



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAILING DATE: August 5, 2013**  
Sent Via email to: [REDACTED]

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 May 13, 2013 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Violation Report



**Violation Report:** 20581 - 05/13/2013 - Hummel, Jesse  
**PCH Name:** SAUCON VALLEY MANOR

**1. REGULATION 65 Pa.Code §2600**  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/25/13 resident #1 was evaluated by the resident's physician. The physician ordered, as well as documented on the physician visit summary, that a speech and swallow evaluation was to be completed to evaluate the residents diet. It was determined that this evaluation was not completed. On 4/16/13 resident #1 was again evaluated by the resident's physician. The physician again ordered a speech and swallow evaluation. The physician also documented on the physician visit summary, "At last visit a speech and swallow evaluation was requested, this was not done, please order this ASAP." It was again determined this evaluation was not completed. On 5/2/13 at 12:15pm, resident #1 began to choke. The Heimlich maneuver and CPR were performed, however the resident was transported to the hospital, where the resident was later pronounced deceased. The resident's cause of death was determined to be complications of choking and aspiration of a food bolus. The facility's neglect to have the resident's speech and swallow assessment completed to determine the dietary needs of the resident may have led to the choking incident and ultimately the death of resident #1.

**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, we strongly disagree! We ask you to withdraw this violation, as it was based on the inspectors interpretation and Not the Facts!  
 Please see our attached letter and documents supporting our continued compliance!!!!

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nimita Kapoor-Ahijah - Co-Adminstrator*      President +  
 Date *June 11, 2013*

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

The above plan of correction is approved as of <u>7-19-13</u> (Date)	Plan of correction implementation status as of <u>7-19-13</u> (Date)
The above plan of correction was approved by <u><i>EP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

*Nimita Kapoor-Ahijah*  
 6-18-13

**Plan of Correction (PAGE 2 OF VIOLATION REPORT DATED MAY 13<sup>TH</sup>, 2013)**

**Respectfully, we strongly disagree! We ask you to withdraw this violation as it was based on the inspector's interpretation and NOT the facts.**

We adamantly disagree with the violations as we have enclosed proof of our follow-up and continued compliance. Please review the following timeline of information as well as attachments. Please note that we, as a facility, always follow-through on doctor's orders and always follow through on exemplarily care for our residents.

On 3/25/13, Resident 1 had a doctor's appointment to examine fever and coughing symptoms. The doctor RECOMMENDED but did NOT order a speech and swallow evaluation to evaluate her diet. The Physician Visit Summary is attached and labeled as Document #1. She DID order Zithromax (an antibiotic) and a urine culture. The unit clerk faxed the order to Sacred Heart Pharmacy for the medication items and to Arcadia for the approval for the RECOMMENDED speech evaluation on 3/26/13. The UA was completed on 3/26/13 and we received the medications from the pharmacy. Please see Documents #2 and 3 as proof of our follow-up and follow-through of doctor's orders. A follow-up appointment was scheduled for 4/16/13. Please see attached statement (document #4) for the Unit Clerk regarding her communication with Arcadia in reference to the RECOMMENDED speech evaluation. As the statement reads, [REDACTED] not only faxed the order she also called Arcadia to inform them that they would need to give approval to Good Shepherd for the RECOMMENDED speech evaluation and follow-up with the Unit Clerk's fax.

At resident 1's, 4/16/13 follow-up doctor's appointment the doctor followed up with the speech evaluation. The doctor provided us with the signed order and it was then faxed to Arcadia. The unit clerk also called Arcadia and resident 1's case manager from Arcadia to inform them of the order. Please see the unit clerk's attached statement (document #4).

Attached is a packet of information requested by Saucon Valley Manor from Arcadia Hospice proving that they were aware of the speech evaluation order (documents 5 and 6). We acquired possession of the documents on 6/7/13 after a request was placed to Arcadia Hospice by a Co-Administrator at Saucon Valley Manor. Please see the fax transmission on the top of all the pages stating that it came from Arcadia.

