



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 12, 2026

[REDACTED]
Sugar Valley Lodge Inc.
[REDACTED]

RE: Sugar Valley Lodge (Polk)
196 Church Street
Polk, PA 16342
License/COC #: 445491

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 18, 2026, January 27, 2026 and February 9, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 44549) dated April 1, 2026 to April 1, 2027 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JUNE 12, 2026 to DECEMBER 12, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

Facility Information

Name: SUGAR VALLEY LODGE (POLK) License #: 44549 License Expiration: 04/24/2026
 Address: 196 CHURCH STREET, POLK, PA 16342
 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: R-4 Date: 07/30/2013 Issued By: Venango County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/09/2026

Inspection Dates and Department Representative

01/18/2026 - On-Site: [REDACTED]
 01/27/2026 - On-Site: [REDACTED]
 02/09/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 15 Residents Served: 12
 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: 4
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 5
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/18/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2026

Inspections / Reviews *(continued)*

04/01/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/20/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2026

05/29/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/06/2026
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/15/2026

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 [REDACTED] was admitted on [REDACTED]. [REDACTED] resident assessment and support plan (RASP), dated [REDACTED], indicates diagnoses of anxiety, depression, and unspecified mood (affective) disorder. To meet these needs, staff will assist when [REDACTED] is anxious by talking with [REDACTED] encouraging different coping skills, and when [REDACTED] is having a [REDACTED] episode, staff will talk with [REDACTED] and encourage socialization and going for a walk.

Resident [REDACTED] was admitted on [REDACTED] RASP, dated 4/24/25, indicates diagnoses of [REDACTED], [REDACTED], and a [REDACTED]. To meet these needs, staff will redirect and provide [REDACTED] with a quiet place for [REDACTED] to calm down, then will sit and talk with [REDACTED]

Resident [REDACTED] and resident [REDACTED] are roommates. Staff and resident interviews indicate resident [REDACTED] and resident [REDACTED] have a history of arguing, including [REDACTED] and [REDACTED]. Multiple staff interviews indicate resident [REDACTED] has a history of carrying knives, most recently on [REDACTED], when staff person A found a knife under resident [REDACTED]'s pillow when changing [REDACTED] bed linens.

Beginning [REDACTED] and intermittently through [REDACTED] resident [REDACTED] refused [REDACTED] prescribed [REDACTED] because [REDACTED] thought it made [REDACTED] tired. On [REDACTED] staff person B observed resident [REDACTED] to be intoxicated, who confirmed [REDACTED] was drunk. On [REDACTED] staff person B observed resident [REDACTED] being angry. Resident [REDACTED] told staff person B that [REDACTED] needed help and asked to be seen at the Regional Counseling Center (RCC). Staff person B scheduled an appointment for resident [REDACTED] for [REDACTED] with RCC. On [REDACTED] at 8:30am, staff person C faxed resident [REDACTED]'s physician to report that resident [REDACTED] had only eaten about 2 meals in the last couple weeks. Resident [REDACTED]'s Community Based Case Manager (CBCM) indicated resident [REDACTED] was complaining a lot about resident [REDACTED]. Resident [REDACTED] told [REDACTED] CBCM that resident [REDACTED] got on [REDACTED] nerves and resident [REDACTED] got into [REDACTED] stuff. Resident [REDACTED]'s CBCM indicated this was a big deal for resident [REDACTED] because [REDACTED] was private about [REDACTED] stuff. Resident [REDACTED]'s CBCM indicated that, out of the blue, resident [REDACTED] said maybe [REDACTED] should do something to go to jail so [REDACTED] can meet other lesbians, since [REDACTED] wasn't going to meet them here.

