



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]
Mailing Date: July 27, 2018

Mr. Russell M. Reiter
Secretary
1263 S Cedar Crest Blvd Senior Housing I OPCO, LLC
One Town Center Road, Suite 300
Boca Raton, Florida 33486

RE: Rittenhouse Village at Lehigh Valley
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223012

Dear Mr. Reiter:

As a result of the Department's Bureau of Human Services Licensing inspection on May 10, 2018 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22301 - 05/10/2018 - Novak, Ryan
 PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

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 exit door from the Tower 2 stairwell does not open immediately when pushed upon, preventing immediate egress in the event of an emergency.

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.

On 5/10/18 Facilities Director evaluated all community doors, all operated as intended providing full egress.

On 6/5/18 Monarch Door Company provided evaluation on Tower 2 exterior door. To facilitate ease of function, the alarm was relocated to reduce door frame resistance. The closure tension was adjusted.

The Facilities Director or Designee will monitor exterior doors for full functionality during community rounds.

The Administrator will perform oversight audits and audits via door checks at least monthly.

1/5

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrew McGowan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Andrew McGowan - Executive Director Date 6/18/18

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

The above plan of correction is approved as of 7/23/18
 (Date)

The above plan of correction was approved by *Q*
 (Initials)

Plan of correction implementation status as of 7/23/18
 (Date)

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

Violation Report: 22301 - 05/10/2018 - Novak, Ryan
 PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1's RASP dated 5/4/18 is not signed by the person completing the RASP.

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.

A re-audit of all Resident RASPs was conducted and completed on 6/4/18 by the Director of Health and Wellness.
 The DHW will complete and review RASPs per regulation. All RASPs will be audited for completion and compliance.
 The administrator will perform a final review and sign off on all resident RASPs for completion and compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andreea M. Novak - Executive Director* Date *6-8-18*

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The above plan of correction is approved as of 7-25-18
 (Date)

Plan of correction implementation status as of 7-25-18
 (Date)

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

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