

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

December 4, 2025

[REDACTED] BOARD PRESIDENT
SUGAR VALLEY LODGE INC
[REDACTED]
[REDACTED]

RE: SUGAR VALLEY LODGE (SILVER OAK
BUILDING)
158 SUGAR VALLEY LANE
FRANKLIN, PA, 16323
LICENSE/COC#: 44771

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2025, 10/03/2025 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: SUGAR VALLEY LODGE (SILVER OAK BUILDING) License #: 44771 License Expiration: 04/10/2026
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 05/20/2016 Issued By: Sandycreek Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 10/03/2025

Inspection Dates and Department Representative

10/01/2025 - On-Site: [REDACTED]
 10/03/2025 - On-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: 12 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

10/01/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2025

11/07/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/24/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/12/2025

Inspections / Reviews *(continued)*

11/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/28/2025

12/04/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

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

The police were at the home on 8/10/25 for an incident involving Resident #3.

On 09/03/2025 Resident #3 [REDACTED]

On 7/26/25 Resident #3 [REDACTED]

On 07/20/25 Resident #3 [REDACTED]

On 05/27/25 Resident #3 [REDACTED]

These incidents were not reported to the Department.

Plan of Correction

Directed ([REDACTED] - 11/13/2025)

On 10/3/2025 [REDACTED] CEO was made aware that incidents had not been reported to the department.

On 10/3/2025 [REDACTED] CEO informed [REDACTED] administrators about what type of incidents need reported the the department per 2600.16c.

On 10/3/2025 [REDACTED] CEO started tracking incident reports that take place and which should be sent to the department.

Starting on 11/11/2025 [REDACTED] CEO will be responsible for reporting the incidents to the department. Training regarding 2600.16C will be filed with our yearly trainings.

Proposed Overall Completion Date: 11/11/2025

DIRECTED PLAN:

By 11/25/25: The administrator or designee will report the above incidents to The Department via fax or email indicating that the report is relating to a plan of correction. Documentation of the reportable incidents shall be kept by the home.

Directed Completion Date: 11/25/2025

Implemented ([REDACTED] - 12/04/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #2 was not signed by the administrator or a designee.

25b - Contract Signatures (continued)

Plan of Correction Accept ([redacted] - 11/13/2025)

On 10/3/2025 [redacted] CEO was made aware that the contract of resident #2 was not signed by the administrator. The Contract was signed on 10/3/2025 by the administrator.

On 10/3/2025 [redacted] CEO informed the administrators the importance of signing the resident contracts.

Starting on 11/10/2025 [redacted] COO will audit the resident contracts to ensure signatures are in place.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 12/04/2025)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 10/1/25, the home's first aid kit did not include tweezers.

Plan of Correction Accept ([redacted] - 11/07/2025)

On 10/3/2025 [redacted] CEO was made aware tweezers were missing from the first aid kit.

On 10/3/2025 [redacted] CEO put a pair of tweezers in the first aid kit

Starting on 11/10/2025 [redacted] will check the first aid kits monthly to ensure all required items are in the kits. These checks will be documented through an excel spreadsheet..

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented ([redacted] - 12/04/2025)

101j7 - Lighting/Operable Lamp

4. 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

On 10/1/25, resident #1 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction Accept ([redacted] - 11/07/2025)

On 10/3/2025 [redacted] CEO was made aware of resident #1 not having an operable light.

On 10/3/2025 [redacted] CEO had the light in resident #1's room repaired.

Starting on 11/10/2025 [redacted] Med lead will add light checks to the ADL list for nightly checks.

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented ([redacted] - 12/04/2025)

141b2 - Medical Evaluation Changes

5. Requirements

2600.

141b2 - Medical Evaluation Changes (continued)

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

On [redacted] Resident #3 was discharged from the hospital with a diagnosis [redacted].

On [redacted] resident #3 was diagnosed with [redacted].

On [redacted] resident #3 was diagnosed with [redacted].

The resident's initial medical evaluation, dated [redacted] does not include these diagnoses and no additional medical evaluation has been completed.

Plan of Correction

Accept ([redacted] - 11/14/2025)

On 10/3/2025 [redacted] CEO was made aware that diagnosis were not updated.

On 10/3/2025 [redacted] CEO informed [redacted] Med Lead that any new Diagnosis need updated and will require a medical evaluation to be completed within 30 days.

Starting on 11/10/2025 [redacted] Med Lead will audit all charts bi-annually to ensure they are all up to date.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 12/04/2025)

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's initial assessment, dated [redacted], does not include [redacted] as indicated on [redacted] preadmission screening form, dated [redacted]

Resident #3's initial assessment, dated [redacted] does not include [redacted] as indicated on [redacted] preadmission screening form, dated [redacted]

Plan of Correction

Accept ([redacted] - 11/14/2025)

On 10/3/2025 [redacted] CEO was made aware that Diagnosis were not updated on his assessment.

On 10/3/2025 [redacted] Med Lead will audit residents assessments following hospital visits.

Starting on 11/10/2025 [redacted] Med Lead will audit all assessments monthly to ensure their diagnosis's are updated.

Resident is no longer at the facility.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 12/04/2025)

228b - Discharge or Transfer

7. Requirements

228b - Discharge or Transfer (continued)

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [REDACTED] the home issued a 30-day notice to resident #3; however, the home did not provide a copy to the resident's designee.

Plan of Correction

Accept ([REDACTED] - 11/14/2025)

On 10/3/2025 [REDACTED] CEO was made aware that the 30-day notice was not provided to the designee.

On 10/3/2025 [REDACTED] CEO informed all administrators that any 30-day notice needs to be provided to designee.

Starting on 11/5/2025 [REDACTED] CEO will make sure all 30-day notices are provided to family/designee as well.

All documentation of any staff education will be tracked with our yearly training documentation.

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

Implemented ([REDACTED] - 12/04/2025)

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #1's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Resident #4's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Resident #2's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Resident #5's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Plan of Correction

Accept ([REDACTED] - 11/07/2025)

On 10/3/2025 [REDACTED] CEO acknowledged that the records were missing information.

On 10/13/2025 [REDACTED] Administrator updated missing information.

Starting on 11/10/2025 [REDACTED] COO will audit the charts monthly to ensure all the appropriate information is documented.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented ([REDACTED] - 12/04/2025)