



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Ms. Nimita Kapoor-Atiyeh,
Administrator/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 inspections on July 11, 2017 and July 21, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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: Nirnila 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 07/27/2004 L&I | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 313 | Working Staff: 235 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal, Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 07/11/2017: Novak, Ryan; Deluca, Amy; OHaire, Anne 07/21/2017: Novak, Ryan; Deluca, Amy; OHaire, Anne | | |
| 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: 268 Number of Residents Served: 201 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: 82 Number of Current Hospice Residents: 20 Number of Hospice Residents in past year: 93 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 197 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 112 Have a Physical Disability: 3 |

| | |
|--|---|
| Violation Report: 20581 - 07/11/2017 - Novak, Ryan | |
| PCH Name: SAUCON VALLEY MANOR | |
| 1. REGULATION 55 Pa.Code §2600 2600.54(a) - Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in § 2600.54(b). (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. | |
| 2a. DESCRIPTION OF VIOLATION Direct care staff person A hired 2/7/17 completed an online diploma from Woodfield high school, the course is not accredited by the Department of Education or the State Department of Education. Direct care staff person B hired 1/31/17 has a high school diploma from Jamaica. | |
| 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 pursuant to 55 Pa. Code §20 et. Seq and §2600.263. | |
| Please note that we respectfully disagree with this violation in that that there was no way of initially knowing that these high school diplomas are not from an accredited high school or issued from another country by the appearance of them without doing further investigation. Both employees were immediately removed from personal care services until the situation can be rectified. | |
| To ensure continued compliance, Human Resources will double check all diplomas prior to new hire orientation to ensure the diploma is from an accredited high school as well as from the United States by either contacting the school listed on the diploma and/or doing a Google search of the school. For any diploma not issued in the United States new hires will either be offered another position in which a high school diploma is not required or the facility will fill out a waiver as required by the Department of Human Services to get approval from the Department for that new hire to perform personal care services to the residents we serve. This will be double checked by Administration regularly. | |
| <i>The Administrator will oversee to ensure ongoing compliance. QP</i> | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Nunita Kapon</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nunita Kapon - Adminstrator</i> Date <i>7/31/17</i> | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>8-17-17</u> (Date) | Plan of correction implementation status as of <u>8-17-17</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 - 07/11/2017 - Novak, Ryan PCH Name: SAUCON VALLEY MANOR | |
| 1. REGULATION 55 Pa. Code §2600 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. | |
| 2a. DESCRIPTION OF VIOLATION The home conducted 9 fire drills between 11/07/16 and 06/16/17 in Saucon Valley Manor Building 2. Every drill was recorded in whole minutes and "00" seconds. In conversing with the Building Operations Director, he/she admitted that in many instances of the fire drills in Building 2, times were not noted in minutes and seconds and the time was rounded to the nearest minute. The home is not timing all of the fire drills to reflect the exact time of evacuation in minutes and seconds. | |
| 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 pursuant to 55 Pa. Code §20 et. Seq and §2600.263. | |
| Please note that we respectfully disagree with this violation. In the regulation 2600.132(c) it is not indicated that the amount of time took for evacuation must include minutes and seconds. Also for all fire drills that were conducted in Saucon Valley Manor Building 2, the residents were evacuated well under our mandatory evacuation time which was established by the Fire Chief who is also our Fire Safety Expert. However, going forward and to ensure continued compliance with this regulation our Director of Maintenance and Security will inform one other person of the scheduled unannounced fire drill to assist him in recording the exact time it took to evacuate the residents to include minutes and seconds. This second person will not assist with evacuating the residents and will also not inform the residents or other staff persons of the scheduled unannounced drill, they will just be there to assist the Director of Maintenance so he can assure the evacuation is done properly and effectively. This will be done on a monthly basis and fire drill logs will be reviewed on a monthly basis to ensure continued compliance. <i>The Administrator will oversee to ensure ongoing compliance.</i> | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nimita Kapone Attych, President</i> | Date <i>7/31/17</i> |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>8-17-17</u> (Date) | Plan of correction implementation status as of <u>8-17-17</u> (Date) |
| The above plan of correction was approved by <i>[Signature]</i> (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 - 07/11/2017 - Novak, Ryan
 PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1's PRN oxycodone HCL 5mg 1/2 tablets were located in the home medication cart, the resident is currently at the hospital.

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 pursuant to 55 Pa. Code §20 et. Seq and §2600.263.

