



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: November 16, 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' licensing inspection on August 23, 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.

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: 20581 |
| 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 C-2 LP 07/27/2004 L&I | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 300 Waking Staff: 225 | | |
| Type of Inspection: Partial BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 08/23/2017: Deluca, Amy; Harvey, Jason | | |
| Off-Site Inspection Dates and Inspectors, if Applicable 09/22/2017: Deluca, Amy | | |
| Other Details Partial or Full Triggers: Random Indicators: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 268 Number of Residents Served: 193 Secured Dementia Care Unit in Home: Yes Area: memory care Secured Dementia Unit Capacity, if Applicable: 100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 78 Number of Current Hospice Residents: 18 Number of Hospice Residents in past year: 93 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 189 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 107 Have a Physical Disability: 3 | |

Violation Report: 20581 - 08/23/2017 - Deluca, Amy
 PCH Name: SAUCON VALLEY MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(e) - If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION

On 7/6/2017 Resident #1 left the home sometime after 2:00am and was later returned to the home at approximately 2:50am by a Hellertown police officer after the resident suffered a fall while out on the walk. It was determined through contact with the designated person that the home did not inform them that the resident had fallen while taking a walk between 2:00am and 2:50am and that the resident was returned to the home by a police officer. After department representative discussed the incident with the resident's designated person it was determined that the home contacted the designated person's spouse on 7/6/2017 and told them that the resident had fallen in his or her bedroom.

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 §55 Pa. Code 20 et seq. and 2600.263.

We respectfully disagree with this violation. Resident #1's designated person was contacted by our staff 3 times on 7/6/17. Please see the attached phone records (Exhibit 1) which were provided to the Department on two separate occasions which indicates that calls were place to Resident #1's designated person on his/her cell phone at the following times: 3:19 am, 7:26 am, and 4:01 pm. Furthermore after speaking with Resident # 1's designated person it was also determined through the telephone conversation that it was in fact resident # 1 and not Personal Care Home staff that told the designated person that he/she had fallen in their room when the designated person came to visit with Resident # 1 on 7/6/2017.

Please see page 2a for more information

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

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-Atyeh, Adm. Assistant* Date *11/15/17*

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The above plan of correction is approved as of 11/16/17
 (Date)

Plan of correction implementation status as of 11/16/17
 (Date)

The above plan of correction was approved by S.S.
 (Initials)

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

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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.

Also it states in regulation 2600.16(e) that the designated person shall be notified immediately following the conclusion of the investigation and states that a written report or documented telephone calls meets this requirement. Personal Care Home provided the Department with written documentation via phone bills that calls were placed to Resident #1's designated person on the date of the incident with the first call being placed as soon as resident was returned to the facility by the police officer.

To ensure continued compliance Personal Care Home will continue, as we have always been doing, to contact the designated person when an incident occurs in which could affect the resident or condition or in which the resident could be potentially be harmed. All calls placed to the designated person will continue to be documented on personal care homes internal incident report form and will be marked with the telephone number which was contacted as well as if staff verbally spoke with the designated person or if a message was left for them to return our call regarding the incident. This will be checked on by nursing supervisors to ensure designated persons being contacted as incidents occur.

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) Date

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| | | | |
|--|---------------------------|---|---------------------------|
| The above plan of correction is approved as of | <u>11/16/17</u> (Date) | Plan of correction implementation status as of | <u>11/16/17</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 | |
| | | <input type="checkbox"/> Partially Implemented - Inadequate Progress | |
| | | <input type="checkbox"/> Not Implemented | |