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

June 17, 2025

[redacted]
SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
[redacted]

RE: SACRED HEART SENIOR LIVING BY SAUCON CREEK
4851 SAUCON CREEK ROAD
CENTER VALLEY, PA, 18034
LICENSE/COC#: 21675

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2025 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: *SACRED HEART SENIOR LIVING BY SAUCON CREEK* **License #**: *21675* **License Expiration**: *12/17/2025*

Address: *4851 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/27/2005* **Issued By**: *Upper Saucon Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *65* **Waking Staff**: *49*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/01/2025*

Inspection Dates and Department Representative

05/01/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* **Residents Served**: *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *47*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

05/01/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/01/2025*

06/10/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/12/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/12/2025*

Inspections / Reviews *(continued)*

06/17/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2025*

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

Resident [redacted] did not receive the prescribed [redacted] tablet, [redacted] tablet, [redacted] tablet, and [redacted] tablet to be administered at bedtime on [redacted]. The home did not report the medication error to the Department until [redacted] at 2:10 p.m.

Plan of Correction ***Accept [redacted] - 06/10/2025)***

PLAN OF CORRECTIONS FOR 2600.16.(c)
WEYHILL INSPECTION MAY 1st, 2025
Violation 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 for violation
Resident [redacted] did not receive the prescribed [redacted] tablet.[redacted] tablet,[redacted] tablet and [redacted] tablet to be administered at bedtime on April 2nd, 2025. The facility did not report the medication error to the department until April 9th, 2025 at 2:10pm
Violation Identified:
The facility did not report the medication error involving Resident #1, who did not receive prescribed medications [redacted] administered on April 2nd, 2025, to the Department within 24 hours as required by regulation 2600.16.c. The report was submitted on April 9th, 2025, at 2:10 pm, exceeding the mandated reporting timeframe.
Immediate Corrective Actions:
1. The incident involving Resident #1 was immediately documented and reviewed by the Administrator upon discovery on April 9th, 2025.
2. The facility promptly reported the medication error to the Department's personal care home regional office and complaint hotline on April 9th, 2025, at 2:10 pm, ensuring compliance with reporting requirements for future incidents.
3. The resident's healthcare team was notified, and corrective measures were taken to ensure the resident's safety, including administering any necessary medications and monitoring for adverse effects.
Re-education of Management Staff:
1. The LPN Wellness Director and Resident Care Director received comprehensive training on the reporting requirements outlined in Regulation 2600.16.c, including the importance of reporting incidents within 24 hours. The training included reviewing the facility's policies and procedures related to incident and medication error reporting.
Coaching and Counseling:
2. Both the Wellness Director and Resident Care Director received individual coaching sessions to reinforce the importance of timely reporting and accountability.
Any gaps in understanding or practice were addressed during these sessions to prevent recurrence.
Preventative Measures to Ensure Future Compliance:
1. Staff Education and Training:
- All nursing staff will receive training on the importance of timely reporting of incidents and medication errors,

16c Written Incident Report (continued)

including regulation 2600.16.c and related guidelines in 2600.15.

Training sessions will be scheduled within the next two weeks and annually thereafter.

2. Development and Implementation of a Reporting Protocol:

The facility will develop a clear, written protocol for incident and violation reporting, emphasizing the 24 hour reporting requirement.

Staff will be trained on this protocol, and compliance will be monitored regularly.

3. Monitoring and Auditing:

The Administrator, LPN Wellness Director and Resident Care Director will conduct weekly audits of incident reports to ensure timely documentation and reporting.

Any delays will be reviewed immediately, and staff will receive additional coaching as needed.

4. Leadership Oversight:

The DON and Administrator will review incident reports and compliance documentation weekly to ensure adherence to reporting timelines.

Any barriers to timely reporting will be addressed promptly.

Follow Up and Evaluation:

The Administrator, LPN Wellness Director and/or Resident Care Director will review this corrective plan monthly for the next three months.

Staff attendance at training sessions will be documented.

The compliance with reporting timelines will be audited, and results will be reported to the facility's Quality Assurance Committee.

If the above plan of correction is accepted. The following protocol/procedure will be reviewed with Administrator, LPN Wellness Director, and Resident Care Director.

Licensee's Proposed Overall Completion Date: *06/11/2025*

Implemented [redacted] - 06/17/2025)

187b - Date/Time of Medication Admin.

2. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] did not receive the prescribed [redacted] tablet, [redacted] tablet, [redacted] tablet, and [redacted] tablet to be administered at bedtime on [redacted] The Medication Administration Record incorrectly indicated the medication was administered on [redacted] at the 8:51p.m.

