



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 08 2016

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' annual licensing inspection on July 14, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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: Nimita Kapoor Atya		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 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 278	Waking Staff: 209
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/14/2016: O'Haire, Anne; Hummel, Jesse; Harvey, Jason		
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: 228 Number of Residents Served: 169 Secured Dementia Care Unit in Home: Yes Area: Secured units Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 68 Number of Current Hospice Residents: 19 Number of Hospice Residents in past year: 90		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 163 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 109 Have a Physical Disability: 17

Violation Report: 20581 - 07/14/2016 - O'Haire, Anne PCH Name: SAUCON VALLEY MANOR	
1. REGULATION 55 Pa. Code §2600 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	
2a. DESCRIPTION OF VIOLATION The following items were found in the home's main walk in refrigerator/freezer that were opened and not labeled or dated. One jar of beef base, one quarter pound of Hormel brand sliced ham and 1.5 pounds of steak fries.	
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.	
<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 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 the requirements under state law. The personal care home reserved any and all applicable rights to appeal pursuant to 55 Pa. Code §20 et. Seq. and §2600.263.</p> <p>Please note this violation was corrected at the time of inspection. In addition going forward, Dietary supervisors as well as aides are responsible for checking the kitchen as well as all dining rooms daily. Please see attached checklist in which Dietary staff will need to sign off on. A supervisor will be spot checking weekly and all sheets will need to be turned into Administration at the end of the week. Administration will also spot check on a weekly basis to ensure this is being completed.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nimta Kapoor - Atiyeh</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nimta Kapoor - Atiyeh</i>	Date <i>7/20/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/28/16</u> (Date)	Plan of correction implementation status as of <u>7/28/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 20581 - 07/14/2016 - O'Haire, Anne PCH Name: SAUCON VALLEY MANOR	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION The large activity room located in the secured unit had a large folding table located in front of the exit door leading to Main Street located in the front section of the building.	
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 dates 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 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 the requirements under state law. The personal care home reserved any and all applicable rights to appeal pursuant to 55 Pa. Code §20 et. Seq. and §2600.263.</p> <p>Please note this was corrected at the time of inspection. In addition going forward all staff will be re-educated at our next mandatory in-service regarding the importance of not blocking any exits. Maintenance and Administration will check all exit doors during daily walk arounds to also ensure there are no objects are in the way of any exits.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nimita Kapoor-Atiyeh</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nimita Kapoor-Atiyeh, Administrator</i> Date <i>7/20/16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/28/16</u> (Date)	Plan of correction implementation status as of <u>7/28/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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