



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 7, 2019

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 7, 2019 and June 10, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 blue ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

License Number: 223010

Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103

County: LEHIGH

Region: NORTHEAST

Administrator

Name: DOUGLASS CRESSMAN

Phone: 6104339220

Email: DCRESSMAN@RITTENHOUSESL.COM

Legal Entity

Name: 1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC

Address: ONE TOWN CENTER BLVD SUITE 300, FL, 33486

Certificate(s) of Occupancy

Type: I-1

Date: 03/07/2016

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 79

Waking Staff: 59

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal , Complaint, Settlement Monitoring

Inspection Dates and Department Representative

06/07/2019 - On-Site: Jason Harvey, Ryan Novak

06/10/2019 - On-Site: Jason Harvey, Ryan Novak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110

Residents Served: 58

Secured Dementia Care Unit

In Home: Yes

Area: First Floor

Capacity: 34

Residents Served: 15

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 57

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 1

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/1/19, resident #1 was picked up by the Salisbury Township Police Department and was returned back to the home, after being found walking down Cedar Crest Blvd. with a walker. The home did not report this incident to the department.

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.)

2600 16.C

Plan of Correction

- All department managers who serve as Manager on Duty in-serviced on 2600.16 Reportable Incidents and Conditions. (Attachment 1) - Inserviced on 7/2/2019
- All incidents will be reviewed daily at morning meeting.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Douglas Cressman ED*

Date *7/8/19*

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The above plan of correction is approved as of 8-19-19 (Date)

Plan of correction implementation status as of 8-19-19 (Date)

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

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

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 2/22/19, for resident #1 indicates the resident requires assistance with supervision when outside the home. On 6/1/19, the resident did not receive this assistance as required.

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.)

2600.23.a
Plan of Correction

- After completion of elopement risk assessment it is determined resident #1 does not require assistance with supervision outside of the home. Resident #1 requires no level of supervision. The RASP has been updated to reflect this level of supervision (Attachment 2)
- Director of Health and Wellness in-serviced on 2600.23 (Attachment 3) *In serviced on 7/2/2019*

Legal Entity Representative

[Signature]
Signature

Douglas Crossman ED *7/3/19*
Printed Name and Title Date

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		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
		<input type="checkbox"/> Partially Implemented - Inadequate Progress
		<input type="checkbox"/> Not Implemented

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

A white triangular rug was in the bathroom of Room #116 without a slip resistant backing, posing a possible fall risk.

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.)

2600.88a

Plan of Correction

- The white triangular rug was removed from apartment at the time of the inspection. 7/8/2019
- Housekeeping and maintenance staff in-serviced on 2600.88a (Attachment 4) *In serviced on 7/13/19*
- Monthly inspections of resident apartments will be completed by Maintenance Director or designee (Attachment 5) to ensure 2600.88a is met.
- Education on fall prevention that includes 2600.88a will be conducted at resident council meeting on 7/10/2019 (Attachment 6)

Legal Entity Representative

Signature 

Printed Name and Title *Douglas Crossman ED*

Date *7/8/19*

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

A chair on the patio was blocking the exit door in the activity room, preventing immediate egress in the event of an emergency.

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.)

2600.121.a
Plan of Correction

- The chair was moved to its correct location at the time of the inspection
- A reminder sign has been placed on exit doors to bring awareness regarding keeping stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed. (Attachment 7)
- Maintenance Director and Activity Director in-serviced on 2600.121a (Attachment 8) *In-serviced 7/8/19*
- Maintenance Director to complete weekly community checks for the first month and monthly ongoing. (Attachment 9)
- Education on 2600.121a will be facilitated at resident council meeting (Attachment 10) - *completed 7/10/2019*

Legal Entity Representative

Signature 

Printed Name and Title *Douglas Crossman ED* Date *7/8/19*

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 6/7/19, Olanzapine 5mg prescribed to resident #2 was in the home's medication cart; however, the medication was discontinued on 6/4/19 per the home's MAR's.

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.)

2600.183.d
Plan of Correction

- Resident #2 was on LOA at time of inspection. The medication was reinstated upon the resident's return to the community on 6/28/2019. (Attachment 11)
- LPN Staff in-serviced on 2600.183.d (Attachment 12) 7/3/19, 7/5/19 - In Serviced
- Monthly audits by Director of Health and Wellness or designee completed monthly. (Attachment 13)

Legal Entity Representative

Signature 

Printed Name and Title Douglas Crossman ED Date 7/8/19

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #3's glucometer was not calibrated to the correct date and time.

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.)

2600.185a.

Plan of Correction

- Glucometer was calibrated correctly at time of inspection
- LPN staff in-serviced on 2600.185a (Attachment 14) *In serviced 7/5/19, 7/3/19*
- Weekly Glucometer calibration checks to be completed by Director of Health and Wellness or designee (Attachment 15)

Legal Entity Representative

[Signature]
Signature

Douglas Crossman ZD 7/8/19
Printed Name and Title Date

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