

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/21/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on review of facility policy, job descriptions, clinical records, observations, and staff interviews, it was determined that the facility failed to answer a call bell appropriately to provide care and services that are resident centered and failed to uphold professional standards of practices to promote the physical and mental well-being to meet the needs for one resident (Resident R1). Findings include: Review of facility policy entitled, Answering the Call Light dated 7/7/26, indicated, .Answer the resident call system immediately. When answering an auditory request for assistance, identify yourself and politely respond to the resident by his/her name. If the resident's request requires another staff member, notify the individual. If the resident's request is something you can fulfill, complete the task within five minutes if possible. Review of facility job descriptions for a Nursing Assistant (NA) indicated, .Assist resident with bowel and bladder functions. Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc. Answer resident calls promptly. Check each resident routinely to ensure that his/her personal care needs are being met in accordance with his/her wishes. Resident R1's clinical record revealed an admission date of 9/5/2020, with diagnoses that include spastic hemiplegia affecting left non-dominant side (a neuromuscular condition where one side of the body experiences muscle stiffness, weakness, and impaired movement), need for assistance with personal care, and muscle weakness. Review of Resident R1's plan of care revealed an Activities of Daily Living care plan indicating that Resident R1 is to utilize his/her call bell for assistance and a Limited Mobility care plan indicating that Resident R1 requires a lift with an assist of two for transfers. Observations made on 7/20/26, revealed that Resident R1's call bell was activated at approximately 10:56 a.m. and after 10 minutes it was observed that the call bell had been deactivated. At approximately 11:07 a.m. the call bell was reactivated and after three minutes it was observed that the call bell had been deactivated. At approximately 11:10 a.m. the call bell was reactivated, and it was immediately deactivated. Interview conducted on 7/20/26, at approximately 11:12 a.m. with NA Employee E1 revealed that he/she had been deactivating Resident R1's call bell from the nurses' station without going to Resident R1's room to determine what Resident R1 needed. NA Employee E1 indicated that his/her hall partner was on break and that Resident R1 is an assist of two. Observations made on 7/20/26, at approximately 11:29 a.m. revealed that Resident R1's call bell was activated and NA Employee E2 responded at 11:30 a.m. Interview conducted at that time with NA Employee E2 revealed that NA Employee E1 went to break and that he/she was waiting for Licensed Practical Nurse (LPN) Employee E3 to assist with providing care to Resident R1. Observations made on 7/20/26, at approximately 11:31 a.m. revealed NA Employee E1 and LPN Employee E3 assisting Resident R1 with care after approximately 35 minutes had lapsed from the initial activation of Resident R1's call bell. During an interview on 7/20/26, at 12:30 p.m. the Director of Nursing confirmed that the call bell was not answered appropriately to provide care and services that are resident centered and failed to (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
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	uphold professional standards of practices to promote the physical and mental well-being to meet the needs for Resident R1 and that the call bell should never be deactivated at the nurses station without going to the residents room. 28 Pa. Code 201.18(b)(1) Management28 Pa. Code 211.12(d)(4)(5) Nursing services		