



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

Sent via email to: [REDACTED]
MAILING DATE: July 11, 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 May 22, 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.

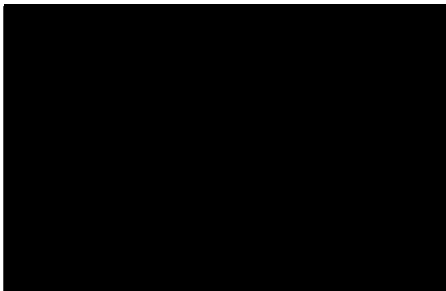

Sincerely,

A handwritten signature in cursive script that reads "Anne Grayland".

Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: SAUCON VALLEY MANOR		License Number: 205810
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		County: Northampton
Administrator: Lee Moyer		Region: NORTH
Legal Entity Name: SAUCON VALLEY MANOR INC		
Legal Entity Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		
Certificate(s) of Occupancy		
C-2 LP 08/16/2004 L&I	I-2 09/02/2010 Borough of Hellertown	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 282	Waking Staff: 212
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/22/2012: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 230 ^{6/1/12} 228	Number of Residents who:	
Number of Residents Served: 176		
Secured Dementia Care Unit in Home: Yes		
Area: N/A		
Secured Dementia Unit Capacity, if Applicable: 100		

Violation Report: 20581 - 05/22/2012 - Novak, Ryan
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

A red wing back chair was located in front of the exit on the 1st floor C level next to room C-1. The chair was preventing immediate egress in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

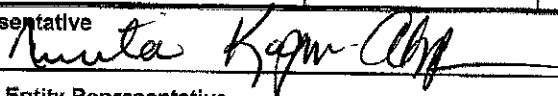
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was corrected at the time of inspection. The chair was immediately removed and placed back into the room where it belonged. Both the residents in the secured dementia care unit and their visitors are known to move chairs from their original placement. As part of our mandatory, all staff, fire safety training, held on 6/1/12, staff was reminded that a path of egress may never be blocked and if anything is seen blocking a path of egress, it must be immediately removed. In addition, signs reading "DO NOT BLOCK EXIT!" were posted on all exit doors in the secured dementia care unit. (see attached) All staff are responsible to keep the paths of egress clear at all times.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nimita Kapoor-Atiyeh, President

Date 6/11/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-10-12
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-10-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented