

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SAUCON VALLEY MANOR INC.

LEGAL ENTITY

To operate SAUCON VALLEY MANOR

NAME OF FACILITY OR AGENCY

Located at 1050 MAIN STREET, HELLERTOWN, PA 18055

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 186

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 72

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 2, 2010 until September 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205810**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

SEP 02 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Nimita Kapoor-Atiyeh, President
Saucon Valley Manor Inc.
Saucon Valley Manor
1050 Main Street
Hellertown, Pennsylvania 18055

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Public Welfare's licensing inspection on July 14, 2010 and July 15, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Saucon Valley Manor, 1050 Main Street, Hellertown, Pennsylvania, 18055		CURRENT LICENSE NUMBER 205810	
INSPECTION DATE(S) (Include all dates of the inspection) July 14, 2010 and July 15, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nimita Kapoor - Atiyeh - President, L.S. Moyer - Administrator Malissa Stroble - Co Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nimita Kapoor - Atiyeh - President</i>	DATE 8/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE 8-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.	The resident records stored in the record storage room located on "B" floor were found to be unlocked and unattended and accessible to residents and other unauthorized individuals.	7/31/10 7/15/10	Brookside Commercial Construction came to check the locking device on the doors to assure it is working. We placed the attached memo on the resident's Record Storage door. The unit clerk, nursing personnel and administration will check the doors daily to ensure compliance.	DOV 8-26-10

RECEIVED
AUG 17 2010
SCRANTON FIELD OFFICE
Adult Residential Licensing

original

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	(Continued from the previous page)	7/31/10 7/15/10	Brookside Commercial Construction came to check the locking device on the doors to assure it is working. We placed the attached memo (please see copy of picture of door with memo) on the Resident's Record storage door. The Unit Clerk, nursing personnel and administration will check the doors daily to ensure compliance.	Dev 8-26-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Nimita Kapoor - Attych, President		DATE 8/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Doreen C. Saloner
			DATE 8-26-10

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28g Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.	The home did not return the \$ 40.00 of personal funds it was managing for resident # 1, who was discharged to a higher level of care on 6/19/10.	7/14/10/7/15/10 corrected at the time of inspection	The administrator of Saucon Valley Manor gave the Administrator of Whitehall Manor, Resident # 1's, personal funds and Record of funds. Please see attached Record. Quarterly financial report was completed by Whitehall Manor's administrator (see attached). Upon Resident discharge, staff members will be retrained on discharge procedures, including Regulation 289. Administrator will be checking on this to ensure compliance.	Dev 8.26.10

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Resident #2 resides in single occupancy room B-65. "Stain be Gone" brand detergent, one box of "Sun Bleach" brand bleach, and one box of "Ivory Snow" brand detergent were located in the resident's room. Each item had a label indicating a physician should be contacted if the detergent was swallowed. Resident #2 has not been assessed to determine if the resident is capable of using poisonous materials safely. Resident #3 resides in single occupancy room B-61. Two bottles of "Wisk" brand detergent were located in the room with a label stating, "If swallowed, drink a glass of water and call a physician." Resident #3 has not been assessed to determine if the resident is capable of using poisonous	7/15/10 corrected at the time of inspection	We updated Resident #2 & Resident #3's assessment and support plans. Please see attached. We will continue to indicate on support plans and assessments when a resident can safely handle and store poisonous materials. Also see attached labels that will be copied onto paperwork of only capable residents. Administrative clerk, direct care staff and administration will be checking daily to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable 8-26-10 DCU Date Initials (DPW)

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<i>Nimita Kapoor-Attych, President</i>	<i>8/16/10</i>	<i>Doreen e Valence</i>	<i>8.26.10</i>

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(Continued from the previous page)	materials safely.	<i>7/15/10 corrected at the time of inspection.</i>	<i>see page 4.</i>	<i>See page 4 DCU 8-26-10</i>

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			DATE 8-26-10

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone numbers listed in the regulation were not posted on or near the telephone located in single occupancy room B-55 occupied by resident #4 and single occupancy room B-42 occupied by resident #5.	7/15/10 corrected at the time of inspection	Please see attached photos to see compliance of resident #4 and Resident #5's phones. Please see attached copy of new label as of 8/1/10 utilized on all phones. We will remind the marketing department to give new Residents and or families a minimum of (2) 911 stickers upon admission. Housekeeping and Direct care staff will check daily to ensure compliance.	DCV 8-26-10

