STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395777	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sugar Creek Care Center	351 Causeway Drive Franklin, PA 16323

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496 Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to ensure that medication was obtained and provided as ordered by the physician for two of two residents reviewed for medications (Residents R1 and R2). Findings include: Review of facility policy entitled Medication Orders Controlled Substance Prescriptions dated 5/01/24, indicated If a new prescription is not obtained by the pharmacy before the medication would be due again, the facility is notified. Review of Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included Psychotic disorder with delusions (a mental disease that include delusions a false belief based on an incorrect interpretation of reality), and Anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone). Review of Resident R1's clinical recorded revealed a physician's order dated 9/11/24, for Ativan, Benadryl, Haldol, Reglan (ABHR-combined medications for topical application) gel apply to wrist topically four times a day for psychotic disorder. Review of Resident R1's December 2024 Medication Administration Record (MAR) revealed that Resident R1's ABHR gel was not administered for one dose on 12/16/24, for four doses on 12/17/24, for four doses on 12/18/24, for four doses on 12/19/24, for four doses on 12/20/24, for four doses on 12/21/24, and for four doses on 12/22/24. Review of Resident R1's nursing documentation indicated that from 12/16/24, through 12/22/24, ABHR gel was not available and awaiting delivery from pharmacy. Review of Resident R2's clinical record revealed an admitted [DATE], with diagnoses that included bipolar disorder (a mental illness that causes extreme mood swings with emotional highs and emotional lows), and gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat). Review of Resident R2's clinical record revealed a physician's order dated 6/17/24, for ABHR gel apply to wrist topically four times a day for anxiety. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395777	A. Building B. Wing	12/31/2024

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Sugar Creek Care Center	351 Causeway Drive Franklin, PA 16323

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R2's December 2024 MAR revealed that Resident R2's ABHR gel was not administered for three doses on 12/26/24, and for four doses on 12/27/24. Review of Resident R2's nursing documentation indicated that from 12/26/24, through 12/27/24, ABHR gel was not available and awaiting delivery from pharmacy. During an interview on 12/31/24, at 10:34 a.m. the Nursing Home Administrator (NHA) confirmed that Residents R1 and R2 did not received their ABHR gel as ordered by the physician related to pharmacy not delivering the medication. The NHA also confirmed that the medication should be available from pharmacy and administered per physician orders. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services