



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: November 30, 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 October 31, 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) 10/31/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, 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) <i>Nimita Kapoor - Ativeh - President</i> <i>L.S. MOYER, PCHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Ativeh</i>	DATE <i>11/10/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>11-29-11</i>

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
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.	The assessment dated 05/05/2011 for resident #1 was not updated to reflect that he/she was put on temporary line of sight supervision in response to an incident with another resident on 10/11/2011.	<i>10/12/11</i> and <i>Rechecked on 10/31/11</i>	<i>This information was on the support plan of Resident #1, so staff was able to follow all directions. In the future all updates will be placed on assessments, support plans, as required. Administration and nursing will be checking to ensure compliance.</i>	<i>11-29-11</i>

RECEIVED

NOV 15 2011

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) 10/31/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, 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) <i>Nimita Kapoor - Attyeh - President</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Attyeh</i>	DATE <i>10/11/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Grazia</i>	DATE <i>11-29-11</i>

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
227i The support plan shall be accessible by direct care staff persons at all times.	The support plan dated 04/28/2011 for resident #2 was not available to staff on 10/31/2011. RECEIVED NOV 15 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	<i>10/31/11</i> <i>faxed to DPW and returned to the unit where it was accessible to staff,</i>	<i>Please note, we faxed this to DPW within 1 hour of the inspectors leaving our building. We understand and realize 227i. As we were updating support plans that day (since we had power outtages in the entire Lehigh Valley, our residents welfare was our top priority.) Administration and Nursing will ensure daily compliance with Regulation 227i.</i>	<i>AS</i> <i>11-29-11</i>

In the future, home will ensure that staff have access to support plans.
AS 11-29-11