



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: July 15, 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 June 25, 2015 and June 26, 2015 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, appearing to read "Bob Bisignani".

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing 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: nimita Kapoor-Atiyeh		Region: NORTHEAST
Legal Entity Name: SAUCON VALLEY MANOR INC		
Legal Entity Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		
Certificate(s) of Occupancy		
I-2 09/02/2010 Borough Of Hellertown	I-2 05/16/2008 Borough of Hellertown	C2LP 08/16/2007 L&I
Staffing Hours		
Resident Support: NM	Total Daily Staff: 269	Waking Staff: 202
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
06/25/2015: Patton, Leslie; Novak, Ryan 06/26/2015: Patton, Leslie; Novak, Ryan		
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: 250 Number of Residents Served: 184 Secured Dementia Care Unit in Home: Yes Area: multiple floors Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 60 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 74	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 181 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 85 Have a Physical Disability: 5	

Violation Report: 20581 - 06/25/2015 - Patton, Leslie
 PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Medication Administration Record (MAR) notes Warafin 1mg tablet take 2 and half tablets (2.5mg) by mouth on Monday, Wednesday and Friday. Take 2 tablets (2mg) by mouth all other days. The pharmacy label notes take 1 and half tablets (2.5mg) by mouth on Monday, Wednesday and Friday. Take 2 tablets (2mg) by mouth all other days.

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.

Preparation and submission of this Plan of correction does not constitute an admission or agreement by the personal care home of the truth of the facts or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §20 et seq. and §2600.263.

Please note that we are submitting this plan of correction strictly for compliance purposes and this is in no way an admission of guilt. It is our goal to always be in compliance with DHS regulations and exceed their expectations as well as our own higher expectations.

Please also note that this was a discrepancy on the pharmacy's end and even though the label on the blister pack was inaccurate the medication in the blister pack was the correct dose and Resident #1 was receiving the medication as per physician's orders. (Please see attached supporting documentation- #1 picture of original blister pack, #2 picture of employee from the pharmacy who brought corrected label to personal care home, #3 picture of corrected label brought to personal care home from the pharmacy.) Once this was brought to the personal care home's attention, the pharmacy was immediately informed and the correct label for the medication was brought to the personal care home

Please see continued response of pg. 2 A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nimita Kapone-Ayich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapone-Ayich, Admin. + President* Date *7/6/15*

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The above plan of correction is approved as of <u>7/9/15</u> (Date)	Plan of correction implementation status as of <u>7/9/15</u> (Date)
The above plan of correction was approved by <u>B.B.</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

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within 30 minutes and was corrected in the presence of the inspectors who were on site at the personal care home. Also, the personal care home met with Administration from the pharmacy to discuss solutions on rectifying this on 7/1/2015 and after investigating the matter further the pharmacy found that this was caused due to software host communication between the pharmacy and the packaging software. An "update" was installed on the pharmacy's system to prevent a similar incident from occurring again. (Please see attached letter from pharmacy regarding meeting and correction.)

To ensure continued compliance, going forward when receiving new cycles of medications, Med Aide's will be responsible for reviewing the labels on the blister packs to make sure all information is accurate as per the physician's orders prior to putting the blister packs in the medication carts. If any errors are found, the Med Aide will be responsible for informing Administration of the error. Administration will then contact the pharmacy to have them rectified immediately. This will done on a daily basis,

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, Admin. Pres.* Date *7/6/15*

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- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Staff did not sign or initial the MAR of resident #2 to indicate Levofloxacin 250mg was administered on 6/16/15 at 8:00am. Resident #3 is prescribed Coumadin 1mg on Sundays and Coumadin 2mg Monday-Saturday. The order was incorrectly documented on the resident's MAR which stated, "Coumadin 1mg, use as directed."

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Please note that we are submitting this plan of correction strictly for compliance purposes and this is in no way an admission of guilt. It is our goal to always be in compliance with DHS regulations and exceed their expectations as well as our own higher expectations.

Please see page 3A. for Continued Response

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/06/2015	01/05/2015	12/12/2014
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 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Atiyeh* ^{Mrs.} *Admin* Date *7/6/15*

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Please also note that even though Med Aide did not initial Resident # 2's MAR's on 6/16/2015 at 8 am, Resident # 2 did receive the medication. (Please see attached supporting documentation #1 and #2 pictures of blister pack showing the correct quantity of medication and that orders were being followed). This was verified by Med Aide who provided a written statement to the inspectors on site at the personal care home (please see attached supporting documentation #3 statement from Med Aide).

To ensure continued compliance, going forward, Med Aide's have been retrained on 6/26/2015 on medication administration and all Med Aide's signed that they received the training. This will be reviewed by all Med Aide's at quarterly reviews with the Med Trainers.

Please see continued Response on Pg. 3B

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapoor - Attyer & Admin* ^{Pres:} Date *7/6/15*

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In regards to Resident #3, the MAR was corrected at the time of inspection. (Please see attached supporting documentation #4 and #5 copies of Resident #3 MAR's)

To ensure continued compliance, going forward, Med Aide's have been retrained on 6/26/2015 on medication administration and all Med Aide's signed that they received the training. This will be reviewed by all Med Aide's at quarterly reviews with the Med Trainers. Furthermore, for any resident who can self-administer their medication, all orders will be put on the resident Medication Administration Record and the MAR's will be reviewed by the Med Aide's on a weekly basis to confirm accuracy.

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