



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
1-800-833-5095
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 11, 2011

Mr. James Kusko, President
Sacred Heart Assisted Living by Saucon Creek, LLC
3910 Adler Place Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Assisted Living by Saucon Creek
4851 Saucon Creek Road
Center Valley, Pennsylvania 18034

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on January 3, 2011 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.

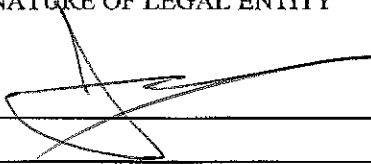
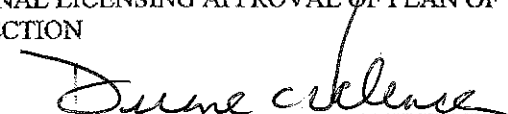
Sincerely,

Ann Graziano

Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SACRED HEART ASSISTED LIVING BY SAUCON CREEK, 4851 SAUCON CREEK ROAD CENTER VALLEY, PA 18034		CURRENT LICENSE NUMBER 216750	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC			
SIGNATURE OF LEGAL ENTITY 		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
		DATE 1-5-11	DATE 2-10-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home's notification to the local fire department on the number and location of residents with mobility needs was not current. The notice was dated 7/23/10 and indicated that the home had 7 residents that required assistance. As of 1/3/11 the home has only 5 residents that require assistance in room locations that were not previously reported to the fire department.	1/3/11	<div style="border: 1px solid black; padding: 10px;"> <p>In accordance with PCH regulations, Chapter 2600.124, a letter was immediately drafted to the Upper Saucon Twp. Fire Dept. listing those residents with mobility needs, as well as their location within the building, in the event of an emergency situation. See Attached.</p> <p>This list will be reviewed upon all admissions and discharges as well as for any current residents whose needs assessment changes. The revised list will be forwarded to the local Fire Dept as needed.</p> </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p align="center">Steps have been taken to correct violation; full compliance is not verifiable Date 2-10-11 Initials (DPW) DCJ</p> </div>

RECEIVED

JAN 10 2011

SCRANTON FIELD OFFICE
 Adult Residential Licensing