



**Sent via e-mail to: [dcressman@rittenhousesl.com](mailto:dcressman@rittenhousesl.com)  
MAILING DATE: November 4, 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 inspection on September 10, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *RITTENHOUSE VILLAGE AT LEHIGH VALLEY*  
Address: *1263 S CEDAR CREST BOULEVARD,, ALLENTOWN, PA 18103*  
County: *LEHIGH* Region: *NORTHEAST*

License Number: *22301*

### 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, BOCA RATON, FL, 33486*

### Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

### Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
Reason: *Incident,Settlement*

### Inspection Dates and Department Representative

*09/10/2019 - On-Site: Amy Deluca, Ann O'Haire*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *110* Residents Served: *58*

#### Secured Dementia Care Unit

In Home: *Yes* Area: *na* Capacity: *34* Residents Served: *14*

#### Hospice

Current Residents: *6*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *20* Have Physical Disability: *0*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 7/13/19 resident #1 was observed by staff kissing resident #2 on the lips and touching her inappropriately. Resident #2 was visibly upset about the incident and folded her arms protectively over herself after it occurred. Resident #2 was sexually harassed by resident #1.

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.)

Plan of Correction:

1. Report sent to Lehigh County AAA 7/13/19 to DHS on 7/13/19
  - a. Per Lehigh County AAA dementia education provided to Resident #1 on 7/14/19 (Attachment 1)
2. The POAs and PCPs of both residents notified of the incident on 7/13/19.
3. Per Lehigh County AAA, home care assisted Resident #1 until Psychiatric evaluation completed
4. Psychiatric evaluation completed on Resident #1 on 7/31/19 and the following treatment plan was initiated:
  - a. Lexapro 10mg PO Daily
  - b. Premarin .625 MG PO Daily
  - c. Paxil discontinued
5. Resident #1 was voluntarily admitted for treatment at Sacred Heart Older Adult Behavioral from 8/13/19-8/21/2019 and the following treatment plan was initiated:
  - a. Quetapine Fumarate 25MG PO at HS
  - b. Premarin .625 MG PO Daily
  - c. Zoloft 50MG PO Daily
6. The resident handbook was reviewed with Resident #1 on 10/10/19 specifically addressing the "Behavior" area of the handbook. (Attachment 2)
7. Resident #1 has had no similar behaviors since this incident occurred.

Legal Entity Representative

Signature 

*10/11/19*  
Printed Name and Title Douglas Cressman Executive Director  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10-15-19 Plan of correction implementation status as of 10-15-19  
(Date) (Date)

The above plan of correction was approved by MM  
(Initials)  Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

**LICENSING INSPECTION SUMMARY**  
**PERSONAL CARE HOMES - 55 Pa.Code §2600**

**Name of Facility / Type(s) of Service:**

Rittenhouse Village at Lehigh Valley

**Street Address:**

12633 S Cedar Crest Boulevard

**City:**

Allentown

**Zip Code:**

18103

**License Number:**

22301

**Type of Inspection:**

Partial

**Reason(s) for Inspection:**

Settlement

Incident

**Notice:** No

**On-site Inspection Dates and Department Representatives On-Site:**

Amy DeLuca, Ann O'Haire

9/10/2019

**Off-Site Inspection Dates and Inspectors, if Applicable:**

**1. SETTLEMENT PROVISION # 10a**

Specialized dementia care training will be provided for all staff persons who work in the secured dementia care unit and all department heads within 60 days of the date of this Agreement and semi-annually thereafter.

**2. DESCRIPTION OF VIOLATION**

Staff person A, who was hired 3/28/2018, did not have specialized training in 2019.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) 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.**

Violation occurred because staff person A did not complete Semi-Annual Specialized Dementia Training in 2019.

Plan of Correction Steps:

1. Staff person A has now completed specialized dementia training on 10/7/2019 (Attachment 1)
2. An audit has been completed by the Executive Director and the community is in 100% compliance with Specialized Dementia Training requirements.
3. The Executive Director and a second designee will both review the semi-annual specialized dementia training and sign (Attachment 2) to ensure all co-workers have completely met this requirement.

Printed Name and Title of Legal Entity Representative (Required on all pages)

*Douglas Cressman*

Signature of Legal Entity Representative (Required on all pages)

*Douglas Cressman*

Date

*10/9/2019*

**DEPARTMENT USE ONLY – FACILITIES MAY NOT WRITE BELOW THIS LINE!**

**Repeated Violation:**

**Repeated Violation Dates:**

The above plan of correction is approved as of 10-15-19  
(Date)

Plan of correction implementation status as of 10-15-19 :  
(Date)

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

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