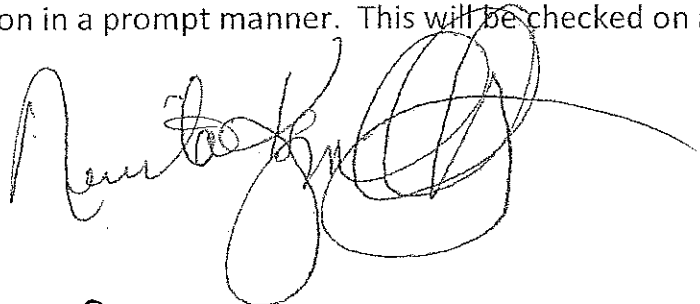
Please note the description of the meeting with daughter on 5/2/13 (Document # 6). They acknowledged her dysphagia, dismissed it, and proceeded with end of life care and procedures. The daughter was aware of her difficulty in swallowing and still chose to feed her at lunch time. Even in the face to face visit description hospice conducted with resident

Annex 10/13 7-19-13

1, the document signed by Arcadia's CRNP stated they were aware of her difficulty in swallowing (see document #7). When you look at the previous hospice documents, they were aware of her dysphagia since 4/2/13 (document #8: 3 pages). A timeline from Arcadia Hospice is also included as document #9. How would they have been aware of her dysphagia if they had not received the recommendation from the doctor that we and the doctor's office faxed over?

On 5/2/13, resident 1 choked while being fed by her daughter. Our staff never fed resident 1. Her daughter chose to feed her even though our staff felt she was very lethargic that day. Please see attached employee statement (document #10). That day she was dozing off at the table and sleeping during the meal. She began to choke on her lunch and the staff members immediately started to perform the Heimlich maneuver while another staff member called 911. Please see employee statement (document #11). As you can see our staff members acted promptly and were in complete compliance with all procedures and protocols.

Although we strongly disagree with the violations, going forward we are recommending our residents and all new residents to use AT HOME as our preferred provider for skilled nursing, palliative, hospice, and therapy services (including speech). This eliminates us from being at the mercy of two outside agencies who are driven by Medicare reimbursement. In addition, Good Shepherd has provided us with an updated policy to ensure that prompt receipt or referrals (see document #12). Our unit clerk and nursing staff will continue to follow-up promptly with all doctor's orders and assure all ordering of medications, testing, treatments, and therapies are followed-up on in a prompt manner. This will be checked on a daily basis.

A large, stylized handwritten signature in black ink, appearing to read "Nurse [unclear]".

Ann [unclear] 7-18-13

**Plan of Correction (PAGE 2 OF VIOLATION REPORT DATED MAY 13<sup>TH</sup>, 2013)**

As we have expressed through multiple correspondences (through phone conversations, e-mails, and legal counsel), we strongly disagree with the alleged violations of 55 Pa. Code § 2600.24(b). However, after our lengthy conversation with our licensing representatives yesterday, we understand that despite these objections, we need to submit a plan of correction that satisfies the regulatory requirements for responses to alleged violations. Accordingly, pursuant to state law and regulation, the following is being submitted for plan of correction purposes only and is not to be construed as an admission.

Saucon Valley Manor ("SVM") will ask our residents or their court appointed guardian or their POA (as appropriate) to only use outside agencies that comply with all regulatory requirements.

