

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Sugar Creek Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of facility policy and clinical record, and staff interview, it was determined that the facility failed to ensure that medication was obtained and provided as ordered by the physician for one of 10 residents reviewed for medications (Resident R3).</p> <p>Findings include:</p> <p>Review of facility policy entitled Administering Medications dated 5/09/25, indicated Medications are administered in a safe and timely manner, and as perscribed.</p> <p>Review of Resident R3's clinical record revealed an admission date of 10/05/20, with diagnoses that included Rheumatoid arthritis, pain in shoulder and chronic pain.</p> <p>Review of Resident R3's clinical recorded revealed a physician's order dated 5/17/25, for Oxycodone (a narcotic pain medication) 5 milligrams one tab every six hours while awake for pain.</p> <p>Review of Resident R3's May 2025 Medication Administration Record revealed that Resident R3's Oxycodone was not administered for three doses on 5/18/25, for three doses on 5/19/25, and one dose on 5/20/25.</p> <p>During an interview on 5/22/25, at 12:05 p.m. the Nursing Home Administrator (NHA) confirmed that Resident R3 did not received his/her Oxycodone as ordered by the physician related to nursing entering the order incorrectly. The NHA also confirmed that the medication should have been administered per physician orders.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>

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
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