Plan of Correction ***Accept [redacted] - 06/10/2025)***

PLAN OF CORRECTION FOR 2600.187.b
WEYHILL INSPECTION MAY 1st, 2025
Violation: 2600.187.b The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.
Resident [redacted] did not receive the prescribed [redacted] tablet, [redacted] tablet, [redacted] tablet, and [redacted] tablet to be administered at bedtime April 2nd, 2025. The medication administration

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

records incorrectly indicated the medication was administered on April 2nd, 2025
Root Cause Analysis: The error was due to documentation inaccuracies and failure to adhere to the five rights of medication administration. The MAR entries were not verified against actual medication administration, and staff may have misunderstood or overlooked the importance of real-time documentation directly after medication administration.
Immediate Corrective Action Taken:
- Incident identification: Once the discrepancy was discovered, the MAR was immediately reviewed and corrected to accurately reflect that the medications were not administered on April 2nd, 2025.
- Staff communication: All staff involved were notified of the discrepancy, and re-education on proper medication administration and documentation procedures was initiated.
Plan of Correction for Training and Prevention:
1. Retraining of Medication Technicians and Nursing Staff:
- All medication staff (med techs and nurses) will receive refresher training on the Five Rights of Medication Administration (Right Resident, Right Medication, Right Dose, Right Time, Right Route).
- The training will emphasize the importance of documenting medication administration immediately after giving the medication, in accordance with regulation 2600.187.b.
- Staff will be instructed on the proper use of the EMR system, Quickmar, including how to accurately record medication administration in real-time.
2. Review and Reinforcement of Policies:
- The facility's medication administration policies and procedures will be reviewed with all staff, highlighting the importance of timely and accurate documentation.
- Staff will be provided with quick reference guides on documentation procedures and the use of Quickmar.
3. System and Process Improvements:
- Implement periodic audits of medication administration records to ensure documentation accuracy and timeliness.
- LPN Wellness Director will conduct weekly/random checks to verify compliance with documentation standards.
4. Monitoring and Quality Assurance:
- The LPN Wellness Director will oversee ongoing compliance and conduct regular chart audits.
- Any discrepancies or documentation errors will be addressed promptly with additional education or corrective actions.
If the above plan of correction is accepted. The following protocol/policy will be reviewed by the designees. The review of the 5 Rights of Medication Administration and EMR review for procedure to document medication administered after dispensed to resident tentative 6/11/2025 and attendance log for training will be submitted for inspector review.

Licensee's Proposed Overall Completion Date: *06/11/2025*

Implemented [redacted] - 06/17/2025)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident [redacted] did not receive the prescribed [redacted] tablet, [redacted] tablet, [redacted] tablet, and [redacted] tablet to be administered at bedtime on [redacted].

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

Plan of Correction ***Accept (- 06/10/2025)***

PLAN OF CORRECTION FOR 2600.187.d
WEYHILL INSPECTION MAY 1st, 2025
Violation 2600.187.d The home shall follow the directions of the prescriber.
Resident not receive the prescribed tablet, tablet tablet, and tablet to be administered at bedtime April 2nd, 2025.
Root Cause Analysis: The failure to follow the prescriber's directions and accurately document medication administration was due to lapses in adherence to medication safety protocols, including the five rights of medication administration and proper documentation procedures within the EMR system, Quickmar.
Immediate Corrective Action:
- The staff involved was notified, and the incident was reviewed to prevent recurrence.
Plan of Correction
1. Retraining of Medication Technicians and Nursing Staff:
- All medication staff (med techs and nurses) will receive mandatory refresher training focusing on following the prescriber's directions explicitly, emphasizing the importance of administering medications exactly as prescribed.
- The training will include a review of the Five Rights of Medication Administration—Right Resident, Right Medication, Right Dose, Right Time, and Right Route—and their role in ensuring compliance with prescriber directives.
- Staff will be instructed on the importance of accurate and real-time documentation in the EMR system, Quickmar, immediately after medication administration.
2. Review and Reinforcement of Policies:
- The facility's policies and procedures regarding medication administration and following prescriber instructions will be reviewed with all med techs and nurses.
- Staff will be provided with quick reference materials and checklists to ensure understanding and compliance.
3. System and Process Enhancements:
- Implement periodic audits of medication administration records to verify that medications are administered according to prescriber orders and documented correctly will be completed by the LPN Wellness Director.
- LPN Wellness Director will conduct random compliance checks and provide immediate feedback.
4. Monitoring and Quality Assurance:
- The LPN Wellness Director will oversee ongoing compliance, including routine chart audits and staff performance reviews.
- Any discrepancies or violations will be addressed promptly with additional training or corrective measures.
If the above plan of correction is accepted. The following protocol/policy will be reviewed by the designees. The review of the 5 Rights of Medication Administration and EMR review for procedure to document medication administered after dispensed to resident as prescribed by provider tentative 6/11/2025 and attendance log for training will be submitted for inspector review.

Licensee's Proposed Overall Completion Date: *06/11/2025*

Implemented - 06/17/2025)