



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 28, 2011

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 August 4, 2010 and August 10, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Bd B...", written over a large, stylized graphic element that resembles a signature or a flourish.

Regional Licensing Administrator

Enclosure
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, PA 18055		CURRENT LICENSE NUMBER 205810	
INSPECTION DATES (Include all dates of the inspection) 08/04/10 and 8/10/10		REGIONAL REPRESENTATIVE Betty Bloch, 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) <i>Nimita Kapoor-Ahijeh, President, Malissa Stroble, Co-Administrator, Hefsy Palomo Resident Care Coordinator</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor-Ahijeh</i>	DATE 11/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane C Valence</i>	DATE 1-25-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
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.	A bottle of "Rite Aid" hydrogen peroxide, with a manufacture's label indicating "If swallowed see a doctor or contact Poison Control Center", was unlocked and accessible to resident # 1. Not all residents of the home, including resident # 1, have been assessed capable of recognizing and using poisons safely. Repeated Violations: 07/14/2010	<i>Completed at time of inspection 8/4/10 + 8/10/10</i>	<i>Corrected at the time of inspection. The hydrogen peroxide was removed from Resident #1's Room. See attached assessment and support plan for Resident #1, that it is safe for Resident to use and store poisonous materials in room. All Residents have been assessed in their capabilities and safety in regards to 82c. Our nursing supervisors and administration will continue to check on this regularly for all residents to ensure compliance with 82c.</i>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 1-25-11 Initials (DPW): <i>DPW</i></p>

RECEIVED

NOV 05 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAUCON VALLEY MANOR, 1050 MAIN STREET HELLERTOWN, PA 18055		CURRENT LICENSE NUMBER 205810	
INSPECTION DATES (Include all dates of the inspection) 08/04/10 and 8/10/10		REGIONAL REPRESENTATIVE Betty Bloch, 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) <i>Nimita Kapoor-Ahijeh, President Malissa Stroble, Co-Administrator</i> <i>Resident Care Coordinator Jeffrey Palmer</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor-Ahijeh</i>	DATE <i>11/1/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Calance</i>	DATE <i>1-25-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if	The medication administration records for the following residents did not include the staff persons' initials who administered the following medications: Resident # 1: Simvastatin 10mg tab on 7/28/10, 8:00 pm dose Resident # 3: Albuterol 0.5/3mg on 7/23/10, 11:30 am dose Resident # 4: Seroquel 25mg tab on 8/3/10, 8:00 pm dose Resident # 5: Mupirocin 2% ointment on 8/6/10, 8:00 am dose Resident # 6: Lovastatin 20mg on 8/5/10, 5:00 pm dose	<i>corrected at time of inspection 8/10/10</i> <i>8/11/10</i> <i>corrected at time of inspection 8/10/10</i> <i>8/12/10</i>	<i>corrected at the time of inspection, this was confirmed by a phone conversation with the administering med aide and when she reported for duty the next day, she did initial the mark and complete the documentation for resident #1.</i> <i>corrected at the time of inspection, confirmed by phone with med aide. she initialed when she reported for duty on 8/12/10 and initialed and completed the documentation for Resident #3.</i>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small;">Date <i>1-25-10</i> Initials (DPW) <i>DPW</i></p>

NAME AND ADDRESS OF PERSONAL CARE HOME SAUCON VALLEY MANOR, 1050 MAIN STREET HELLERTOWN, PA 18055		CURRENT LICENSE NUMBER 205810	
INSPECTION DATES (Include all dates of the inspection) 08/04/10 and 8/10/10		REGIONAL REPRESENTATIVE Betty Bloch, 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) <i>Nimita Kapoor - Atiyeh, President, Malissa Stroble, Co-Administrator</i> <i>Resident Care Coordinator Stefany Palomo</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i>	DATE 11/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE 1-25-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; margin-bottom: 10px;">NOV 05 2010</div> <div style="text-align: center; font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	8/10/10 at time of inspection - corrected 8/10/10 corrected at time of inspection 8/10/10 8/11/10 corrected at time of inspection	Resident #4's medication administration Record (MAR) was initiated at inspection, after the med aide confirmed administering the medication, she signed the MAR and completed the documentation. Resident #15's MAR was signed and initiated at the time of inspection. Resident #6's MAR was checked on by phone on 8/10/10 and initiated by med aide on 8/11/10. All med aides were reminded of the importance of documentation and Regulation 187a.	See previous page p. 1-25-11

Administration, nursing supervisors and med aides will be checking daily to ensure compliance.