

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

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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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(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 October 24, 2012 until October 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205810

Robert E. Robinson

ISSUING OFFICER

R. C. King

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



OCT 26 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 (Department) licensing inspection on September 18, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is written in a cursive style and is positioned above the printed name.

Ronald Melusky
Director

Enclosures
License
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: NIMITA KAPOOR - ATIYEH		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 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 135.0 Total Daily Staff: 315 Waking Staff: 236		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/18/2012: Dumas, Gerald, Hummel, Jesse, Harvey, Jason		
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: 228 Number of Residents Served: 116 Secured Dementia Care Unit in Home: Yes Area: 1ST AND 2ND FLOORS Secured Dementia Unit Capacity, if Applicable: 100	Number of Residents who:	

Violation Report: 20581 - 09/18/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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).

2. DESCRIPTION OF VIOLATION

On 10/27/11 at 7:41 pm the home's fire alarm system was activated due to smoke caused by a resident cooking a pop-tart in the microwave without removing the foil wrapper. The home evacuated the resident's to the designated fire safe areas. The home did not report this fire incident to the Department as required. [redacted] the Fire Chief of Dewey Fire Company, confirmed the fire system was activated on 10/27/11 and the fire department did respond to the alarm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 a complete oversight. It has never occurred before and will not again. In fact, it is our policy to report everything, even just an FYI, if it is not a state reportable incident. To ensure future compliance please see our attached on call calendars. The leadership staff on the calendars and all Administration will be checking and rechecking daily that state reports are sent out on a timely basis as per regulation 2600.16(c) and kept in our state report binders. Our Administrative staff will also be checking daily for the state reports.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Abiyeh, President, Administration* Date *10/9/12*

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

The above plan of correction is approved as of 10-10-12 (Date) Signature of Legal Entity Representative 10-10-12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by [initials] (Initials)

Violation Report: 20581 - 09/18/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2. DESCRIPTION OF VIOLATION

The home's sleeping hours as specified by Administrator A is 11:00pm to 7:00am. The home's three most recent sleeping hour fire drills conducted were all held within 45 minutes of each other. The homes sleeping hour drills were held on 10/9/11 at 6:30am, 1/10/12 at 7:05am, and 7/18/12 at 6:45am. The home is not alternating the time of their sleeping hour fire drills and has not conducted a sleeping hour fire drill at night within the last 12 months.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 the Administrator did not specify 11:00pm - 7am as sleeping hours. I specified 8:30pm for the majority of our residents. I did say some residents do wake up during 11pm - 7am. Attached is our 11pm - 7am Drill that we had on October 6, 2012 at 11:15pm. We will always abide by the regulations and continue to hold our fire drills as specified in Regulation 2600.132(g). To ensure future compliance all unannounced sleeping hour fire drills will be held at alternating times in the morning and the night. A determination of "sleeping hours" is based on what time the majority of residents are asleep - be it in the later evening, or earlier morning. 10-10-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Nunita Kapoor - Admin

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

Nunita Kapoor - Admin - President / Administrator

Date 10/9/12

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

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

Signature of Legal Entity Representative 10-10-12 (Date)

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

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

Violation Report: 20581 - 09/18/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for Milk of Magnesium and Loperamide 2mg as needed. These medications were not available in the home for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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, please note Resident #1's first name was listed incorrectly. It was corrected.

Please see the attached pages to see the PRN Milk of Magnesium and Loperamide 2mg as needed, were delivered at the time of inspection.

Our med aides, Assistant Director of Wellness, and the Director of Wellness will be checking on this daily. The pharmacy (main one) has also been instructed to follow up on all PRN's on a monthly basis when they come to do the MAR Review with our med aides monthly.

These above actions will ensure future compliance with Regulation 2600.187(d).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/19/2012	12/28/2011
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nimta Kapoor - ^{Resident} ~~Administrator~~ Date 10/9/12

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

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

Signature of Legal Entity Representative 10-10-12 (Date)

The above plan of correction was approved by  (Initials)

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