Please note that Resident # 1 had 2 cards of his/ her PRN oxycodone. When resident # 1 went to the hospital the med aide did return one of the cards to the pharmacy but accidentally forgot to send the other card back. When this was brought to our attention during the inspection, the other medication card was immediately sent back to the pharmacy and we received acknowledgment from the pharmacy in writing on 7/21/17 that they received it. (Please see attached acknowledgment)

To ensure continued compliance with this regulation when a resident goes out to the hospital or has been discharged from the facility for any reason the Med Aide will double check to ensure all medications have been returned to the pharmacy. In addition, All Med Aides received a copy of our medication administration policy which will be re-reviewed with the Med Trainer and Administration. Each Unit Nursing supervisor will be re-checking med carts to ensure that all medications of a resident not living in the home have been sent back to the pharmacy and this will be done on a regular basis in addition to making sure all medications in the cart match what is on the residents' medication list.


The Administrator will oversee to ensure ongoing compliance. Cp. 8-17-17

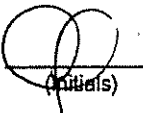
| | | | |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nim H. Kowak - Admin Pres.* Date *7/31/17*

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

| | |
|--|---|
| The above plan of correction is approved as of <u>8-17-17</u> (Date) | Plan of correction implementation status as of <u>8-17-17</u> (Date) |
| The above plan of correction was approved by  (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 - 07/11/2017 - Novak, Ryan PCH Name: SAUCON VALLEY MANOR | |
| 1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. | |
| 2a. DESCRIPTION OF VIOLATION The homes medication policy notes the following: When a new narcotic is delivered Med Aide will have to go into Quick MAR system and click on "receiving med" and input the original delivered amount. After count is entered initially then the EMAR system automatically tracks the count. When a narcotic is discontinued the Med Aide must click on "med disposition" and insert how many pills are being sent back to the pharmacy. Medication errors or missing medications are to be reported immediately to the Supervisor and the Administrator. Resident #2's PRN oxycodone HCL 5 mg tablets notes 28 pills on the count sheet but the blister pack has 27 pills. Resident #1's PRN oxycodone HCL 5 mg 1/2 tablets notes 59 pills on the count sheet and the home has 35 pills in the blister pack. 25 pills were sent back to the pharmacy due to the resident being admitted to the hospital, which would bring the total pill count to 60. Staff person C reported that the staff person was aware the counts did not match while completing the narcotic count in the morning. | |
| 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 pursuant to 55 Pa. Code §20 et. Seq and §2600.263. Please note that all medications were accounted for and this was a discrepancy in the initial input of the medication into the EMAR system. To ensure continued compliance all Med Aides were given a copy to re-review of the medication administration policy which states that all narcotics are to be counted each shift. In addition, the Nursing Unit Supervisors will be re-checking the narcotic counts daily and Administration will do spot checks on a regular basis to ensure ongoing compliance. Upon receiving any narcotic noted in our medication policy all unit supervisors will also recount all narcotics listed on the medication policy to ensure the correct amount was delivered as well initially entered into the system. In addition staff person C will be receiving a refresher training from the Med Trainer on counting of narcotics based on the medication administration policy. <i>The Administrator will oversee to ensure ongoing compliance. SA 8-17-17</i> | |
| 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) <i>Nimita Kapriel - Admin</i> Date <i>7/31/17</i> | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>8-17-17</u> (Date) | Plan of correction implementation status as of <u>8-17-17</u> (Date) |
| The above plan of correction was approved by  (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 - 07/11/2017 - 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 #3 had an order for ibuprofen 400 mg tab, 1 tablet every 6 hours if not relieved by tylenol. From 7/6-7/12/17 the ibuprofen was administered before the tylenol.

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 pursuant to 55 Pa. Code §20 et. Seq and §2600.263.

Once this was brought to our attention at the time of inspection a reportable incident was done and was sent to the Department of Human Services. (Please see attached reportable incident) Please note that on 7/22/2017 we received an order from Resident #3's PCP to DC Tylenol and use Ibuprofen 200 mg every 6 hours as needed. (Please see attached order)

To ensure continued compliance all Med Aides, prior to administering medications will double check the order in the EMAR system to ensure proper medication administration and that all physician orders are being followed. In addition all Med Aides received a copy of our Medication Administration policy to re-review. Furthermore, our Med Trainer will do routine checks of each cart and EMAR's to ensure all physicians' orders are being followed. This will be double checked by Administration and Unit Nursing Supervisor's to ensure continued compliance.

The Administrator will oversee to ensure ongoing compliance. Cc. 8-17-17

| | | |
|----------------------|-----------------------------------|--|
| 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) *Nimka Japour - Admin* Date *7/31/17*

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

The above plan of correction is approved as of 8-17-17
 (Date)

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

Plan of correction implementation status as of 8-17-17
 (Date)

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