On [REDACTED] at approximately 8:43am, resident [REDACTED] alerted staff person C that [REDACTED] heard someone fall in bedroom [REDACTED]. Staff person C entered bedroom [REDACTED] and observed resident [REDACTED] lying face down on the floor, covered in blood, with blood pooled on the linoleum floor and blood stains on the carpet. Resident [REDACTED] had a knife in [REDACTED] hand. When staff person C asked resident [REDACTED] what happened to resident [REDACTED] resident [REDACTED] stated [REDACTED] stabbed resident [REDACTED] to death and you are going to have to call 911. Staff person C checked resident [REDACTED]'s pulse and found [REDACTED]. Staff person C left the room and called 911 and then instructed staff person D to call staff person E. Local Fire Department and EMS arrived and secured the area, removed resident [REDACTED] from the bedroom, and secured [REDACTED] in the home's office until law enforcement arrived. Resident [REDACTED] was immediately taken into police custody and was charged with [REDACTED] – attempts to cause serious bodily injury with extreme indifference, and [REDACTED] – attempts to cause or causes bodily injury with a deadly weapon.

Resident [REDACTED] ceased to breathe on resident [REDACTED]'s date of death. Resident [REDACTED]'s autopsy report indicates [REDACTED] died as a result of [REDACTED] to the [REDACTED]. The autopsy report indicated there were 3 stab wounds to the chest, 1 stab wound to the arm, and 7 stab wounds to the back.

42b - Abuse (continued)

Plan of Correction

Directed [REDACTED] - 05/18/2026

On 1/17/26 [REDACTED] (COO) was informed of an aggravated assault between residents at the Polk facility.

On 1/18/26 following said incident, [REDACTED] (COO) reevaluated the procedures, progress notes, and other data collected over the prior months to analyze where intervention and prevention measures may have failed.

By 3/20/26 [REDACTED] (COO) will have implemented a refined Neglect and Abuse policy. Sugar Valley Lodge will require all staff to complete a slew of annual trainings including crisis prevention, mental health first aid, and de escalation.

On 4/8/26 Staff, [REDACTED] COO and [REDACTED] Admiin will interview 2 residents weekly to start out and then monthly after about 6 months checking on safety and concerns the residents might be having. If any concerns arise once the 6 months start, those residents will be put on weekly interviews. Staff will also collaborate with Drs and supports.

Attached is the Neglect and Abuse policy that Sugar Valley Lodge will be implementing going forward.

Proposed Overall Completion Date: 04/08/2026

Directed:

By 6/8/26, the administrator will ensure that all staff have been trained on the refined Neglect and Abuse policy. Documentation will be kept.

[REDACTED] 5/18/26

Directed:

By 6/8/26, the home WILL develop a risk assessment committee, to include the administrator and at least 1 direct care staff. The risk assessment committee will review and discuss each resident's behaviors and review each resident assessment and support plan (RASP) carefully, especially for supervision, mental and behavioral health, and social and recreational needs to ensure the home is adequately providing care and services which meet the needs of the residents. Ongoing committee reviews of all residents will occur at least monthly thereafter. Any significant changes identified will be documented on the resident assessment, with support plan revisions within 24 hours. Documentation will be kept and reviewed at quality management plan review meetings.

[REDACTED] 5/18/26

Directed:

By 6/8/26 and at least monthly thereafter, the administrator will meet with all direct care staff and review the needs of each resident for whom the staff provides direct care, as indicated in the RASP, to ensure all resident's needs are met. Reviews will be done with all new hires prior to performing direct care, and all direct care staff within 24 hours of any significant change RASPs. Documentation of reviews will be kept and reviewed at quality management plan review meetings.

[REDACTED] 5/18/26

Directed Completion Date: 06/08/2026

Not Implemented [REDACTED] - 06/10/2026

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Staff person E is not present in the home an average of 20 hours or more per week.

Plan of Correction

Directed [REDACTED] - 05/18/2026)

On 1/18/26 [REDACTED] (COO) was notified that the expected 20 administrator hours per week were not documented at the Polk facility.

On 1/18/26 [REDACTED] (COO) implemented a time sheet to document the 20 hours per week spent at the Polk facility.

By 3/20/26 [REDACTED] (COO) will utilize a time sheet that will reflect the 20 hours per week spent by an administrator in the Polk facility. SVL is awaiting a resubmission of a waiver for [REDACTED] to be deemed an administrator while [REDACTED] awaits the completion of [REDACTED] administrator's course and test.

On 3/23/26 [REDACTED] Administrator passed [REDACTED] exam and is now an licensed administrator at the Polk location. Between [REDACTED] COO and [REDACTED] Admin 20 hours will be mandatory at the facility. If one of the administrators is off the other one will go to that building to cover. We will establish a designated person to be at the Polk facility at least 3 days a week, Averaging 20 hours a week.

See attached time sheet template.

Proposed Overall Completion Date: 04/10/2026

Directed:

By 6/8/26 and monthly thereafter, the administrator will audit all administrator time sheets to ensure a qualified administrator is present in the home performing administrative duties an average of 20 hours or more per week, in each calendar month. Documentation will be kept.

[REDACTED] 5/18/26

Directed Completion Date: 06/08/2026

Not Implemented [REDACTED] - 06/10/2026)

98b - Furnished Lounge and Accomodations

3. Requirements

2600.

98.b. The home shall have at least one furnished living room or lounge area for residents, their families and visitors. The combined living room or lounge areas shall accommodate all residents at one time. These rooms or areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.

Description of Violation

From approximately [REDACTED] to approximately [REDACTED], the home did not have at least one furnished living room or lounge area containing tables, chairs and lighting to accommodate the residents, their families and visitors. Resident [REDACTED] was using the common lounge area as a bedroom while the heat in [REDACTED] room was fixed.

Plan of Correction

Directed [REDACTED] - 05/18/2026)

On 1/17/26 [REDACTED] COO identified that when the lounge area is in use that SVL needs to have an

98b - Furnished Lounge and Accomodations (continued)

alternate location for residents and/or visitors to visit.

On 1/17/26 SVL utilized the library as a secondary location for residents and/or visitors to visit. A couch and a radio were also added to the library for added comfort.

By 3/20/26 a secondary area is established for residents and visitors to visit. Education of this visiting area will be made during resident council on 4/10/26. Those who do not attend resident council will be spoke to individually..

Proposed Overall Completion Date: 04/10/2026

Directed:

By 6/8/26, the administrator or designee will interview each resident to ensure they are aware of the secondary visiting area. Documentation will be kept.

█ 5/18/26

Directed Completion Date: 06/08/2026

Not Implemented █ - 06/10/2026)

101i - Access to Bedroom

4. Requirements

2600.

101.i. A resident shall have access to █ bedroom at all times.

Description of Violation

From approximately █ to approximately █ resident █ was denied access to █ bedroom because the heating was not working properly and needed repaired. Resident █ was temporarily moved to the home's lounge.

Plan of Correction

Directed █ - 05/18/2026)

On 1/18/26 █ (COO) was made aware that Resident █ did not have access to █ bedroom due to █ heater breaking on 12/19/25. As a result of the broken heater, █ had to be relocated to an alternate room being the lounge area where staff and Admin moved the majority of █ belongings with █ Once the room was fixed on 1/25/26, █ was moved back into █ room. █ was permitted to go into █ room at any time, █ just was unable to sleep in there due to lack of heat.

By 4/8/26 █ COO will have 2 lounge areas available for residents and visitors, and staff will be trained on resident rights/regulations that state that residents will have access to their rooms at all times.

On 4/8/26 █ COO and Cullen Flaherty CEO will have a staff meeting/ Training session that will go over the above violation and stating that residents will have access to their rooms at all times unless it is unsafe/ dangerous.

See attached compliance plan.

Proposed Overall Completion Date: 04/08/2026

101i Access to Bedroom (continued)

Directed:

By 6/8/26, the administrator or designee will interview each resident to ensure they are aware of their right to access their bedroom at all times. Documentation will be kept.

5/18/26

Directed Completion Date: 06/08/2026

Not Implemented (06/10/2026)

108 - Firearms & Weapons

5. Requirements

2600.

108. Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

1. Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
2. Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
3. The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
4. The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
5. If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

Description of Violation

The home's weapon policy indicates firearms, weapons, and ammunition are not permitted on the premises of Sugar Valley Lodge Polk Building. Multiple staff interviews indicate resident has a history of carrying knives, most recently on , when staff person A found a knife under resident's pillow when changing bed linens.

