



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]
Mailing Date: January 10, 2014

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 licensing inspection on October 30, 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 2

PCH Name: SAUCON VALLEY MANOR		License Number: 20581
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		County: Northampton
Administrator: Nimita Kapoor ~ <i>Attych - Maxine Middlebrook</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 PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 290 Working Staff: 218		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/30/2013: OHaire, Anne; Dumas, Gerald		
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: 179 Secured Dementia Care Unit in Home: Yes Area: Secured Unit Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 70 Number of Current Hospice Residents: 18 Number of Hospice Residents in past year: 18	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 111 Have a Physical Disability: 8	

Violation Report: 20581 - 10/30/2013 - O'Haire, Anne
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Staff person "A" yelled, used expletives and threatened to hit Resident #1, during the evening shift on 10-25-13. Staff person n "A" became upset with Resident #1 when this resident hit them while attempting to provide care to this resident. Staff person "A" was immediately removed from the facility an their employment was terminated. following this incident.

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. As indicated the facility acted quickly and promptly removed Staff person A from the facility.

We have no tolerance for this type of behavior and proceeded to terminate Staff person A. We will continue with all our trainings including Respect and Dignity Training.

We do conduct regular trainings, but we also work with our staff daily to instill proper techniques to work with all our residents in a respectful manner at all times.


Administration and all Department Heads will continuously work with their staff daily, weekly, and monthly to continue to always strive to always be our best and most respectful even with combative residents, and continue to redirect and help them.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nimra Kapur - Ahya*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimra Kapur - Ahya* Date *1-9-14*

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

The above plan of correction is approved as of <u>1-9-14</u> (Date)	Plan of correction implementation status as of <u>1-9-14</u> (Date)
The above plan of correction was approved by  (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