

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 03/26/2026
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 - Some</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 clinical records, and staff interview, it was determined that the facility failed to have complete and accurate documentation regarding showers for four of four residents reviewed (Residents R1, R2, R3, and R4). Findings include: Review of facility policy entitled Bath, Shower/Tub dated 1/20/26, indicated Documentation: The date and time the shower/tub bath was performed. The name and title of the individual(s) who assisted the resident with the shower/tub bath. Review of facility policy entitled Activities of Daily Living (ADLs), Supporting dated 1/20/26, indicated Appropriate care and services will be provided for residents who are unable to carry out ADLs [activities of daily living] independently. including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care). Review of Resident R1's clinical record revealed an admission date of 1/14/15, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones). Review of Resident R1's shower task (an area in point of care where the nursing assistants document showers) for the months of February 2026, and March 2026, lacked documentation that a shower was provided on 2/6/26, 2/20/26, 2/24/26, 3/10/26, 3/13/26, and 3/17/26. Review of Resident R2's clinical record revealed an admission date of 2/16/26, with diagnoses that included diabetes, and hypertension (high blood pressure). Review of Resident R2's shower task for the months of February 2026, and March 2026, lacked documentation that a shower was provided on 2/16/26, 2/19/26, 2/23/26, 3/2/26, 3/5/26, and 3/9/26. Review of Resident R3's clinical record revealed an admission date of 9/26/25, with diagnoses that include hypertension and gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat). Review of Resident R3's shower task for the months of February 2026, and March 2026, lacked documentation that a shower was provided on 2/11/26, 2/14/26, 2/18/26, 2/21/26, 2/25/26, 3/4/26, 3/11/26, 3/14/26, and 3/18/26. Review of Resident R4's clinical record revealed an admission date of 1/30/26, with diagnoses that included Parkinson's (a progressive disorder that affects movement), overactive bladder, and diabetes. Review of Resident R4's shower task for the month of February 2026, lacked documentation that a shower was provided on 2/3/26, 2/6/26, 2/10/26, 2/13/26, 2/17/26, 2/20/26, and 2/24/26. During an interview on 3/20/26, at 10:23 a.m. the Director of Nursing (DON) confirmed that Resident's R1, R2, R3, and R4's clinical record did not have complete documentation regarding showers. The DON also confirmed that showers should be done as scheduled in the resident's task and documented when completed. 28 Pa. Code 211.5(f)(ix) Medical Records 28 Pa. Code 211.12(d)(1)(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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