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121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	<p>The door adjacent to room C-70, which leads into an enclosed courtyard, was not labeled "NOT AN EXIT."</p> <p>The following resident rooms have doors which lead into an enclosed courtyard and were not labeled "NOT AN EXIT."</p> <p>Resident rooms: C-50 C-66 C-52 C-68 C-54 C-70</p>	<i>7/15/10 corrected at the time of inspection.</i>	<p><i>See sample pictures of signs placed at resident rooms doors. All resident rooms were done and all doors leading to enclosed courtyard.</i></p> <p><i>To prevent this from reoccurring, maintenance, housekeeping, and direct care staff will check daily to make sure signs are visible, to also ensure future compliance.</i></p>	<i>DCU 8-26-10</i>

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	Review of the fire drill records indicated that the home was not documenting the exact time of evacuation during the fire drills conducted between 6/25/09 and 6/16/10. The times did not include the number of seconds, as indicated below: <table border="1"> <thead> <tr> <th>Date of Drill</th> <th>Evacuation Time</th> </tr> </thead> <tbody> <tr><td>6/25/09</td><td>10 mins/ no seconds</td></tr> <tr><td>7/29/09</td><td>10 " "</td></tr> <tr><td>8/25/09</td><td>10 " "</td></tr> <tr><td>9/22/09</td><td>7 " "</td></tr> <tr><td>10/29/09</td><td>10 " "</td></tr> <tr><td>11/02/09</td><td>8 " "</td></tr> <tr><td>12/24/09</td><td>6 " "</td></tr> <tr><td>1/24/10</td><td>9 " "</td></tr> <tr><td>2/24/10</td><td>7 " "</td></tr> <tr><td>3/05/10</td><td>9 " "</td></tr> <tr><td>4/16/10</td><td>8 " "</td></tr> <tr><td>5/17/10</td><td>7 " "</td></tr> </tbody> </table>	Date of Drill	Evacuation Time	6/25/09	10 mins/ no seconds	7/29/09	10 " "	8/25/09	10 " "	9/22/09	7 " "	10/29/09	10 " "	11/02/09	8 " "	12/24/09	6 " "	1/24/10	9 " "	2/24/10	7 " "	3/05/10	9 " "	4/16/10	8 " "	5/17/10	7 " "	7/22/10	We purchased a clock on 7/22/10 (see receipt and picture) that reflects the minutes and seconds. This clock is placed by the fire panel. All future fire logs will reflect minutes and seconds to show the exact time of evaluation, during fire drills. Please see attached Fire Drill Record to see compliance of Drill conducted on 7/30/10. Maintenance and Administration will be ensuring compliance with Regulation 132c.	DCV 8-26-10
Date of Drill	Evacuation Time																													
6/25/09	10 mins/ no seconds																													
7/29/09	10 " "																													
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(Continued from the previous page)	6/16/10 9 " " Repeated Violation- 6/17/09	7/23/10	see page 8 for plan of correction	

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	Review of the fire drill records indicated that during the fire drill conducted on 12/24/09 at 10:30am only 151 of the 153 residents present in the home at the time the alarm sounded were evacuated.	12/24/09	The two residents that did not evacuate during the fire drill on 12/24/09, were both spoken to about the importance of evacuation to the fire safe areas whenever the alarm sounds. They were told that if this violation of house rules is repeated they would receive a 30 day notice. Please see portion of attached leases from 2009, & 2010 (notating participation in fire drills is mandatory) These leases were reviewed with both residents.	Steps have been taken to correct violation; full compliance is not verifiable. 8-26-10 DCU Date Initials (DPW)

To ensure compliance, we will continue to require all Residents to evacuate during fire drills or when the alarm sounds. (Administration will ensure compliance)

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<p>141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.</p> <p>181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.</p>	<p>The most current medical evaluation for resident # 6, dated 2/9/10, indicated that the resident could not self-administer medications. The most current assessment, dated 8/16/09, indicated that the resident could self-administer with assistance in remembering schedule.</p> <p>The assessment was not updated to reflect the change in medication administration.</p>	<p>7/15/10 Corrected at the time of inspection.</p>	<p>Med aide corrected at the time of inspection. Please see attached assessment and support plan. All current and new medical evaluations will be checked, and all information will be reflected on assessments and support plans. The administrative clerk, the unit clerk, the med aides, the supervisors in nursing and administration will check, daily, weekly, & monthly to ensure compliance.</p>	<p>DCV 8.26.10</p>

