



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: January 5, 2017

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 December 6, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

Commonwealth of Pennsylvania  
Department of Public Welfare  
Bureau of Human Services Licensing

## 6 Easy Steps to Develop a Plan of Correction

1. Why is the regulation important?
2. How was the regulation violated?
3. What caused the violation?
4. What can be done right away to fix the violation?
5. What can we do to prevent future violations?
6. Who will be responsible for preventing future violations?

### **Tips**

- An acceptable plan of correction must be submitted to the Department before a license can be issued to the residence.
- If your plan of correction does not fit on the page you may attach additional pages; additional pages must be signed and dated.
- A plan to request a waiver of the regulation cannot be accepted as a plan of correction, although you may indicate in the plan of correction that you intend to apply.
- It is important to attach supporting documentation to your plan of correction to verify compliance of any violation that has been corrected.
- If you need help with your plan of correction call your regional office or the operator support hotline at 1(866) 503-3926.

LICENSING INSPECTION SUMMARY  
Personal Care Homes- 55 Pa.Code §2600

Name of Facility / Type(s) of Service:

Saucon Valley Manor/Personal Care Home

Northampton County

Street Address:

1050 Main Street

Northwest Region

City:

Hellertown, PA

Zip Code:

18055

License Number:

205810

Type of Inspection:

Interim, Complaint

Reason(s) for Inspection:

Relocation of SDCU beds, - Interim  
Complaint ←  
Investigation

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:

12/06/2016 Ryan Novak, Ann O'Haire

Off-Site Inspection Dates and Inspectors, if Applicable:

**1. REGULATION – 55 Pa.Code § 2600.**

**2600.59 Multiple Buildings**

(b) For a home with multiple buildings on the same premises regardless of the distance between buildings, the direct care staffing requirements in §2600.57 apply at all times four or more mobile residents, or one or more residents with mobility needs, are present in the home.

**2. DESCRIPTION OF VIOLATION**

It has been determined through staff interviews that building SVM II does not have a staff person present in the building at all times from 8:00 PM to 11:00 pm. The home currently has ten personal care residents residing in the building.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) 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.

Though we respectfully disagree with this violation, we immediately complied and had staff stationed in the building from 8pm - 11pm as well as at all times.

This was not a issue as the licensing representatives noted there was ample staff throughout and in the schedule, see pg. 1B.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Nimita Kapoor - Atiya - Administrator

Signature of Legal Entity Representative (Required on all pages)

*Nimita Kapoor - Atiya, Administrator*

Date

12/16/16

**DEPARTMENT USE ONLY – FACILITIES MAY NOT WRITE BELOW THIS LINE!**

**Repeated Violation:**

**Repeated Violation Dates:**

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

*see next page please*

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

**1. REGULATION – 55 Pa.Code § 2600.**

**2600.59 Multiple Buildings**

(b) For a home with multiple buildings on the same premises regardless of the distance between buildings, the direct care staffing requirements in §2600.57 apply at all times four or more mobile residents, or one or more residents with mobility needs, are present in the home.

**2. DESCRIPTION OF VIOLATION**

.It has been determined through staff interviews that building SVM II does not have a staff person present in the building at all times from 8:00 PM to 11:00 pm. The home currently has ten personal care residents residing in the building.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) 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.

All the residents care needs were met as noted in the residents RASP and ME.

To ensure continued compliance nursing has staff scheduled in SVM II at all times. Administration and Nursing will be checking on every shift daily to ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Nimita Kaper - Atty Adminstrator

Signature of Legal Entity Representative (Required on all pages)

Nimita Kaper - Atty Adminstrator

Date

12/16/16

**DEPARTMENT USE ONLY – FACILITIES MAY NOT WRITE BELOW THIS LINE!**

**Repeated Violation:**

**Repeated Violation Dates:**

The above plan of correction is approved as of 12-19-16  
(Date)

Plan of correction implementation status as of 12-19-16:  
(Date)

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

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

pg. 1 B

B