



January 15, 2020

Ms. Nimita Kapoor-Atiyeh
Co-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's Bureau of Human Services Licensing annual inspection on June 24, 2019 and June 25, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SAUCON VALLEY MANOR

License Number: 205810

Address: 1050 MAIN STREET, HELLERTOWN, PA 18055

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: Nimita Kapoor-Atiyeh

Phone: 6107488888

Email: NATIYEH@YAHOO.COM

Wendy Abreu

Legal Entity

Name: SAUCON VALLEY MANOR INC

Address: 1050 MAIN STREET, HELLERTOWN, PA, 18055

Certificate(s) of Occupancy

Type: C-2 LP

Date: 08/16/2004

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 324

Waking Staff: 243

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

06/24/2019 - On-Site: Ryan Novak, Jason Harvey, Gerald Dumas

06/25/2019 - On-Site: Ryan Novak, Jason Harvey, Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 268

Residents Served: 209

Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 100

Residents Served: 75

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 113

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 115

Have Physical Disability: 0

5a1 - DHS Access

Regulations

- 2600.
 - 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

Licensing Representatives requested resident records at approximately 10:05am. At approximately 11:23am 2 out of 20 records were made available, at 11:30am 2 more records were given to Licensing Representatives. At approximately 11:35am Licensing Representatives went to the area where the records were being stored. 10 records were being brought out of the record room and 6 others were collected from the record room by Licensing Representatives. All of the resident records were given to the Licensing Representatives by approximately 11:50am. Immediate access to the resident records was not given to the Department.

Plan of Correction (POC)

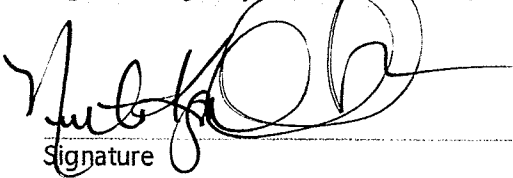
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Please note that at the entrance conference Personal Care Home was informed by the lead inspector that they would be doing a walk around first which would take about an hour and then would be reviewing resident records upon their return and that files were expected to be given to them at that time. From 10:05 am until the inspectors finished with the walk around of the site at approximately 11:00 am resident records were in the process of being pulled for the inspectors to review. While this was occurring the personal care home also had several physicians, outside agencies as well as resident and family members who were coming in and out of the wellness area where resident records are located requesting information and looking at resident records. It is the Personal Care Home's policy that the resident needs and concerns are a top priority therefore those items were addressed first.

Please see 2a for continued response

Legal Entity Representative


Signature

Nimita Kapoor - Atty at 8/14/19
Printed Name and Title Date

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The above plan of correction is approved as of	10-17-19 (Date)	Plan of correction implementation status as of	10-17-19 (Date)
The above plan of correction was approved by	ag (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	

5a1 - DHS Access

Regulations

2600. 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

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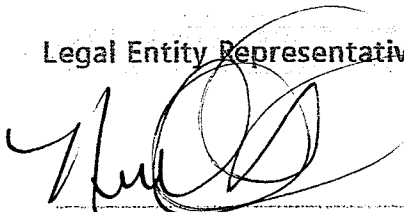
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When the inspectors came to the wellness at 11:35 am they saw that the charts were in the process of being pulled and all records were accessible to the inspectors immediately when they went to the wellness center. Therefore we strongly disagree with this violation and have submitted a waiver to the department which is requesting that the records be requested in increments instead of all at once so we may continue to meet our resident care needs. Please see attached waiver. As we are waiting a decision on the waiver to ensure continued compliance all requested files will be brought to the inspector on site in a timely manner. If records are needed for a primary care physician or outside agency the inspector will be notified and asked if the chart can be taken so it be reviewed by the requested party and then brought back to the inspector once the chart is no longer needed. It will be the responsibility of Administration to ensure that all records are being given to the inspectors when they are requested in a timely manner.

Legal Entity Representative


Signature

Nimita Kapoor-Atiyeh 8/14/17
Printed Name and Title Date

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51 - Criminal Background Check

28

Regulations

- 2600.
 - 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Ancillary staff member A hired 2/19/19 did not have a Pennsylvania State Police Criminal Background Check completed until 4/14/19.

