



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SAUCON VALLEY MANOR INC.
LEGAL ENTITY

To operate SAUCON VALLEY MANOR
NAME OF FACILITY OR AGENCY

Located at 1050 MAIN STREET, HELLERTOWN, PA 18055
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 250
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 100

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 3, 2015 until September 3, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205810

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 03 2015

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 inspections on June 26, 2015 and August 13, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosures
License
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: Nemita Kapoor-Atiyeh		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	I-2	I-2
08/16/2004	09/02/2010	02/12/2009
L&I	Borough Hellertown	Borough Hellertown
Staffing Hours		
Resident Support: 0	Total Daily Staff: 269	Waking Staff: 202
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/26/2015: Novak, Ryan; Patton, Leslie		
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: N/A 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 - 06/26/2015 - 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

On 5/25/15 nursing notes from St. Lukes Hospital Anderson campus note the following: At approximately 12:02pm the RN noticed the patient had 2 Exelon 4.6mg/24hour patches on at the same time. One patch was located on the right scapula and marked with a date of 5/25/15. One patch was located on the left upper deltoid with no markings or dates noted. Exelon patch located on left upper deltoid was removed. Resident #1 was discharged from the hospital with a diagnosis of an accidental overdose. Resident #1 has an order for Exelon 4.6mg/24 hour patch apply 1 patch topically daily.

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 correction 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 expectation as well as our own higher expectations.

Please be advised that Personal Care Home disagrees with this violation. Personal Care Home is still looking into events and a final report was not even sent to DHS since personal care home is awaiting meeting with hospital administration. Personal care home did send an initial and interim report to DHS updating DHS with the events which occurred. Upon return from the ER on 5/25/2015 it was noted in the discharge papers that hospital noticed two Exelon patches on resident #1. From internal investigation personal care home spoke with all med aides and nurses who worked on resident #1's floor the weekend prior to resident #1 going to the emergency room. All med aides verified that prior to putting new patch on, old patch was removed and discarded as per manufacturer's instructions. After returning from the ER resident #1 was sent back to the hospital the on 5/26/2015 where Resident #1 was admitted by the same hospital at a different location. Resident #1 was discharged on 5/28/2015

PLEASE SEE PAGE 2A FOR CONTINUED RESPONSE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/05/2015	12/12/2014	09/30/2014
-----------------------	-----------------------------------	------------	------------	------------

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Administrator* Date: *7/28/15*

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

The above plan of correction is approved as of <u>8/26/15</u> (Date)	Plan of correction implementation status as of <u>8/28/15</u> (Date)
The above plan of correction was approved by <u>B.O.</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

on-site RN

Violation Report: 20581 - 06/26/2015 - 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
On 5/25/15 nursing notes from St. Lukes Hospital Anderson campus note the following: At approximately 12:02pm the RN noticed the patient had 2 Exelon 4.6mg/24hour patches on at the same time. One patch was located on the right scapula and marked with a date of 5/25/15. One patch was located on the left upper deltoid with no markings or dates noted. Exelon patch located on left upper deltoid was removed. Resident #1 was discharged from the hospital with a diagnosis of an accidental overdose. Resident #1 has an order for Exelon 4.6mg/24 hour patch apply 1 patch topically daily.

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.

and then re-admitted to the hospital on 6/5/2015 (Please see attachments 1 thru 2- hospital discharge paperwork). Please note we are not only looking to meet with the hospital regarding their accuracy of information from resident #1's ER visit 5/25/2015 but also resident #1's admitting diagnosis from admissions to hospital on 5/26/2015 and 6/5/2015. Personal Care Home would also like to speak to hospital administration in regards to alleged additional Exelon patch that was located on resident #1 on 5/25/2015. When Med Aide spoke to hospital after discharge nurse stated that patch was a clear colored patch, however that Exelon patch which Personal Care Home had for resident # 1 was a skin colored patch. Personal Care Home has spoken to several people at hospital and they are even unclear to why resident # 1 was readmitted to the hospital on 5/26/2015.

For continued compliance, and under the advice of licensing reps on 6/26/2015, Personal Care Home has implemented checks and balances in EMAR system in which Med Aide will have to indicate putting patch on as well as taking patch off and indicating if patch was placed on right or left side. Please note Personal care home had already been indicating left and right in the EMAR system prior to this event. A copy of how this is being done in the EMAR system was given to the licensing reps on 6/26/2015. This will be checked by Med Aides at time of administering patches and taking off patches and will be rechecked by Med Trainer periodically.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/05/2015	12/12/2014	09/30/2014
-----------------------	-----------------------------------	------------	------------	------------

Signature of Legal Entity Representative
(Required on EVERY Page) *Humita Kapur - Ativa*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Humita Kapur - Ativa* - Admitted Date *7/28/15*

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

The above plan of correction is approved as of <u>8/26/15</u> (Date)	Plan of correction implementation status as of <u>8/28/15</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

on-site RN

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

PCH Name: SAUCON VALLEY MANOR		License Number: 20581
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055		County: Northampton
Administrator: Nirmita Kapoor-Aliya		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 07/27/2004 PA Dept of L&I	I-2 05/16/2008 Borough of Hellertown	Other 02/12/2009 Borough of Hellertown
Staffing Hours		
Resident Support: 0	Total Daily Staff: 279	Waking Staff: 209
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/13/2015: Foulkes, Kimberli; Yellenic, Cindy; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable 08/21/2015: Foulkes, Kimberli		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 250	Number of Residents who:	
Number of Residents Served: 181	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 178	
Area: n/a	Have Mental Illness: 5	
Secured Dementia Unit Capacity, if Applicable: 100	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 67	Have a Mobility Need: 98	
Number of Current Hospice Residents: 7	Have a Physical Disability: 5	
Number of Hospice Residents in past year: 74		

Violation Report: 20581 - 08/13/2015 - Foulkes, Kimberli
 PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 A spray bottle with "bleach water" written on it was located in the kitchen of the home. The bottle did not have the original manufacturer's label attached.

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 alleged 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 rights to appeal pursuant to 55 Pa. Code 55 Pa. Code 20 et seq. and 2600.263.

The violation was corrected at the time of the inspection. The spray bottle that was in the kitchen at the dish washing area was removed and was properly disposed of. To ensure continued compliance with 2600.82(a) all chemical bottles will be checked daily in the dietary department by all dietary staff to ensure that all chemicals are in their original manufacture labeled containers. Administration will also be checking during their daily and weekly walk-through that all chemicals bottles are in their original manufacture labeled containers. Please see the attached photo to ensure compliance with 2600.82(a).

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Adminstrator* President Date 8/25/15

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

The above plan of correction is approved as of <u>8/26/15</u> (Date) The above plan of correction was approved by <u>B.B.</u> (Initials)	Plan of correction implementation status as of <u>8/28/15</u> (Date) <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 <div style="text-align: right; margin-top: 10px;"> <i>on-site</i> <i>AN</i> </div>
---	---

Violation Report: 20581 - 08/13/2015 - Foulkes, Kimberli	
PCH Name: SAUCON VALLEY MANOR	
1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION The bathroom of Room # A-33 contained a 3 1/2 x 1 foot rug located outside of the shower. The rug did not have a slip resistant backing which poses a possible fall risk.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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 date's by which the steps will be completed.</i>	
<p>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 alleged 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 rights to appeal pursuant to § 55 Pa. Code 55 Pa. Code 20 et seq. and 2600.263.</p> <p>The violation was corrected at the time of inspection in front of the Department of Human Services Licensing Representative. The rug was removed from bathroom of A-33. The resident and the power of attorney of the resident who resides in A-33 was notified that the rug was removed as they had supplied the rug. The resident and POA were explained the regulation 2600.88 (a) that under a rug must have a rubber backing. Please see the attached photos ensuring room A-33 is in compliance with 2600.88(a). To ensure continued compliance with 2600.88(a) nursing and housekeeping will be checking daily making sure all rugs in resident's rooms have a rubber backing. Administration will be checking compliance with 2600.88(a) weekly during their walk-through the building.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nimita Kapoor-Atiyela</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nimita Kapoor-Atiyela - Administrator</i>	Date <i>8/25/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8/26/15</u> (Date)	Plan of correction implementation status as of <u>8/28/15</u> (Date)
The above plan of correction was approved by <u>B.S.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>on-site RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented