



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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Sent via email to: [REDACTED]
MAILING DATE: February 17, 2012

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 October 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.

Sincerely,

Anne Graunig

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) 10/24/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Leslie Patton	
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 Lapwor - Admin, Resident</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Lapwor</i>		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>
			DATE 2-16-12

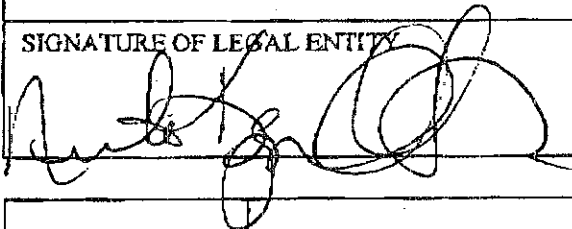

REGULATION 55 Pa. Code §2600	VIOLATION #1	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	On 7/15/11 resident #2 became upset and began raising the residents cane to other residents. As staff attempted to redirect resident #2, the resident began swinging the cane at the staff. On 7/25/11 resident #2 became upset at the dinner table, picked up a cup and threw it at a staff person. The cup missed the staff person and struck another resident in the head. The home has not completed a new assessment of the residents needs to reflect these significant behavioral changes.	10/26/11	Resident's assessment was updated on 10/26/11. All resident issues are discussed at our morning meetings to ensure assessments and support plans remain accurate. Unit Co-ordinators are responsible to review support plans to ensure they remain accurate.	Step 2-16-12 Belo L. Hummel (JWH)


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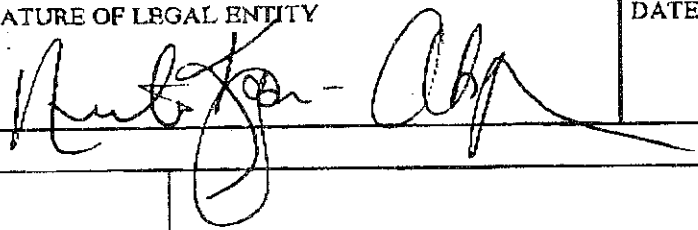
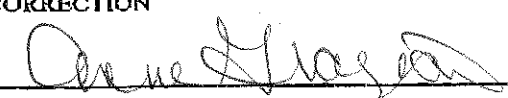
SCRANTON FIELD OFFICE
Adult Residential Licensing

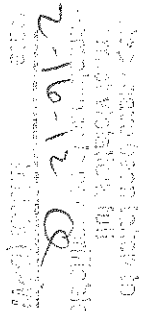
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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) 10/24/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Leslie Patton	
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, Resident</i>			
SIGNATURE OF LEGAL ENTITY 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-16-12

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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The assessment dated 3/18/11 completed for resident #2 states the resident has a history of or shows signs of irritability that interferes with everyday functioning. The residents support plan completed on 4/2/11 does not address these resident needs or how the home plans on providing care to meet the residents needs.	10/26/11	Resident's support plan was updated on 10/26/11. All resident needs will be discussed in morning meetings to assure accuracy of assessments and support plans. Asst. Adm. will be responsible to review support plans to ensure all areas of assessment have been addressed.	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Checked, Approved, Reported, Verified, Corrected and Signed For:</p> <p>DATE: 2-16-12</p> <p></p> </div>

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) 10/24/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nimitra Kapoor - Atiyeh - President</i>			
SIGNATURE OF LEGAL ENTITY 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-16-12

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	^{#7} Resident #3 was admitted to the Secure Dementia Unit on 10-14-11. After reviewing resident #3's history and physical provided to the home by Palmerton Hospital, Department Representatives determined that resident #3 has a history of agitation and aggression towards staff as well as other residents. It was also determined that the resident has had a history of assaultive behavior towards staff. The residents support plan dated 10-14-11 does not address how the home plans on providing care to meet these specific needs of the resident.	<i>1-26-11</i>	Residents support plan was updated on 10/26/11. Asst. Adm. and Unit Coordinators are responsible to review hospital discharge information to ensure an accurate support plan. Unit Clerk will ensure discharge information is provided to them upon admission.	<i>2-16-12</i> 

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