

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 250
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 100

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 October 5, 2011 until October 5, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205810

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

OCT 06 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 22, 2011 and August 24, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

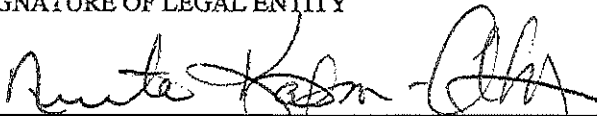

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

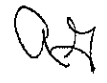
NAME AND ADDRESS OF PERSONAL CARE HOME SAUCON VALLEY MANOR, 1050 MAIN STREET HELLERTOWN, PA 18055		CURRENT LICENSE NUMBER 205810	
INSPECTION DATES (Include all dates of the inspection) 08/22/2011 + 8/24/11		REGIONAL REPRESENTATIVE Florence Babiarz, Gerald Dumas, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nimita Kapoor - Attych - President</i> <i>L.J. Moyer - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Attych</i>	DATE 9/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Croston</i>	DATE 9-30-11

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
44g The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the	The Department's poster listing the telephone numbers of the Department's personal care home regional office, the local ombudsman or the area agency on aging, Disability Rights Network of Pennsylvania (DNR), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline did not have the current personal complaint hotline number indicated. RECEIVED SEP 27 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	8/22/11 <i>Corrected at the time of inspection</i>	Please see attached packet, showing the corrected phone number for the PCH complaint hotline. This number had already been updated in all resident rooms, and all other required facility documents. Administration and the front desk staff will be checking daily to ensure compliance for this and if any other changes occur.	<i>AG</i> 9-30-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
home.		8/22/11 corrected at the time of inspection	See page 1. (continuation)	 9-30-11

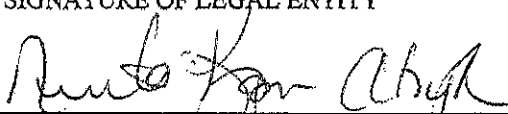

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nmita Kapeck - Attorney - President L.J. Moyer - Administrator			
SIGNATURE OF LEGAL ENTITY <i>Nmita Kapeck - Attorney</i>	DATE 9/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne Grayson</i>	DATE 9-30-11

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 8/24/11, a Mr. Coffee Maker with a glass pot of coffee ¾ filled, was found on the far counter in the home's dementia care unit. The glass coffee pot posed a potential risk of injury and burns to a dementia care resident. Adult Licensing Representative accompanied by the homes staff later sampled the water temperature from the same coffee maker which measured at 172 degrees.	8/24/11 Corrected at the time of inspection	At the time of inspection, the coffee maker was removed. Please see attached photo of thermal coffee carafe that we are currently using in the dementia unit. The Dietary department will be checking daily to ensure compliance with this regulation. Adm Lee Moyer further clarified carafe is only on site during meals and in order to open & pour the beverage, a button must be pushed as well to operate. <i>OK</i>	<i>OK</i> 9-30-11

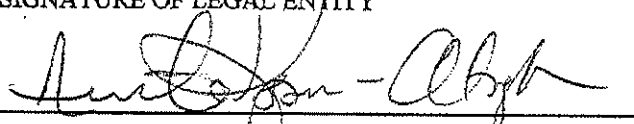

Operate. OK 9-30-11

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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 - Atiyah - President L.J. Meyer - Administrator			
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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	On 8/24/11, the medication administration record for Resident #3 was not initialed by a third party home health agency for Santyl Ointment to be applied to right ulcer on 8/14/11 and 8/17/11. Repeated Violations: 08/04/2010	8/24/11 Corrected at the time of inspection.	During our inspection, the third party home health agency sent their nurse to confirm the treatment was applied to Resident #3 and initialed the medication administration record. Our medication aides have been reminded to have all medications and treatments documented on the MAR by the person doing the administration. Please see attached copy of MAR page to verify. All 3 shifts of medication aides will be ensuring compliance daily.	Steps have been taken to correct violation; full compliance is not verifiable 9-29-11 Date Initials (DPW)

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precautions, if 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.		8/24/11 corrected at the time of inspection	continuation of pg. 4	Steps have been taken to correct violation; full compliance is not verifiable Date: 9-30-11 Initials (DPW): [Signature]

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screen form dated 1/6/2011 for resident #2 did not indicate that the needs of the individual can be met by the services provided by the personal care home. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> SEP 27 2011 SCRANTON FIELD OFFICE Adult Residential Licensing			