



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

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Sent via email to: [REDACTED]

MAILING DATE: April 5, 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 February 1, 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.

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) 02/01/2012 | | REGIONAL REPRESENTATIVE GERALD DUMAS, JASON HARVEY | |
| 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.S. Moyer - Administrator | | | |
| SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i> | DATE 3/31/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i> | DATE 4-5-12 |

| 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. | Based on interviews and documentation, hospice resident, # 1 was left on the bed pan for approximately one and a half hours. The resident was placed on the bed pan by a 3rd shift staff person at 5:30 a.m. and removed by the first shift staff at 7:00 a.m. | 2/1/12 | <p>We respectfully DISAGREE with this proposed violation. We did follow the resident's support plan, reviewed by the visiting inspectors on 2/1/12. This resident was always given [redacted] privacy while on the bedpan and would ring when [redacted] was ready to have it removed. This resident was also known for taking a very long time on the bedpan. The staff person who placed [redacted] on the bedpan was still performing care on other residents when the 2nd staff person arrived and removed the bedpan.</p> <p>This resident's support plan was updated to include 15 minute checks whenever [redacted] was placed on the bed pan. The Assistant Administrator is responsible to ensure updates to the support plan and nursing supervisors are responsible to ensure that support plans are being followed.</p> <p>Resident care has always been, and will always be, Saucon Valley Manor's top priority.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2/1/12 Initials: (DPW)</p> |