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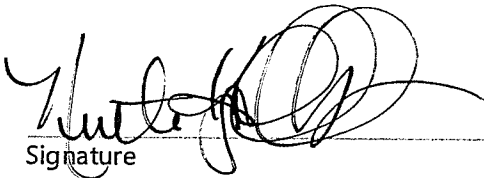
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Personal Care Home respectfully disagrees with this violation as Ancillary staff member A did have a fingerprint check completed by the FBI due to him/her not living in Pennsylvania in the past 2 years. This fingerprint check also checks for any offenses and it is stated on the results that Ancillary staff member A did not have any criminal offenses. Therefore Human Resources felt at the time there was no need to run an additional background check at that time and the background check was run after the allotted time per the 2600 regulation.

Going forward to ensure continued compliance background checks will be completed on all potential new hires. All background checks will be done in accordance to the 2600 regulations. Administration will check all new hire employee records prior to 30 days of hire to ensure all necessary paperwork needed as per the 2600 regulations have been completed.

Legal Entity Representative


Signature

Nimita Kapoor-Ahlyal 8/14/19
Printed Name and Title Date

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81b - Resident Personal Equipment

Regulations

2600. 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

An enabler bar measuring approximately 14' across by 20' vertically was uncovered and attached to the right side of the bed in room B-25. Additionally, the enabler bar was positioned between the resident's box spring and mattress and not securely attached to the resident's bed. The uncovered enabler bar poses and safety risk allowing for the possible entrapment of an arm leg or a resident's head from being trapped between the bars.

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Please note that the personal care home strongly disagrees with this violation. Personal Care Home does acknowledge that having an enabler bar uncovered does pose risk to injury however the personal care home cannot stop a resident from removing the cover as for some residents the cover inhibits the residents' grip of the bar when attempting to get in and out of bed. As in this case the resident chose to remove the cover on the enabler bar. This was immediately covered in front of the licensing inspector. A new enabler bar was also purchased by the Personal Care Home with a cover that does not remove. Please see attached photo.

To ensure continued compliance all enabler bars will be checked on a daily basis by nursing to ensure all bars are covered. If a resident continually takes the cover off nursing will inform administration. Administration will then speak with the resident and family on the safety concerns of keeping the bar covered. This will be checked by nursing daily and rechecked by the nursing supervisors on a weekly basis.

Legal Entity Representative


Signature

 8/14/19
Printed Name and Title Date

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82c - Locking Poisonous Materials

Regulations

2600. 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The following poisonous materials were located unlocked and accessible in the SUA closet, which is a memory care section of the home where the residents are unable to safely handle and identify poisonous materials. A bottle of Listerine mouthwash, lady speedstick deodorant and a bottle of Crest 3d white mouthwash. The hygiene products were labeled if swallowed contact a poison control center or doctor immediately.

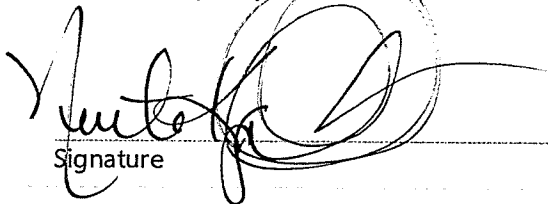
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Personal care home strongly disagrees with this violation. Care was in the process of still being provided during the time when the inspectors checked the closet and found it opened. Staff was present with the residents who had already received AM care in the common area of the unit. Personal Care Aide on the floor was in the process of getting items to give a shower and had to step away for a moment to assist another resident and left the closet unlocked. Door was immediately locked in front of licensing inspector. To ensure continued compliance a new lock was placed on the door which automatically locks once the door is closed. Maintenance supervisor will ensure the door continues to work properly and locks automatically.

