

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 228

(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 March 1, 2012 until October 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205810

Robert E. Robinson

ISSUING OFFICER

R C [Signature]

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

MAR 13 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 January 19, 2012 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.

In order to coordinate both Personal Care and Assisted Living licenses your personal care home license with expire on October 24, 2012.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by the initials "IKRB".

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) 01/19/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Florence Babiarz, Matthew Jones	
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 - President</i> <i>L.J. Moyer - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orane Grazian</i>	DATE <i>02-13-12</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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A closet located in the home's Secure Dementia Unit "D" floor was found unlocked and accessible to residents. A 32 ounce bottle of Pro Link Pro Orange Spray and Wipe peroxide cleaner was inside of the closet. The label stated, "if swallowed do not induce vomiting, call physician immediately."	<i>1/19/12</i> <i>Corrected at the time of inspection.</i>	<i>This was corrected at the time of inspection. The items were immediately locked and not accessible to residents. Nursing, House keeping, and all staff were reminded of the importance of compliance with Regulation 82c. To ensure future compliance all staff will be checking that all materials are locked and inaccessible to the residents. (unless indicated otherwise in a support plan)</i>	<i>2-13-12</i>

RECEIVED

FEB 09 2012

SCRANTON FIELD OFFICE
Adult Residential Licensing

at all time

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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) <i>Nimita Kapoor - Atty - President</i> <i>L.S. Moyer - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atty</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orine Graziano</i>	DATE <i>2-13-12</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
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	A four unit food warmer located in the Main dining area had a temperature reading of 183.5 degrees Fahrenheit. The unit was left unsupervised and posed a potential scalding risk to the residents.	<i>1/19/12</i> <i>Corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. The Director of Maintenance immediately turned the table around so no access by residents. Please see attached photo to see installed heat resistant covers on all steam tables that are accessible to residents. Our maintenance, nursing, and dietary departments will be checking daily to ensure future compliance.</i>	<i>[Signature]</i> <i>2-13-12</i>

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Attorney</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Horgan</i>	DATE <i>2-13-12</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
87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	The lighting in Stairwells "B" and side "C" in the Secure Dementia Unit were poorly lit. Both stairwells are Fire Evacuation exits.	<i>1/19/12</i> <i>corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. The maintenance department changed all the lights bulbs and dimmed stairwell B and side C were well lit. Our maintenance department will make this part of their daily walk through to ensure daily compliance with reg 87. All staff will also check at our monthly fire drills to</i>	<i>2-13-12</i> <i>CEL</i>

assure all stairwells are well lit and marked

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyen</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grazia</i>	DATE <i>2-13-12</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
102f An individual towel, washcloth and soap shall be provided for each resident.	Resident room #C-35 and #C-86 did not have a towel in each of the resident bedrooms.	<i>1/19/12</i> <i>corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. Towels were brought from laundry to C35 + C86 as soon as the daily laundry distribution was completed. Our nursing department, and housekeeping, and laundry will check several times a day to make sure all items in Reg. 102f are</i>	<i>ASG</i> <i>2-13-12</i>

provided for each resident at all times.

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grazias</i>	DATE <i>2-13-12</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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The Kitchen Aid freezer located on the "C" floor of the Secured Dementia Unit had a broken thermometer in the freezer compartment.	<i>1/19/12</i> <i>corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. A new thermometer was placed in the freezer on the "C" Floor Secured Dementia Unit.</i> <i>To ensure future compliance our dietary department has a dozen new thermometers in stock, to replace broken ones immediately. Dietary and nursing will check</i>	<i>2-13-12</i> <i>[Signature]</i>

at each meal time (3x a day) to ensure compliance

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Admin</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne H. [Signature]</i>	DATE <i>2-13-12</i>

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103g Food shall be stored in closed or sealed containers.	The ice cream freezer located in the Main dining area had 7 containers of ice cream. Four containers did not have lids.	<i>1/19/12</i> <i>corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. Please see attached sign that has been placed on ice cream freezer for both residents and staff to remind all of the importance of keeping lids on the ice cream containers. Please see attached photos guaranteeing compliance. Dietary and nursing will be responsible to check the ice cream</i>	<i>[Signature]</i> <i>2-13-12</i>

freezer daily to ensure compliance.

