



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SUGAR VALLEY LODGE INC
LEGAL ENTITY

To operate SUGAR VALLEY LODGE (WHISPERING PINES BUILDING)
NAME OF FACILITY OR AGENCY

Located at 178 SUGAR VALLEY LANE, FRANKLIN, PA 16323
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 15
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 30, 2025 until July 30, 2026,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447720**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

Emailing Date: July 30, 2025

[REDACTED]
Sugar Valley Lodge, Inc.
[REDACTED]

RE: Sugar Valley Lodge
(Whispering Pines Building)
178 Sugar Valley Lane
Franklin, Pennsylvania 16323
License #: 447720

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on April 29, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: SUGAR VALLEY LODGE (WHISPERING PINES BUILDING) License #: 44772 License Expiration: 07/31/2025

Address: 178 SUGAR VALLEY LANE, FRANKLIN, PA 16323

County: VENANGO

Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: SUGAR VALLEY LODGE INC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 05/20/2016

Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 19

Waking Staff: 14

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Provisional

Exit Conference Date: 04/29/2025

Inspection Dates and Department Representative

04/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15

Residents Served: 14

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: 10

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 5

Have Physical Disability: 0

Inspections / Reviews

04/29/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/17/2025

05/20/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Follow-Up Type: Document Submission Follow-Up Date: 06/06/2025

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Resident #1's financial management sheet indicates on 4/1/25 a balance of \$18.25. On 4/10/25, a deposit was made for \$66.00; however, the balance shown was \$78.25.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

On 4/29/ [REDACTED] was made aware of the accounting error for the records of the stated resident.

On 4/29/25 [REDACTED] reached out to the Finance Manager and explained the current issue with the accounting for the stated resident.

By 5/15/25 The accounting error for stated resident was corrected and the Finance Manager and [REDACTED] will go over spreadsheets to check the math is correct. We will audit the financial statements 2 times per year for accuracy.

Licensee's Proposed Overall Completion Date: 05/23/2025

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The most recent quarterly statement provided to resident #2 and the resident designated person is dated 4/1/24-6/14/24.

The most recent quarterly statement provided to resident #3 and the resident designated person is dated 4/1/24-9/26/24.

The most recent quarterly statement provided to resident #4 and the resident designated person is dated 1/1/24-3/19/24.

The most recent quarterly statement provided to resident #5 and the resident designated person is dated 1/1/24-3/1/24.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

On 4/25/25 [REDACTED] could not locate the current quarterly statements for the above residents.

On 4/25/2025 [REDACTED] and Finance Manager identified that the statements were not up to date.

By 6/1/2025 [REDACTED] and Finance Manager will have up to date quarterly statements for 2024. By 7/1/2025 The quarterly statements will be completed by the end of each quarter for each resident. [REDACTED] will audit these 2 times per year.

20b8 - Quarterly Account (continued)

Licensee's Proposed Overall Completion Date: 07/01/2025

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 9:54 a.m., resident #5 did not have an operable source of light from bedside, as the lightbulb was burnt out.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

On 4/25/2025 [REDACTED] was shown the lamp with the broken bulb.

By 4/25/25 [REDACTED] placed a new working bulb in the lamp.

By 6/1/2025- Monthly checks will be done by [REDACTED] to check lighting sources in each resident room.

Licensee's Proposed Overall Completion Date: 06/01/2025

123b - Emergency Procedures Posted

4. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At approximately 10:14 a.m., the home's emergency procedures were not posted in a conspicuous and public place in the home. The emergency procedures were inside the nurses' office.

REPEAT VIOLATION: 6/6/24 et al

Plan of Correction

Accept [REDACTED] - 05/20/2025)

On 4/25/25 [REDACTED] and [REDACTED] - were educated by inspector that the copy of the emergency preparedness was found in the med room.

On 4/25/25 [REDACTED] placed the binder into the public area.

By 4/25/25 The emergency procedures binder was placed in the shelving unit out in a public place so that anyone can access it. [REDACTED] will be checked monthly to guarantee the binder stays where it needs to be.

Licensee's Proposed Overall Completion Date: 05/16/2025

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

The annual medical evaluation for resident #4, was completed on [REDACTED]/24; however, it was not signed by the physician.

REPEAT VIOLATION: 6/6/24 et al

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Accept** [REDACTED] - 05/20/2025)

On 4/25/25 [REDACTED] identified that Resident #4 DME was not signed by a Medical Professional.

On 4/25/25 [REDACTED] sent out the DME to the PCP to be signed.

By 5/16/25 [REDACTED] had Resident #4 DME signed and in chart. [REDACTED] will audit yearly to check for Dr signature on all medical evaluations.

Licensee's Proposed Overall Completion Date: 05/16/2025