

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 06/27/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to have complete and accurate documentation regarding Peripherally Inserted Central Catheter (PICC-a thin soft flexible tube placed in the vein of the upper arm also called an IV to deliver fluids and medications) dressing changes for two of three residents reviewed with PICC lines in the treatment record. (Residents R1 and R2)</p> <p>Findings include:</p> <p>Review of facility policy entitled Peripheral and Midline IV Dressing Changes dated 5/9/25, indicated Change the dressing if it becomes damp, loosened or visibly soiled and at least every 7 days .</p> <p>Review of Resident R1's clinical record revealed an admission date of 11/24/24, with diagnoses that included hypertension (high blood pressure), cellulitis (and infection of the skin), and diabetes (a health condition that is caused by the body's inability to produce enough insulin).</p> <p>Review of Resident R1's physician's orders for May 2025, revealed an order dated 5/5/25, to change PICC line dressing weekly.</p> <p>Review of Resident R1's treatment administration record for May 2025, lacked evidence that his/her PICC line dressing was changed on 5/12/25, 5/19/25, and 5/26/25. Review of his/her treatment administration record for June 2025, lacked evidence that his/her PICC line dressing was changed on 6/1/25.</p> <p>Review of Resident R2's clinical record revealed an admission date of 4/6/25, with diagnoses that included osteomyelitis (an infection in the bone), bacteremia (infection in the blood), and gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat).</p> <p>Review of Resident R2's physician's orders for April 2025, revealed an order dated 4/6/25, to change PICC line dressing weekly.</p> <p>Review of Resident R2's treatment administration record for April 2025, lacked evidence that his/her PICC line dressing was changed on 4/21/25, and 4/28/25. Review of his/her treatment administration record for May 2025, lacked evidence that his/her PICC line dressing was changed on 5/5/25.</p> <p>(continued on next page)</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/18/25, at 12:56 p.m. the Regional Clinical Director Employee E1 confirmed that Residents R1 and R2's treatment records did not have complete documentation regarding PICC line dressing changes. He/she also confirmed that the dressing changes should be completed per physician's orders and documented in the clinical record.</p> <p>28 Pa. Code 211.5(f)(xiii)(ix) Medical Records</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on review of facility infection control program and staff interview, it was determined that the facility failed to ensure the designated Infection Preventionist (IP) was qualified with specialized training in infection prevention and control from 4/10/25 to 5/25/25.</p> <p>Findings include:</p> <p>Review of facility policy entitled Infection Preventionist dated 5/9/25, indicated The Infection Preventionist has obtained specialized IPC training beyond initial professional training . and Evidence of training is provided through a certificate of completion .</p> <p>Review of Registered Nurse (RN) Employee E2's daily timecard revealed he/she worked as the facility's IP from 4/16/25, to 5/21/25.</p> <p>Upon request, the facility was unable to produce a certificate of completion for the IP specialized training for RN Employee E2.</p> <p>During an interview with Regional Clinical Director Employee E1 on 6/17/25, at 11:00 a.m. he/she revealed that RN Employee E2 started covering the IP position in the facility when the former IP left the position on 4/9/25, and he/she continued covering the position until the facility's new IP started the position on 5/26/25.</p> <p>During an interview on 6/24/25, at 8:37 a.m. the Nursing Home Administrator confirmed that the facility had no evidence that RN Employee E2 had successfully completed the required specialized IP training.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p>