



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: December 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 Human Services' licensing inspection on May 13, 2014 and May 28, 2014 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,

*Bob Bisignani*  
Bob Bisignani  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary



Violation Report: 20581 - 05/13/2014 - Yellenic, Cindy  
 PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 6/3/13 and their initial Resident Assessment/Support Plan (RASP) was completed on 6/4/13. The resident had three apparent falls on 7/14/13, 9/10/13 and 10/9/13, in which the resident was sent out to the hospital for evaluation. The fall on 9/10/13 resulted in the resident sustaining a facial hematoma and a right femoral fracture. The resident was admitted to the hospital, was subsequently transferred to Skilled Nursing for Rehabilitation and returned to the home on 10/7/13. After the fall on 10/9/13, the resident complained of left hip pain, was sent out to the hospital and admitted with a hairline fracture of the left hip, returning to the home on 10/11/13. These falls were noted on the RASP but there was no documentation in the mobility section to reflect that the resident was a fall risk or to indicate the home's plan to reduce risk of further falls or place the resident on monitoring checks for safety. In addition, the RASP was not updated to reflect twelve additional documented incidents in which the resident was found on the floor by staff between 8/10/13 and 4/23/14. The last of these incidents occurred on 4/23/14, when the resident was found on the floor of her room. The internal incident report completed by staff at the home indicated that the resident had no injuries. The investigation conducted by the Department determined that at least five staff noticed a yellowish bruise on the resident's forehead prior to being admitted to St Luke's Hospital on 5/2/14 after the resident became lethargic and unresponsive. Upon admission to the hospital, the resident was diagnosed with a large hematoma to the right side of the forehead and a subsequent MRI determined that the resident had sustained a large subdural hematoma. The resident was placed on hospice on 5/7/14 and passed away on 5/9/14.

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.*

Please note that we are submitting a plan of correction for this violation report strictly for compliance purposes and this in no way is an admission of guilt. It is our goal to always be in compliance with the Department of Public Welfare and exceed their expectations as well as our own higher expectations. Although in this particular instance, we worked to the best of our ability to ensure a proper plan of care and safety for this resident through a bed alarm, supervision with regular resident checks, and physical and occupational therapy, we did not document these interventions in the department of public welfare's approved form in the correct locations. We still did, however, document these interventions and plan of care on other documents including but not limited to progress notes within the resident's medical file and the communication books within the resident's care unit. Going forward, our staff will ensure that all interventions, care and safety plans, as well as courses of treatment will be documented on the resident's RASP. As always, our facility will continue to work hard to ensure that all residents' care and safety needs are met. In the future, if a pattern of falls is established (witnessed or unwitnessed) with a resident, we will continue to hold care meetings with the resident, family, PCP, PT/OT and outside agencies (i.e. Area Agency on Aging) to determine the best course of treatment/intervention for our residents. All plans developed from these meetings will be documented on the resident's RASP. Our Assistant Administrator who handles all assessments and support plans will continue to work with (as she has always done) all nursing staff, residents, families, medical professionals, and outside agencies to complete and update the RASP annually and as needed for changes in conditions on a daily basis. In addition, for a better system of checks and balances, we are adding a second Assistant Administrator to also handle assessments and support plans. Our Co-Administrators will continue to perform periodic reviews to ensure on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nimita Kapoor Atiyeh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nimita Kapoor - Atiyeh</i>	Date <i>11/3/14</i>
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The above plan of correction is approved as of <u>12/10/14</u> (Date)	Plan of correction implementation status as of <u>0.0.</u> (Date)
The above plan of correction was approved by <u>0.0.</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