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Ativeh</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orlene Graziano</i>	DATE <i>2-13-12</i>

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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	An excessive amount of lint (approximately 3 inches in length and width) and a clear plastic bag were found behind the home's dryers creating a fire hazard.	<i>1/19/12</i> <i>Corrected at the time of inspection</i> <i>+ 1/30/12</i> <i>follow up</i>	<i>This was corrected at the time of inspection. The lint behind the dryer was immediately cleaned. On 1/30/12 an outside company installed 5 access panels in exhaust duct of laundry dryers and cleaned out all vents as was arranged prior to our inspection. Please see attached quotes and invoice. To ensure future compliance our maintenance and laundry department will clean lint daily.</i>	<i>DL</i> <i>2-13-12</i>


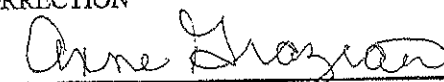
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	Three medium sized flower boxes and seven large flower boxes located on the "D" side East exit in the Secure Dementia Unit were obstructing the route of egress at the time of inspection.	<i>1/19/12</i> <i>Corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. These items were immediately removed by our maintenance department. These items were placed there in the morning by our Activities department who were planning a flower arranging activity with our secured unit residents. The Activities department was re-instructed to never block egresses and as they were previously trained by our fire safety expert. Maintenance will</i>	<i>2-13-12</i> <i>DS</i>

check this daily. All staff has been instructed to check all egresses daily at all times and remove obstructions

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I41a2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The following areas of the most current medical evaluations (ME) for the following residents were unanswered and were therefore incomplete: Resident # 1 (ME dated 10/24/11) - "Cognitive Functioning" Resident # 2 (ME dated 1/12/12) - "Body Positioning" Resident # 3 (ME dated 12/28/11) - "Pulse"	1/20/12 1/25/12	These medical evaluations were sent back to the physicians to be completed. Please see attached ME's for Resident #1, #2, #3, that were corrected. To ensure compliance in the future we will re communicate with our physicians the need to be thorough. Also Administration, will check and recheck	 2-13-12

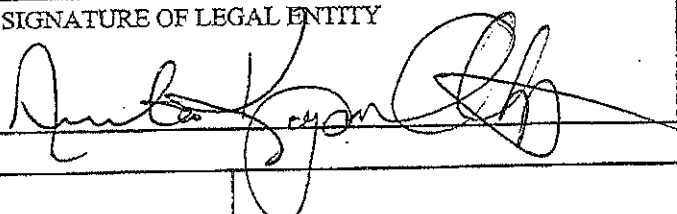
on Medical Evaluations daily for completeness.

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor-Attyen</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Graziano</i>	DATE <i>2-13-12</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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			<i>see previous page</i>	

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			DATE 2-13-12

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184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Written directions from the physician were not attached to a sample of Promiseb topical cream prescribed to resident #4 indicating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dose and instructions for administration, and name and title of the prescriber.	1/19/12 <i>corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. The written directions from the physician were immediately attached to the sample medication for Resident #4. Please see the attached memo that all med aides will sign to reiterate the importance of following the proper guidelines in regards to sample medications. All nursing supervisors, medication trainers, and the Director of Wellness</i>	<i>AT</i> 2-13-12

will be checking daily to ensure compliance with 184c.

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor-Atiyeh</i>		DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donna Guozon</i>
			DATE <i>2-13-12</i>

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	It is the home's policy that each staff person must count all narcotic medications at the beginning and end of each shift and document accordingly that all narcotic medications are present and accounted for. On the following dates and times, the indicated staff person did not document having counted the remaining amount of Endocet 5/325 prescribed to resident #5: <ul style="list-style-type: none"> - The off-going staff person on the 11:00pm-7:00am shift on 1/3/12 - The off-going staff person on the 7:00am-3:00pm shift on 1/15/12 - The on-coming staff person on the 11:00pm-7:00am shift on the 1/15/12 	<i>2/6/12</i>	<i>Please see the attached Saucan Valley Manor Controlled Substance Form to ensure compliance. We will be reviewing our Controlled Substance (Narcotic Policy) with all med aides to ensure daily compliance with 185A. All shifts in nursing will be checking on this 3 times a day. The nursing supervisors will be checking on this daily as well.</i>	<i>2-13-12</i>

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i>	DATE 2/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ornne Grazian</i>	DATE 2-13-12

