locked when the med tech is not present at the cart on 9/9/24. Documentation of the education will be kept.
3. If med carts are observed unlocked while the med tech is not present at the cart, PC Administrator or designee will complete re-education, issue verbal and written warnings, and more severe as needed, as established in HR performance policy.
4. Audits of the med carts to ensure they are being locked when unattended will be completed by PC Administrator or designee 5 days per week for 2 weeks beginning 11/11/2024 and continuing through 11/22/2024, and then 1 time per week for 2 weeks beginning 11/25/24 and continuing through 12/6/2024, and then 1 time per calendar month for 4 months beginning 12/9/2024 and continuing through 3/31/2025.
5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [REDACTED] - 11/27/2024)

254c - Records Storing

5. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

The door at the main entrance and the door in the hallway, were both open, leaving the Administrator's office unlocked, accessible, and unattended and contained resident information, to include:

Lab results for resident [REDACTED], which included a lab order, residents name and date of birth.

Resident [REDACTED] medication scripts for [REDACTED] and [REDACTED], a personal check in the amount [REDACTED], and a completed POLST.

Plan of Correction**Accept [REDACTED] - 11/13/2024)**

1. PC Administrator locked both doors to PC admin office when not in office during time of survey on 9/5/24.
2. PC Administrator was verbally educated on 9/5/24 by DHS surveyor on records storing regulation. Education was provided by PC Administrator to facility NHA and PC staff on 9/6/24 on DHS records storing regulation to include keeping PC admin doors locked when office is unattended.
3. PC Administrator office is kept locked at all times when PC Administrator is not present in office.
4. The PC Admin office will be randomly audited by Maintenance Director or designee to ensure doors are kept locked when the office is unattended 1 time per week for 4 weeks beginning 11/11/2024 and continuing through 12/6/24, and then 1 time per calendar month for 3 months beginning 12/9/2024 and continuing through 3/31/2025.
5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [REDACTED] - 11/27/2024)