



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

Sent via email to: [REDACTED]
MAILING DATE: February 2, 2012

Ms. Nimita Kapoor-Atiyeh, President
Saucon Valley Manor, Inc.
Saucon Valley Manor
1050 Main Street
Hellertown, Pennsylvania 18056

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Public Welfare's licensing inspection on October 17, 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,

Anne Graziano

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) 10/17/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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			
SIGNATURE OF LEGAL ENTITY 		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 02-02-12

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's reportable incident policy states the home will conduct an investigation for all reportable incidents and follow all regulations in accordance with the Older Adult Protective Services Act. The policy also states that the home will interview and obtain signed and dated statements from all residents and staff who were involved in the incident. Department Representatives determined that the home did not follow their policy by failing to follow the Older Adult Protective Services Act, and not obtaining any statements from staff or residents that were involved in this reportable incident.	11/3/12 Adm will fax all sign in sheets from this training to the NE Regional office for review. 02-02-12	Report was sent to AAA on 10/17/11. [redacted] from AAA started her investigation on 10/18/11. Statements were collected from both SVM staff and the Heartland Hospice RN. Statements were given to AAA on 10/20/11. An interview for all staff is scheduled for 1/13/12, on the Older Adult Protective Services Act, and our policy on reportable incidents. Administration and Unit Coordinators are responsible to follow up on all reportable incidents to ensure our policy is being followed.	State has been taken to correct violation full conference held on 02-02-12 OJA Date: (blank) (blank)

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 Adult Residential Licensing

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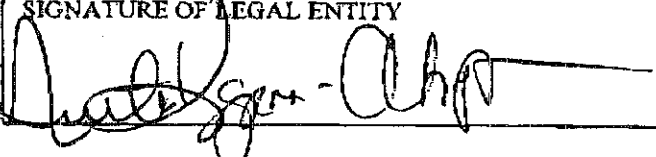
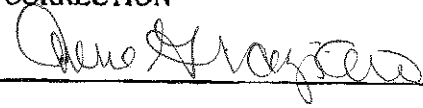
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-2-12

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 10/14/2011 a hospice nurse noticed bruising on resident #1's back. The hospice nurse notified staff person A of the bruising. Staff person A observed the bruising and reported it to Assistant Administrator B. The home conducted an investigation however was unable to determine where the resident may have received the bruising from. The home did not contact the Local Area Agency on Aging or submit a written report as required under the Older Adult Protective Services Act.	11/13/12 Adm will fax the training on this topic to the DC Regional office upon completion. EG	Report was sent to AAA on 10/17/11. Their investigation started on 10/18/11. SVM staff person's A and B repeated the on-line abuse prevention self-study course. All staff was reminded that any unexplained bruising must be reported as required under the Older Adult Protective Services Act. An inservice for all staff will be held on 1/13/12, on the Adult Protective Services Act. Administration and unit coordinators are responsible to follow up on all investigations to ensure compliance with all regulatory.	Stamp: have been taken to correct violation for 10/20/11 21-20-20 [Signature]

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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	
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SIGNATURE OF LEGAL ENTITY 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 02/02/12

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
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	The assessment and support plan dated 6/13/11 completed for resident #1 indicate the resident requires the use of a Hoyer Lift along with a two staff person assist during all transfers. Department Representatives determined through interviews with resident #2 as well as direct care staff of the home that the staff do not use the Hoyer Lift during all transfers.	11/25/11	All SVM staff were reminded to follow resident support plans as written. AAA investigation revealed a particular staff member who did not use hoyer. We followed AAA's recommendation to have her retrained. She was removed from her assignments until training was completed by Good Shepherd Therapy and they cleared her to be able to properly use a hoyer lift. (see attached letter.) We continue to require all staff to be trained on hoyer usage prior to using. Unit Coordinators are responsible to ensure they receive training and follow all support plans.	02/02/12

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