On at approximately 8:43am, resident alerted staff person C that heard someone fall in bedroom . Staff person C entered bedroom and observed resident lying face down on the floor, covered in blood, with blood pooled on the linoleum floor and blood stains on the carpet. Resident had a knife in hand. When staff person C asked resident what happened to resident, resident stated stabbed resident to death and you are going to have to call 911. Staff person C checked resident's pulse and found pulseless. Staff person C left the room and called 911 and then instructed staff person D to call staff person E. Local Fire Department and EMS arrived and secured the area, removed resident from the bedroom, and secured in the home's office until law enforcement arrived. Resident was immediately taken into police custody and was charged with , attempts to cause serious bodily injury with extreme indifference, and attempts to cause or causes bodily injury with a deadly weapon.

Resident ceased to breathe on resident's date of death. Resident's autopsy report indicates died as a result of to the . The autopsy report indicated there were 3 stab wounds to the chest, 1 stab wound to the arm, and 7 stab wounds to the back.

Plan of Correction

Directed - 05/18/2026)

On 1/17/26 (COO) was notified of an aggravated assault between residents at the Polk facility.

108 Firearms & Weapons (continued)

On 1/17/26 [REDACTED] (COO) was notified that Immediate action was taken as the staff member on site called 911 and reached out to SVL's administration team.

By 3/20/26 [REDACTED] (COO) will have implemented an updated Weapons policy as is attached.

On 4/8/26 [REDACTED] COO and Cullen Flaherty CEO will have a training on the weapons policy with staff and residents in all buildings. Residents will sign a new contract with this policy updated and every new resident will be instructed on this policy from this point forward.

Proposed Overall Completion Date: 04/08/2026

Directed:

The home's new "No Weapon's Policy for Residents" indicates, "Sugar Valley Lodge maintains a zero tolerance policy regarding weapons. Residents, staff, and visitors are prohibited from possessing, storing, or using weapons on the premises at any time." By 6/8/26, the administrator will interview all residents to ensure they are aware of this policy. Documentation will be kept.

[REDACTED] 5/18/26

Directed Completion Date: 06/08/2026

Not Implemented [REDACTED] - 06/10/2026)

164c - Resident Refusal Eat/Drink**6. Requirements**

2600.

164.c. If a resident refuses to eat or drink continuously during a 24-hour period, the resident's primary care physician and the resident's designated person shall be immediately notified.

Description of Violation

According to 24 hour reporting documentation dated [REDACTED], completed by staff of the home, resident [REDACTED] has not eaten since [REDACTED]. Resident [REDACTED] continued to refuse meals until [REDACTED]. The home did not notify resident [REDACTED]'s physician of [REDACTED] refusals to eat until [REDACTED].

Plan of Correction

Directed [REDACTED] 05/18/2026)

On 1/18/26 [REDACTED] (COO) was made aware that a resident was refusing to eat or drink.

On 1/18/26 [REDACTED] (COO) enacted a revised policy for a resident(s) who refuses to eat or drink. The policy states that SVL will document the refusal on a Resident Refusal Form, which is then sent immediately to said resident's primary care physician.

By 3/20/26 [REDACTED] COO will utilize the attached policy and procedure to make all Drs and caregivers aware of the situation. The policy will be implemented fully. Staff. Attached is the policy that has been in effect.

On 4/8/26 [REDACTED] COO and Cullen Flaherty CEO will have a staff training on the steps to take when a resident refuses meds Day 1 and thereafter. This involves Dr being notified each time a resident refuses meds. If a

164c - Resident Refusal Eat/Drink (continued)

resident refuses to eat for at least 24 hours Dr will be notified. If the resident is Diabetic and has other major medical diagnoses the Dr will be notified of each meal the resident misses.

Proposed Overall Completion Date: 04/08/2026

Directed:

By 6/8/26, the administrator will interview all staff to ensure they are aware of the revised policy. Documentation will be kept.

■ 5/18/26

Directed Completion Date: 06/08/2026

Not Implemented ■ - 06/10/2026)