



Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395777</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>SUGAR CREEK CARE CENTER</b>  STATE LICENSE NUMBER: <b>220602</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>351 CAUSEWAY DRIVE</b> <b>FRANKLIN, PA 16323</b>
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P 5520		P 5520		

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

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P 5520	Continued from page 1  Nursing services.  (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.  This REGULATION is not met as evidenced by:	P 5520	"The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements."  1. The facility cannot correct that the nurse aide staffing ratio was not met on 2/2 and 2/4/25. 2. System changes will be put into place to ensure minimum requirements to be put into place will include: 3. Facility currently has multiple nursing assistant staff members in the onboarding process to start employment at the facility. 4. All nursing assistant positions	Completion Date: <b>03/05/2025</b> Status: <b>APPROVED</b> Date: <b>02/16/2025</b>

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P 5520	Continued from page 2	P 5520	<p>are actively posted in recruitment.</p> <p>5. Bonuses are offered on an as needed basis to nursing assistants.</p> <p>6. Staff are mandated as appropriate.</p> <p>7. Call offs will continue to be monitored, and disciplines will be issued, as appropriate.</p> <p>8. When call offs occur, all available staff members will be called to ask if they will fill the vacancy to ensure the appropriate staffing levels.</p> <p>9. On a daily basis, the Director of Nursing and/or Administrator reviews the ability to take admissions based on the staffing numbers, if not meeting staffing numbers, admissions are held for the day.</p> <p>10. All RN's (Registered Nurse's) and staffing coordinator will be educated on staffing ratios. Education will be done by the Director of Nursing or designee.</p> <p>11. RN supervisors will be educated that they will need to mandate staff for call off to make sure facility does not fall below staffing ratios per</p>	

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P 5520	Continued from page 3	P 5520	<p>DOH (Department of Health) regulations.</p> <p>12. Daily meetings will be held, with Director of Nursing, admission coordinator, staffing coordinator, and Administrator to review schedule with ratio's.</p> <p>13. Nursing supervisors will monitor on weekends. If the facility is projected to not meet staffing ratios the nursing supervisor/or designee will call off duty facility staff, will notify Director of Nursing and will utilize pick-up bonuses.</p> <p>DON (Director of Nursing) or designee will monitor staffing ratios/PPD by reviewing the current working schedule and assignment sheets prior to the day and after the day is complete to ensure compliance daily x 10 days then weekly x 6 weeks, then Q (once) monthly x2 to ensure compliance.</p> <p>This will be reviewed at the Quarterly QAPI (Quality Assurance/Performance Improvement) meetings.</p>	

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P 5520	Continued from page 4  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the Nurse Aide (NA) ratios of one NA per 11 residents on the evening shift for two of 11 days reviewed (2/02/25 and 2/04/25).  Findings include:  Review of facility nursing staffing documents for the time period from 1/25/25 through 2/04/25, revealed the following NA shortages for the evening shift where the NA ratios were not met:  2/02/25 census of 97 residents 7.96 NAs worked and 8.82 were required 2/04/25 census of 95 residents 8.13 NAs worked and 8.64 were required  During a telephone interview on 2/06/25, at 1:58 p.m. the Nursing Home Administrator confirmed	P 5520		

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P 5520	Continued from page 5  that the facility did not meet the minimum NA ratios for the above days and shifts.	P 5520			
P 5640		P 5640			

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P 5640	Continued from page 6  Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	<ol style="list-style-type: none"> <li>1. The facility cannot correct that the State required PPD (per patient day) minimum hours of 3.20 was not met on 1/26, 2/1, 2/2, and 2/4/25.</li> <li>2. Nursing supervisors will be re-educated regarding the daily PPD by the Director of Nursing/or Designee.</li> <li>3. Daily meetings will be held to review the schedule with PPD.</li> <li>4. Nursing supervisors will monitor on weekends. If the facility is projected to not meet staffing PPD the scheduler/or designee will call off duty facility staff, notify the Director of Nursing and will utilize pick-up bonuses.</li> <li>5. All nursing positions are actively posted in recruitment</li> <li>6. Call offs will continue to be monitored, and disciplines will be issued, as appropriate.</li> <li>7. On a daily basis, the facility reviews the ability to take admissions based on the staffing numbers.</li> </ol> <p>DON or designee will monitor staffing PPD by reviewing the</p>	Completion Date: <b>03/05/2025</b> Status: <b>APPROVED</b> Date: <b>02/16/2025</b>

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P 5640	Continued from page 7	P 5640	<p>current working schedule and assignment sheets prior to the day and after the day is complete to ensure compliance daily x 10 days then weekly x 6 weeks, then Q monthly x2 to ensure compliance.</p> <p>This will be reviewed at the Quarterly QAPI (Quality Assurance/Performance Improvement) meetings.</p>	

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P 5640	Continued from page 8  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the 3.2 minimum number of general nursing care hours for each 24-hour period for four of 11 days reviewed (1/26/25, 2/01/25, 2/02/25, and 2/04/25).  Findings include:  Review of facility nursing staffing documents for the time period 1/25/25 through 2/04/25, revealed the following general nursing care hours was below the minimum 3.2 per patient day (PPD) on the following days:  1/26/25      3.19 PPD 2/01/25      3.14 PPD 2/02/25      3.05 PPD 2/04/25      3.03 PPD  During a telephone interview on 2/06/25, at 1:58	P 5640		

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P 5640	Continued from page 9  p.m. the Nursing Home Administrator confirmed that the facility did not meet the 3.2 PPD minimum direct nursing care hours on the above dates.	P 5640			



# Certified End Page

**SUGAR CREEK CARE CENTER**  
**STATE LICENSE NUMBER: 220602**  
**SURVEY EXIT DATE: 02/06/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania**  
**Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY