



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 30 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 September 30, 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.

Your regular license for the period October 24, 2014 to October 24, 2015 was issued on July 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: SAUCON VALLEY MANOR		License Number: 205810
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		County: Northampton
Administrator: Maxine Middlebrook		Region: NORTHEAST
Legal Entity Name: SAUCON VALLEY MANOR INC		
Legal Entity Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		
<b>Certificate(s) of Occupancy</b>		
I-2 09/02/2010 Borough Hellertown	I-2 05/16/2008 Borough Hellertown	C-2 LP 08/16/2007 L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 247	Waking Staff: 185
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/30/2014: Novak, Ryan; Hummel, Jesse; Rushin, Julienne		
<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: 250 Number of Residents Served: 162 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 61 Number of Current Hospice Residents: 20 Number of Hospice Residents in past year: 73	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 160 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 85 Have a Physical Disability: 7	

Violation Report: 20581 - 09/30/2014 - Novak, Ryan  
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

A Sunbeam portable space heater was plugged in and located in the human resources office.

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.

This was corrected at the time of inspection. The small personal space heater (that was not on) was brought by an individual employee was removed immediately from the office. The small space heater was only located in that office and never accessible to residents. In compliance with DPW regulation and company policy, space heaters are not and will not be allowed in the building. Going forward, maintenance and administration will continue to ensure that there are no space heaters in the building. This is will checked during daily, weekly, and monthly building/environmental rounds.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor-Ahlych, Co-Administrative President*      Date *10/9/14*

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

The above plan of correction is approved as of 10/21/14 (Date)

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

Plan of correction implementation status as of 10/21/14 (Date)

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

Violation Report: 20681 - 09/30/2014 - Novak, Ryan  
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is located to the left of the main lobby doors. 17 extinguished cigarette butts were located on the steps going down to the west lower parking area.

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.

This was corrected at the time of inspection. All cigarette butts were cleaned up immediately. Please see attached picture of outside steps. Please see attached smoking policy for staff that has been copied from our employee handbook. All employees are given a handbook at hire and sign to acknowledge their adherence. In addition, a memo was posted to all staff regarding our smoking policy. Please see attached memo. Going forward, in addition to our common area's housekeeper checking on this several times a day, another housekeeper will be assigned to this task on his days off. Please see attached memo regarding this responsibility. This will be done to ensure that the cigarettes and ashes are disposed of in proper containers and sanitary conditions are maintained. In addition, maintenance and administration will continue to ensure future compliance with this regulation on a daily, weekly, and monthly basis through building and environmental rounds.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nurita Kapore Atvich*

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

Nurita Kapore Atvich

Co-Administrator  
President

Date

10/9/14

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The above plan of correction is approved as of

10/21/14  
(Date)

Plan of correction implementation status as of

10/21/14  
(Date)

The above plan of correction was approved by

*Am*  
(Initials)

- Fully Implemented
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Violation Report: 20581 - 09/30/2014 - Novak, Ryan  
PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A reported Resident #1's Hydrocodone was administered at 12:00pm on 9/30/14. The medication administration record and narcotic log were not initiated as administered at the time the medication was given.

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.

This was corrected at the time of inspection. Although the medication was not registered on the MAR at the time of administration, the PRN medication was given as requested and was registered on the MAR in front of the licensing representative. The med-trainer reviewed the module on immediate documentation when administering PRN medications to ensure further compliance with this regulation. Med-Aides, supervisors, and administration will continue to check the MARs on a daily basis at the end of every shift to ensure proper documentation.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nimita Kapoor-Arvey, Co-Administrator, President Date 10/9/14

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Violation Report: 20581 - 09/30/2014 - Novak, Ryan

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

Resident #2 is prescribed insulin according to a sliding scale. When blood sugar readings are between 201-250 3 units of Novolog are to be administered. From 9/1-9/30/14 Resident #1 received 2 units of Novolog 19 times during this time period.

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.

This was corrected at the time of inspection in the computerized MAR system by the pharmacy that oversees the eMAR. Please see attached October MAR that shows the corrected amount of insulin. Sacred Heart Pharmacy took responsibility for the input error on the eMAR but we will continue to check and re-check orders for accuracy on a daily basis. The med-aides and supervisors will compare all doctors' orders to the eMAR to ensure that we are following the direction of the prescriber. In addition, we will be holding an in-service for all med-aides on to review the proper procedure for sliding scale insulin as soon as possible with our certified diabetic trainer. When in-service is completed documentation will follow.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Atiyeh, Co-Acting Director, President* Date *10/9/14*

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