Legal Entity Representative


Signature

Nimita Kapoor-Artyer 8/14/19
Printed Name and Title Date

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103e - Left Overs

Regulations

2600. 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

In the home's main kitchen, the walk- in refrigerator- freezer contained 1 clear bag of rewrapped peppers and onions in addition to a second clear bag of 5 haddocks which were also unlabeled or dated.

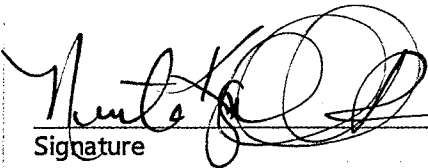
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Personal Care Home strongly disagrees with this violation. Food that was unlabeled and undated was immediately thrown away in front of Licensing Inspector. To ensure continued compliance Dietary supervisors will check all food in refrigerator-freezer on a daily basis to ensure that all left over food is labeled and dated. This will be spot checked on a weekly basis by Administration.

Legal Entity Representative


Signature

Nimita Kapoor Atiyeh 8/14/19
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132c - Fire Drill Records

Regulations

2600.
 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted on 10/15/18 at 4:37am indicates 6 staff participated, 12 staff members actually participated. The fire drill logs were incorrectly documented.

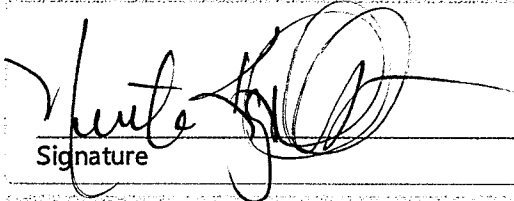
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Please note that Personal Care Home strongly disagrees with this violation as it was mere documentation error. The personal care home provided the inspectors the assignment sheets as well as employee time cards for the date in question to show that 12 staff members actually participated in the fire drill. Therefore the personal care home respectfully disagrees with this violation. To ensure continued compliance Maintenance will review all fire drill documentation with Administration once completed for each fire drill to ensure accuracy.

Legal Entity Representative


 Signature

Nimita Kapoor - Attorney 10/14/19
 Printed Name and Title Date

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183b - Meds and Syringes Locked

Regulations

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A tube of hydrocortisone cream was located in the SUA closet unlocked and accessible to the residents on the memory care unit.

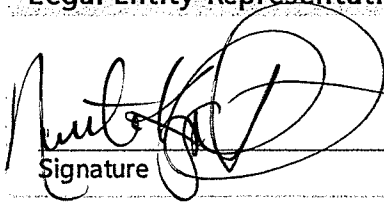
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Personal Care Home respectfully disagrees with this violation. Care was in the process of being completed on residents during the time of inspection. Personal Care aide was in the process of gathering items to give a shower when he/she went to assist another resident and walked away from the closet leaving it unlocked. Cream was immediately removed from the basket and discarded in front of licensing inspector. To ensure continued compliance any medicated creams will be kept and locked in the med cart. Nursing supervisors on each unit will be responsible for checking all hygiene baskets on a weekly basis to ensure no medicated creams are being left in them. Please note that this was an over the counter Aveeno brand cream and not an actual prescription medication.

Legal Entity Representative


Signature

Nimita Kapoor - Atira 8/14/19
Printed Name and Title Date

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224a - Preadmission Screen Form

Regulations

2600. 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's pre-admission screening dated 5/1/18 does not indicate if the resident can safely handle poisonous materials or whether the home can meet the needs of the resident.

Resident #2's pre-admission screening dated 2/21/19 does not indicate the screening information source.

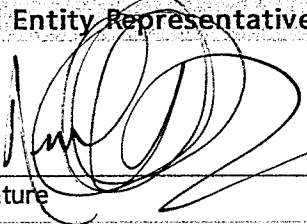
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Personal care home strongly disagrees with this violation as it was a mere documentation oversight on both Resident #1 and Resident #2. TJo ensure continued compliance Admissions will review all admission paperwork with administration prior to or at the time of admission to ensure all required paperwork is filled out accurately and that no areas are left unchecked. This will be done on an as needed basis based on the resident's upcoming admission.

Legal Entity Representative


Signature

Nimta Kapoor Ativan 8/14/19
Printed Name and Title Date

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