



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: August 8, 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 July 15, 2014 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 "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20581 - 07/15/2014 - Rushin, Julianne
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 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 7/10/14, at approximately 8:15 pm, staff person "A" attempted to prevent Resident #1 from leaving their room undressed. Staff person "A" was providing care to Resident #1 and Resident #1 didn't like how they were being treated. Resident #1 attempted to leave their room and staff person "A" pulled their arms real hard, pushed them back in to their room after they blocked the door. Resident #1's arm was x-rayed due to a contusion on their wrist caused by staff person A.

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 strongly disagree with this violation as there was no intent to cause injury to the resident by the staff member. The staff member unintentionally caused the bruise on 7/10/2014 while attempting to put the resident's nightgown on because the resident was going to expose her breasts to the residents in the common areas of secured unit. The staff member was immediately suspended with pay upon investigation and with Department of Public Welfare approval the staff member was brought back on 7/21/2014 with additional training provided by the home. Please see attached trainings. Our staff scheduled an appointment with the resident's doctor as a precautionary measure. Upon staff request, the doctor ordered an x-ray which was negative for everything except the bruise. The resident requested a behavioral stay as she has been feeling anxious for several days prior to the incident which lead to her combaliveness at the time of the incident. At the time of the incident, facility staff reported the incident to all necessary authorities timely and correctly.

To reduce the chances of re-occurrence, the staff will continue to be trained on redirection, skin integrity, and how not to use physical touch for redirection unless the resident is a harm to themselves or other residents. For example, the staff can speak to the resident calmly, offer a blanket to cover the exposed area, and call for additional help from other staff members.

We will be working with all staff on a day to day basis to ensure that all resident with mental/emotional/behavioral needs and those diagnosed with dementia are redirected appropriately. Please see the final attachment of our safe management techniques training that is provided to all new hires at orientation and all staff at annual trainings. We will also review this training with all staff as needed. We will also continue to provide the trainings mentioned above at orientation, annually and as needed.

This will be monitored on a daily basis by nursing supervisors, resident care coordinators, and administration.

This will help to reduce or eliminate a re-occurrence of violation of 42b.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nimta Kapoor - Ativan Nurse* *8/11/14*

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

The above plan of correction is approved as of *8/12/14*
(Date)

Plan of correction implementation status as of *8/12/14*
(Date)

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

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