pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC**
LEGAL ENTITY

To operate **RITTENHOUSE VILLAGE AT LEHIGH VALLEY**
NAME OF FACILITY OR AGENCY

Located at **1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **110**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 23, 2018** until **August 23, 2019**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **223010**

Robert E. Robinson
ISSUING OFFICER

Carolyn K Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility

HS 628cke – 2/18

pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 2 3 2018

Mr. S. David Selznick
Vice President
1263 S Cedar Crest Blvd Senior Living I OPCO LLC
One Town Center Boulevard, Suite 300
Boca Raton, Florida 33486

RE: Rittenhouse Village at Lehigh Valley
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223010

Dear Mr. Selznick:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 6, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed

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.

Mr. S. David Selznick

The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY	**License Number:** 22301
Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103	**County:** Lehigh
Administrator: Andrea McGowan	**Region:** NORTHEAST
Legal Entity Name: 1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC	
Legal Entity Address: ONE TOWN CENTER BLVD SUITE 300, BOCA RATON, FL 33486	

Certificate(s) of Occupancy

I-1
03/07/2016
Salisbury Township

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 66	**Waking Staff:** 50
Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal, Provisional, Settlement

On-Site Inspections Dates and Department Representatives On-Site

06/06/2018: Novak, Ryan; Deluca, Amy

Off-Site Inspection Dates and Inspectors, if Applicable

on-site verfi. 8-9-18.

Other Details

Partial or Full Triggers:	**Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 110	**Number of Residents who:**
Number of Residents Served: 48	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: Yes	**Are 60 Years of Age or Older:** 48
Area: n/a	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable: 34	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 16	**Have a Mobility Need:** 18
Number of Current Hospice Residents: 7	**Have a Physical Disability:** 1
Number of Hospice Residents in past year: 20	

Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A hired 8/10/15 received only 10 hours of the required 12 hours of annual training in 2017.

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.

Direct care staff person A is per diem employee who has been on unpaid leave since 02/06/2018. Before returning to job duties direct care staff person A will be required to go through the communities orientation process which incorporates all state mandated training. A signature verification form will be kept and available upon request.
An audit was performed by the communities Business Office Manager. All staff are in 100% compliance with all state mandated trainings for 2018.
Ongoing, an audit will be completed after each state mandated training using a signature verification form (Attachment 1) to ensure employee compliance. YES
The Administrator or designee will monitor to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Andrea McGowan			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Andrea McGowan - Executive Director	Date	6/28/18	

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

The above plan of correction is approved as of 7-16-18 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8-9-18 (Date)

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

Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired 8/10/16 did not receive training in resident rights and The Older Adults Protective Services Act in 2017.

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.

Direct care staff person A is a per diem employee who has been on unpaid leave since 02/06/2018. Before returning to job duties direct care staff person A will be required to go through the communities orientation process which incorporates all state mandated training. A signature verification form will be kept and available upon request.
An audit of all employees training documentation was performed by the communities Business Office Manager. All staff are in 100% compliance with all 2018 state mandated trainings.
Ongoing, an audit will be performed after each state mandated training using a signature verification forme' (Attachment 1), to ensure employee compliance.
The communities 2018 training plan outlines all state mandated trainings. (Attachment 2) YES
The Administrator or designee will monitor to ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Andrea McGowan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan - Executive Director

Date 6/28/18

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- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The temperature of the water in the bathroom sink of room 216 measured 124°F.

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.

Immediately the Director of Maintenance adjusted the mixing valve for the hot water line to lower the temperature of the hot water. A re-check of the water temperature later that evening registered at 119 degrees fahrenheit which is in compliance with state regulations.
On 06/27/2018, Tustin Mechanical Integrated Building Services arrived at the community to inspect the mixing valve and determined no further adjustments were needed.
Director of Maintenance or designee will conduct weekly water temperature audits to include a sample of all 3 floors in the community.
The Administrator will monitor to ensure ongoing compliance.

(095)

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Andrea McGowan - Executive Director

Date: 6/28/18

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- ☐ Not Implemented

Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Room 105 the bed belonging to resident #1 did not have an operable lamp or other source of lighting close enough to the bed so that it could be reached by the resident from the bed.

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.