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187d The home shall follow the directions of the prescriber.	The Medication Administration (MAR) of resident #6 indicates the resident's blood sugar level is to be checked every Monday at 8:00pm. The resident's MAR indicates the resident's blood sugar level was not checked on 1/16/12 at 8:00pm.	1/20/12	<p>Please see the attached corrected mar by the med aide from 1/16/12 at 8:00pm ensuring compliance.</p> <p>To ensure compliance all med aides will sign off on the med aide memo reminding them of the importance of following prescriber directions. All med aides and nursing supervisors will check on daily. The Director Wellness will check biweekly and monthly.</p>	<i>Ornne</i> 2-13-12

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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) 01/19/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Florence Babiarz, Matthew Jones	
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 - ABA</i>	DATE <i>2/10/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>2-13-12</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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The initial assessment for resident #3 was dated 11/11/12; the resident was admitted to the home on 12/28/2011. Also, the date of admission on the form was incorrectly documented as 10/24/11; staff person A stated the resident was admitted to the home on 12/28/11, as indicated on the resident-home contract.	<i>Respectfully we were compliant only made a typo that is apparent as 11/11/12 has not even happened</i>	<i>Respectfully we are asking for a fair decision for this typographical error to be withdrawn. The Assessment (see attached) was completed on 1/11/12 and was within the time frame required to ensure no typographical errors we will be checking and rechecking all assessments daily by Administrator, and nursing.</i>	<i>AG</i> <i>2-13-12</i>

NAME AND ADDRESS OF PERSONAL CARE HOME SAUCON VALLEY MANOR, 1050 MAIN STREET HELLERTOWN, PA 18055	CURRENT LICENSE NUMBER 205810
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INSPECTION DATES (Include all dates of the inspection) 01/19/2012	REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Florence Babiarz, Matthew Jones
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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 - President
L.J. Moyer - Administrator

SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor</i>	DATE 2/6/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Hranjec</i>	DATE 2-13-12
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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
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 annual assessment dated 9/3/11 for resident #8 was not completed within twelve months of the previous one dated 8/16/10. Repeated Violations: 10/31/2011	1/20/12	Please see the attached corrected assessment for Resident #8. To ensure future compliance we have made assessment and support plans a full time position within our company and we have reviewed all time lines. Administration and our Asst. Administrator will check and recheck daily to meet the Regulation guidelines in 225c.	Steps have been taken to correct violations, full compliance for all applicable rules. 0-3-12 DCA 10/31/2011

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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INSPECTION DATES (Include all dates of the inspection) 01/19/2012	REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Florence Babiarz, Matthew Jones
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Nimita Kapoor - Attorney - President
LJ Moyer - Administrator

SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Attorney</i>	DATE 2/6/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 02-13-12
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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
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 initial support plan dated 12/2/11 for resident #7 was not completed within 30 days of admission to the home. The resident was admitted to the home on 10/6/11 as a respite resident and became a permanent resident on 1/4/12. Staff person B, who is the administrator, stated the resident has been residing in the home continuously since 10/6/11. A support plan was required by 11/4/11.	1/20/12	Please see the attached support plan for Resident #7. To ensure future compliance, we will follow 227a for all Respite and permanent Residents. Administration will be checking this at each Respite renewal, and daily for all Residents.	<i>AG</i> 2-13-12

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) 01/19/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Florence Babiarz, Matthew Jones	
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 - Abiyell - President</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Abiyell</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Onu Brazian</i>	DATE <i>2-13-12</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
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.	The annual support plan dated 9/3/11 for resident #8 was not completed within twelve months of the previous one dated 8/16/10. <i>violation withdrawn. AQ 2-13-12</i>	We Respectfully know we are compliant.	we are respectfully asking for this to be withdrawn. Although the Assessment was not completed on time, the support plan <u>was</u> within 30 days of when the Assessment was due, making the support plan within the required time frame. Administration and Nursing will be checking and re-checking support plans daily to ensure future compliance.	

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) 01/19/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch, Florence Babiarz, Matthew Jones	
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 - President</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i>	DATE <i>2/6/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Domenico Veziano</i>	DATE <i>2-13-12</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
233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The security code labels needed to enter the Secure Dementia Unit and located in stairwells "A", "E", and "B" hall were faded and difficult to read.	We are compliant violation withdrawn 2/11/12 Bob B.	This violation was withdrawn on 2/1/12 by the Northeast Regional Supervisor. To be proactive we will replace the security code labels that appeared faded but were readable and make them darker.	

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FEB 09 2012

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Adult Residential Licensing