The SVM Unit Clerk, Director of Wellness, Assistant Director of Wellness and/or Administrator will follow-up with any 3<sup>rd</sup> party agency (i.e. hospice, therapy, etc.) that does not act within one to two business days in response to a referral of a SVM resident. If that agency still does not act on a timely basis or is uncooperative, SVM staff will request the resident, their court appointed guardian or POA to change to another 3<sup>rd</sup> party agency to ensure that the needs of the resident are met. If an outside agency is untimely or uncooperative more than once, SVM staff will initiate a meeting with that outside agency to discuss procedures to ensure that the residents receive the care in a timely manner. SVM staff will also initiate care meetings with families and residents when situations arise with 3<sup>rd</sup> party agencies that need resolution for the best interest of the resident. If, after all of the above follow-up procedures are exhausted and they do not resolve the issues caused by the failure of a 3<sup>rd</sup> party agency to meet the residents' needs, we will ask the 3<sup>rd</sup> party agency for an assurance of compliance in writing. If there are continued failures by the 3<sup>rd</sup> party agency after a written assurance of compliance, SVM will issue a 30 day notice terminating its referral relationship with the 3<sup>rd</sup> party agency. If a resident demands to use that 3<sup>rd</sup> party agency after all efforts at compliance have been exhausted, that resident has the choice of using a compliant 3<sup>rd</sup> party agency or finding an alternative housing location.

  
Anita Lynn Abbott 7-19-13

If we receive unclear recommendations from medical doctors, our Unit Clerk, Director of Wellness, Assistant Director of Wellness, and/or Administrator will call that doctor's office within one business day and ask for clarification in writing. We cannot follow a recommendation; we can only follow an order.

Ultimately we do understand as caregivers that we have a duty to ensure the best possible quality of life for our residents. We have always provided the utmost care for our residents and will continue to do so in the future.

*Nunzio Kapur - ABH*

*Anne Hovgaard 7-19-13*

Violation Report: 20581 - 05/13/2013 - Hummel, Jesse  
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 3/25/13 resident #1 was evaluated by the resident's physician. The physician ordered, as well as documented on the physician visit summary that a speech and swallow evaluation was to be completed to evaluate the resident's diet. It was determined that this evaluation was not completed. On 4/16/13 resident #1 was again evaluated by the resident's physician. The physician again ordered a speech and swallow evaluation. The physician also documented on the physician visit summary, "At last visit a speech and swallow evaluation was requested, this was not done, please order this ASAP." It was again determined this evaluation was not completed. The facility failed to secure adequate medical care and or evaluate the resident's dietary needs as ordered by the resident's physician on two separate occasions.

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, we strongly disagree. Please note on 3/25/13 the speech evaluation was recommended NOT ordered, but we followed up anyway. We also followed up on 4/16/13. Please see the attached letter and documents from pg. 2's alleged violation verifying this and our continued compliance. We ask for this to be withdrawn!!!!

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Admin. & Residence* Date *6/11/13*

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The above plan of correction is approved as of 7-19-13 (Date)

Plan of correction implementation status as of 7-19-13 (Date)

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

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

See prior pages.  
*[Signature]*

*Nimita Kapoor - Admin*  
6-18-13

Violation Report: 20581 - 05/13/2013 - Hummel, Jesse  
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/25/13 resident #1 was evaluated by the resident's physician. The physician ordered, as well as documented on the physician visit summary, that a speech and swallow evaluation was to be completed to evaluate the residents diet. It was determined that this evaluation was not completed. On 4/16/13 resident #1 was again evaluated by the resident's physician. The physician again ordered a speech and swallow evaluation. The physician also documented on the physician visit summary, "At last visit a speech and swallow evaluation was requested, this was not done, please order this ASAP." It was again determined that the facility failed to follow the directions of the residents's physician, as the speech and swallow evaluation was again not completed. On 5/2/13 resident #1 died as a result of a choking incident and aspiration of a food bolus.

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, we strongly disagree. Please note on 3/25/13 the speech evaluation was recommended NOT ordered, but we followed up anyway. We also promptly followed up on 4/16/13, please see the attached letter and documents from pg.21s alleged violation verifying this and our continued compliance. We ask for this to be withdrawn for this to

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nimita Kapoor - Atirch*  
President

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

Nimita Kapoor - Atirch, Co-Administrator

Date 6/11/13

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See prior pages  
*[Signature]*

*Nimita Kapoor*  
6-18-13