



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 08 2013

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

RE: Saucon Valley Manor  
License #: 205810

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 22, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period October 24, 2013 to October 24, 2014 was issued on July 10, 2013. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Acting Director *JH*

Enclosure  
License Inspection Summary

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

PCH Name: SAUCON VALLEY MANOR		License Number: 20581
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		County: Northampton
Administrator: Maxine Middlebrook / <i>Nimita Kapoor-Artyek</i>		Region: NORTHEAST
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 Dept. of Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 288	Waking Staff: 216
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 10/22/2013: Rushin, Jullenne; Hummel, Jesse; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 228 Number of Residents Served: 178 Secured Dementia Care Unit In Home: Yes Area: 2nd Floor-B wing Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 69 Number of Current Hospice Residents: 19 Number of Hospice Residents in past year: 71		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 175 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 110 Have a Physical Disability: 8

Violation Report: 20581 - 10/22/2013 - Rushin, Julienne  
 PCH Name: SAUCON VALLEY MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**  
 The Medical Evaluation for resident #1, admitted 5/20/13, indicates he/she was evaluated on 1/17/13, more than 60 days prior to admission.

**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.

We at Saucon Valley Manor understand the importance of the medical evaluation. We work as a team with residents, families, and doctors to comply with all the regulations. Please see attached note from PCP explaining his evaluation of resident #1.

An appointment has been set for resident #1 with his PCP on October 31, 2013 at 2:00pm.

To ensure future compliance marketing, nursing and administration will continue to check all medical evaluations for compliance and 100% completion. This will occur on a daily basis.

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, Afyca      Date 10/29/13

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

The above plan of correction is approved as of 10/31/13  
 (Date)

The above plan of correction was approved by M  
 (Initials)

Plan of correction implementation status as of 10/31/13  
 (Date)

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