Immediately, while the surveyors were in the community, the Memory Care Director repositioned the lamp to ensure it can be reached by the resident from the bed. Within 30 days, all staff members will be provided with training on regulation 2600 101 (j) 7. (Attachment 4)
The Administrator or designee will perform room checks monthly to ensure ongoing compliance.

July 2, training

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

Signature of Legal Entity Representative (Required on EVERY Page) Andrea McGowan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan - Executive Director Date 6/28/18

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- ☐ Not Implemented

Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
The small freezer located in the memory care unit's kitchen area contained a 5 gallon tub of vanilla ice cream that was being stored without the lid on it.

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.

Upon discovery of the uncovered container, the Director of maintenance immediately discarded the item. Within 30 days all staff will be educated on the importance of covering, labeling and dating open containers. Plastic wrap and labels are available at all kitchen locations. Advisements have been posted to the ice cream coolers in the two kitchens of the community. (Attachment 5) YES
Extra re-usable placement lids were ordered and will be used in the event that a manufacturer's lid becomes damaged. (Attachment 9) YES
The Culinary Director or designee will monitor to ensure ongoing compliance.

Staff Training

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) Andrea McGowan - Executive Director Date 6/28/18

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's Documentation of Medical Evaluation (DME) forms indicate the resident had medical evaluations on 12/5/2016 and 01/31/2018. The resident did not have a medical evaluation completed in 2017.

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.

The Director of Health and Wellness performed an audit of all resident records, residing in the home, to ensure that each resident has had a medical evaluation within the past year. All current resident records found to be in 100% compliance. The community uses Tabulapro, which is a computer program designed to track resident's annual documentation.
The Administrator will monitor to ensure ongoing compliance.

tracking in place

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2018	01/18/2018	

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McNamara - Executive Director | Date 6/28/18

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Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

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
Resident #3 has a physician's order for blood sugar to be tested every other day at 7:00am. On 6/25/2018 the resident's blood glucose was recorded as 225 on the resident's Medication Administration Record (MAR) but the actual reading in the meter was 223.

The glucometer for residents #3 #4 is not calibrated to the correct date and time.

Resident #4 has an order for blood glucose readings 4 times daily. On 6/2/18 at 11am the MAR noted a blood glucose reading of 187, the glucometer noted a reading of 180. On 6/4/18 at 8am the MAR noted a blood glucose reading of 266, the glucometer noted a reading of 282.

Resident #5's PRN loperamide and antacid where not available at the time of the inspection.

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.

Immediately the Director of Health and Wellness calibrated all glucometers to the correct date and time. Ongoing, the Director of Health and Wellness or designee will ensure proper calibration monthly. Documentation will be kept on file.
The Director of Health and Wellness or designee will audit glucometer readings in comparison to documented blood sugar readings weekly. Documentation of the audits will be kept on file.
The Director of Health and Wellness or designee will perform monthly cart audits to ensure all medications are available. Documentation will be kept on file.
The Administrator will ensure ongoing compliance.

audits in place

Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/15/2018	12/07/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGonigle - Executive Director Date 6/28/18

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Violation Report: 22301 - 06/06/2018 - Novak, Ryan
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600
2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION
During the initial walk through of the home at approximately 10:15 am the wrought iron gate located in the memory care unit's courtyard was found to have been left open and unsecured.

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.

Immediately the Director of Maintenance evaluated the Memory Care Courtyard gate. To facilitate the ease of function, the mag lock was adjusted to reduce gate frame resistance. TRI-M, door access control company, was notified of the repair and arrived at the community on 06/07/2018 to evaluate and inspect gate closure. TRI-M identified that no further adjustments were required. (Attachment 7)
The Administrator requested new hardware to be installed to enhance ongoing function and monitoring. New hardware to be installed will include a new controller, 2 keypad readers, one external DPDT door contact sensor, an audio sounder with amber strobe light and a MAG lock assembly with bond sensor. Memory Care staff will monitor interior and exterior doors and gates. Documentation will be kept and available upon request.
The Administrator will perform oversight audits of all doors and the Memory Care gate. (Attachment 10)

locks replaced

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

Signature of Legal Entity Representative (Required on EVERY Page) Andrea McGowan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan - Executive Director Date 6/28/18

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