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Atenolol 25mg, prescribed to resident #7, expired 6/27/10. The following insulin prescribed to the listed residents were being administered beyond the 28 day permissible timeframe as specified by the manufacturer: Novolog insulin prescribed to resident #2: opened 6/10/10 Lantus insulin prescribed to resident #8: opened 6/1/10 Lantus insulin prescribed to resident #5: opened 6/12/10	7/15/10 corrected at time of inspection	For Resident #7, a new bottle of Atenolol was delivered on 7/15/10. Resident #2 had a new bottle in fridge, was available for next dose. Expired bottle was disposed of. Resident #8 and Resident #5 had new bottles delivered on 7/15/10, prior to the end of inspection (with 1 hour) and received from the next dose. To ensure compliance, meal aides, supervisors and administration will be checking all medications of all Residents to make sure all medications are current. This will be done daily. As per regulation 183d.	Steps have been taken to correct violation; full compliance is not verifiable 8-26-10 DCU Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Saucon Valley Manor, 1050 Main Street, Hellertown, Pennsylvania, 18055		CURRENT LICENSE NUMBER 205810	
INSPECTION DATE(S) (Include all dates of the inspection) July 14, 2010 and July 15, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nimita Kapoor - Atiyeh, President, L.J. Moyer, Administrator Malissa Stroble - Co Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nimita Kapoor - Atiyeh, President</i>		DATE 8/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>
			DATE 8-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The pharmacy labels of the following medications prescribed to the stated residents were rewritten by direct care staff persons who is not a pharmacist, a physician, physician's assistant, or registered nurse practitioner and therefore are not permitted to alter the pharmacy label: <u>Resident #7:</u> - Levetiracetan 500mg: Staff wrote on the label, "take one tablet by mouth daily." - Aricept 10mg: Staff wrote "Take ½ a tablet by mouth daily at bedtime." - Risperidone .25mg: Staff wrote "Take on tablet at bedtime as needed." - Capitril 25mg: Staff wrote "take ½ a tablet by	7/16/10	Resident #7 switched to our preferred pharmacy, [redacted] meds were delivered on 7/15/10. [redacted] will no longer be getting mail order meds. For Resident #9 and all mail order Residents, we will follow procedure as keyed to us by DPW. 1) Have resident change pharmacy 2) ask Prescriber to hold order change til next refill (if possible) 3.) We will have our RN place label on bottle and write to see med, or order. Nursing and Administration will check regularly to ensure compliance.	D.C.V. 8-26-10

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INSPECTION DATE(S) (Include all dates of the inspection) July 14, 2010 and July 15, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nimita Kapoor - <i>Ativeh, President</i> Malissa Stroble - <i>Co Administrator</i> L.J. Moyer, <i>Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nimita Kapoor - Ativeh, President</i>	DATE 8/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Allen</i>	DATE 8-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
(Continued from the previous page)	<p>mouth 3 times daily.” - Metformin HCL 100mg: Staff wrote “take ½ a tablet by mouth daily in the morning.” -Levetiracetum 500mg: Staff wrote” take one tablet by mouth twice a day.”</p> <p><u>Resident #9:</u> - Digoxin 125mg: Staff wrote “take one tablet every other day on odd days at 8:00am, hold if pulse is under 60.” - Lantus 13 units, 2 bottles: Staff wrote “administer every morning in abdomen.”</p>	7/16/10	please see page #13	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nimita Kapoor - Atiyeh, President</i>	DATE 8/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune of Slaves</i>	DATE 8.26.10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
233d Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.	The magnetic locking door located on the "MIP-B" secured dementia unit which leads to the "A" stairwell and the magnetic locking door leading into the main entrance of the "MIP-B" secured dementia unit were found to be inoperable for approximately 15- 20 minutes during the day of the inspection.	7/15/10 corrected at the time of inspection	Unlocked area was discovered within moments, and staff was stationed at door to prevent any residents from exiting during repair. Within 15 minutes this door was working properly. This occurred because we were installing a new upgraded fire alarm system. An eye spy input module was installed for the new fire system, and new door modules. No problems have occurred since. This is checked daily by maintenance and the alarm company comes regularly to also ensure compliance with 233d, and that our system is in perfect working order.	Dev 8.26-10

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AUG 17 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing