



Sent via email to: [REDACTED]
MAILING DATE: November 9, 2012

Ms. Nimita Kapoor-Atiyeh, President
Saucon Valley Manor, Inc.
Saucon Valley Manor
1050 Main Street
Hellertown, Pennsylvania 18055

Dear Ms. Kapoor

As a result of the Department of Public Welfare's (Department) licensing inspection on August 7, 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 Human Services Licensing so that compliance can be verified.



Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
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 <i>Nimita Kapoor - Atty</i>		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	I-2	
08/16/2004	09/02/2010	
L&I	Borough of Hellertown	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 279	Working Staff: 209
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/07/2012: 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: 250 <i>225</i> Number of Residents Served: 179 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 100 		Number of Residents who: 

Violation Report: 20581 - 08/07/2012 - Novak, Ryan

PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/28/12, an allegation of verbal abuse against Resident #1 was reported to the home by staff person A. The home did not report the allegation to the local area agency on aging until 7/30/12.

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.

Respectfully, first of all the alleged verbal abuse against Resident #1 was found FALSE! This was found untrue and false by Northampton County Area Agency on Aging as well as by us (as we investigated this thoroughly), as well as DPW found it unfounded. Second of all, staff person A, proved she was lying about this allegation by changing her story, not showing up to work, and by calling us from out of state and not coming to work. On 7/31/12 the staff person who did not report staff person A's allegations to Aging or management til 7/30/12 was retrained on Act. 13, we held a mandatory All staff meeting on 10/19/12 and retrained all staff always on reporting any and all allegations to Aging and management immediately. Administration and All staff supervisors will go over this regularly with staff to ensure future compliance. Ironically, we are receiving this report from your office months' later, so even the best of us overlook details at times. Please note once management knew we immediately notified!!!

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Nimita Kapoor - Atiyeh

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

Nimita Kapoor - Atiyeh, Administrator / President

Date

11/2/12

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

The above plan of correction is approved as of

11/2/12 (Date)

Plan of correction implementation status as of

11/2/12 (Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 20581 - 08/07/2012 - Novak, Ryan
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(e) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/28/12, an allegation of verbal abuse against Resident #1 was reported to the home by staff person A. The home did not report the allegation to the Department until 7/31/12.

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.

Respectfully, (Again) the Alleged verbal abuse was found FALSE! This was found untrue and false, by Aging, us, and your investigation as well. Please know that we have retrained the staff person who did not report the FALSE allegation by staff person A on the importance of reporting any allegation immediately to Aging and management. she was retrained on 7/31/12, we held a mandatory all staff training on 10/19/12 and retrained and reminded all staff on always reporting any and all allegations to Aging and management immediately. we will review this regularly with staff to ensure future compliance. Please note once management knew we immediately notified!!

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Ahyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Ahyer, Administrator, President* Date *11/2/12*

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

The above plan of correction is approved as of 11/2/12 (Date)

Plan of correction implementation status as of 11/2/12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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