



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: March 1, 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 December 28, 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,

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) 12/28/2011		REGIONAL REPRESENTATIVE Leslie Patton, Gerald Dumas, Michele Moskalczyk	
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 - Attych - President Leslie J. Moyer - Administrator			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Attych</i>	DATE 2/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Bergman</i>	DATE 2/24/12

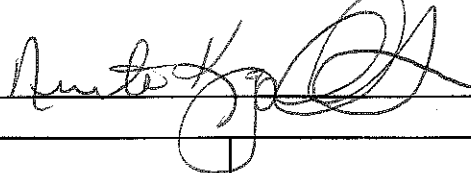
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The secured Dementia units of the home have multiple cameras that record the actions of residents, staff, and visitors. There are no signs posted notifying individuals that the areas are being video monitored and recorded. In addition, the following cameras provide a view directly into the following resident rooms which is a violation of a resident's right to privacy: Camera 3 provides a view directly into room C-2 when the door is open Camera 7 provides a view into rooms B-88 and B-87 when the doors are open. Camera 9 provides a view directly into room D-79. The door was open at the time of the on-site visit and a clear view of the resident's room and bed was observed. Camera 11 provides a view directly into room D-80. The door was open at the time of the on-site visit and staff was observed taking a resident out of their room. The bed to the far left of the room could also be observed.	Cameras adjusted at time of inspection: 12/28/11 Signs posted checked and verified 1/17/12 Recorders disconnected 2/17/12	Please see attached sign that is posted in areas with cameras. Cameras are to view common areas only and no resident rooms. Cameras 3, 7, 9, and 11 have been adjusted so there is no view into resident rooms. The recorder was disconnected. We are utilizing the cameras for monitoring only and there is no recording of any resident accessible areas. Maint. and Administration will continue checking to ensure compliance.	Step have been taken to correct violation; full compliance is not verifiable Date 2/24/12 Initials (DPW) <i>DPW</i>

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i>	DATE <i>1/17/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.G. Birmingham</i>	DATE <i>2/16/12</i>

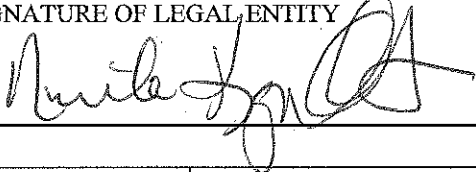
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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident # 1 was admitted to the home on 4/28/2011 and resided in the home's secure dementia unit from 4/28/11 to 6/2/11 at which time the resident was transferred to Personal Care. On 6/2/11 resident was transferred to personal care to the non-secure section of the home. An updated medical evaluation was completed on 5/31/11 for resident # 1. The level of care indicated "Personal Care home" and specified type as "dementia unit." On the same day, A Physician's Visit Summary was completed noting "Mild cognitive impairment so stated. Will transfer to assisted living non dementia unit - patient with only mild cognitive impairment, should do well with transfer." The physician's recommendations are not completed on the required "Resident Medical Evaluation" form. The appropriate level of care will need to be completed on the Resident's Medical Evaluation.	<i>1/17/12</i>	<i>Please see attached medical evaluation form for resident #1, to verify physician's update on the appropriate level of care, and the physician corrected her error. Our administration will be rechecking all medical evaluations to make sure our physicians are not making clerical errors, and this will ensure compliance.</i>	<i>2/16/12 B.G.</i>

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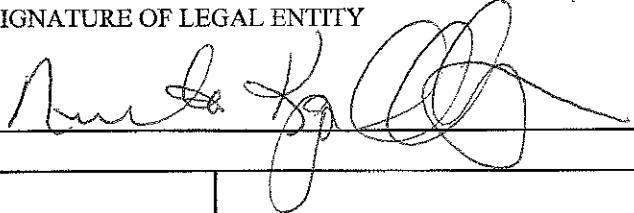
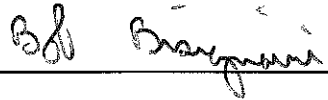
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The following Medication Administration Records (MARs) for the stated individual were not signed or initialed by a staff person when the indicated medication was administered: Resident #2: Baza Antifungal cream at 8:00pm on 12/11/11 and 12/21/11. Resident #3: Tylenol EX 500mg at 5:00pm on 12/7/11 Resident #4: Ensure at 10:00am on 12/23/11 Resident #1: Abillfy 5mg at 5:00pm on 12/14/11 and 12/19/11, Lorazepam .5mg at 5:00pm on 12/22/11, and Chlorhexidine .12% rinse at 6:00pm on 12/8/11 - you meant 8pm. Resident #5: Labetalol HCL 100mg at 8:00pm on 12/19/11 Resident #6: Atenolol 50mg at 8:00am on 12/24/11 Resident #7: Aspirin 325mg at 8:00am, Lasix 20mg at 8:00am, Synthroid 50mcg at 7:00am, Multivitamin tablet at 8:00am, Plavix 75mg at 8:00am, and Ramipril 5mg at 8:00am on 12/24/11 Resident #8: Sertraline HCL 50mg at 5:00pm on 12/22/11 and Zoloft 25mg at 5:00pm, Sertraline 50mg at 5:00pm, Namenda 10mg at 8:00pm, and Lipitor 20mg at 5:00pm on 12/25/11 Resident #9: Coreg 12.5mg at 8:00pm,	<i>Many were completed 12/29/11 the balance by 1/10/12</i>	<i>Please see attached memo from me the administrator requesting the balance of the corrected MARs. Please see enclosed all corrected MARs. All nursing supervisors and med aides were reminded of the importance of documenting medication administration immediately follow each administration as they were originally trained. This will be checked on a</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2/16/12</i> Date Initials (DPW)

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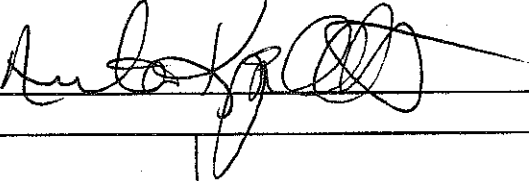
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Chlorhexide .12% rinse at 6:00pm, Florastor 250mg at 8:00pm, and Loperamide 2mg at 8:00pm on 12/21/11 Resident #10: Folic Acid 1mg on 12/8/11 Resident #11: Albuterol at 12:00pm and Tylenol Extra Strength 500mg at 12:00pm on 12/7/11 Resident #12: Celexa 10mg at 8:00am on 12/7/11, 12/21/11, and 12/28/11, and Protonix 40mg at 8:00am on 12/7/11. Resident #13: Zetia 10mg, Colace 100mg, Namenda 10mg, Primidone 250mg, Aspirin 81mg, Lasix 40mg, Phenytoin 100mg, Niterex 150mg and Klor-Con 20mg at 8:00am on 12/7/11. Resident #14: Simvastatin 20mg at 5:00pm on 12/25/11- 12/27/11. Resident #15- Azithromycin 250mg at 8:00pm on 12/24/11. Resident #16- Aspirin 81mg at 8:00am on 12/21/11 and Polyethylene Glycol on 12/19/11 and 12/27/11. Resident #18- Aspirin 81mg, Oscal 500 D, Dilatiazem 90mg, and Vitamin D 400 at 8:00am on 12/21/11	<i>Many were completed 12/29/11 the balance by 1/10/12</i>	<i>Daily basis to ensure compliance</i>	<i>See previous page</i>

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	Repeated Violations: 08/22/2011		see previous page	see previous page

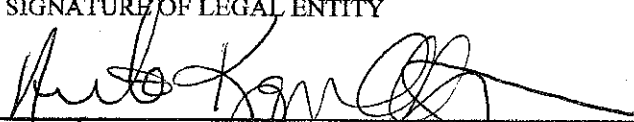
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187d The home shall follow the directions of the prescriber.	25 units of Lantus insulin is ordered to be administered to resident #1 at 6:00pm if the resident's blood sugar level is equal to or less than 130. On 12/22/11 at 6:00pm, the resident's blood sugar level measured 136. The resident's MAR indicates the insulin was not administered. The resident's MAR indicates the resident's blood sugar level measured below 130 on 12/1/11, 12/4/11, 12/7/11, 12/11/11, and 12/15/11 yet the resident's MAR also indicates the home did not comply with the prescriber directions and that insulin was administered on the above stated dates.	<i>1/10/12</i> <i>12/29/11</i>	<i>Based on the physician's parameters for the 6pm insulin, we were basing blood sugar readings from a 6pm accucheck. See attached certification of physician's order asking the parameters to be based on a 4pm reading of the accucheck. Med aides and Nursing have been reminded to get written clarification when a physician's order is unclear or does not make logical sense.</i>	<i>2/16/12 B.S.</i>

this will ensure compliance.

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident # 1 was admitted to the Secure Dementia Unit on 4/28/11 and transferred to the Personal Care Unit on 6/2/11. An updated support plan was not completed within 30 days of the assessment (6/1/11). The support plan was "developed on 11/6/11 UPDATED on 11/28/11." The support plan does not address the resident's needs transitioning from Dementia Care to Personal Care.	1/12/12 <i>but the new support plan was done on 6/1/11</i>	<i>As we explained this was only a clerical error, and the date was transposed incorrectly, we have been following the correct support plan since 6/1/11. To ensure future compliance administration shall review all support plans for correct dates before copying and filing.</i>	2/16/12 B.O.

RECEIVED

JAN 18 2012

SCRANTON FIELD OFFICE
Adult Residential Licensing