

Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[REDACTED]
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
[REDACTED]
[REDACTED]

[REDACTED]: RITTENHOUSE VILLAGE AT LEHIGH
VALLEY
1263 S CEDAR CREST BOULEVARD
ALLENTOWN, PA, 18103
LICENSE/COC#: 22301

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2020, 08/20/2020, 08/27/2020, 09/03/2020, 09/02/2020, 09/08/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *RITTENHOUSE VILLAGE AT LEHIGH VALLEY* License #: *22301* License Expiration: *08/23/2020*
Address: *1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6104339220* Email: [REDACTED]

Legal Entity

Name: *1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC*
Address: *ONE TOWN CENTER BLVD, SUITE 300, BOCA RATON, FL, 33486*
Phone: *6104339220* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/07/2020*

Inspection Dates and Department Representative

07/07/2020 - On-Site: [REDACTED]

08/20/2020 - On-Site: [REDACTED]

08/27/2020 - On-Site: [REDACTED]

09/03/2020 - On-Site: [REDACTED]

09/02/2020 - Off-Site: [REDACTED]

09/08/2020 - Off-Site: [REDACTED]

Inspection Dates and Department Representative (*continued*)

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110

Residents Served: 77

Secured Dementia Care Unit

In Home: Yes

Area: N/A

Capacity: 34

Residents Served: 23

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 77

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30

Have Physical Disability: 2

Inspections / Reviews

07/07/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/30/2020

02/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/28/2022

02/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

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

Five personal care home residents resident's # 2, 3, 4, 5 and 6 were identified as having special diets with mechanical and pureed diets. The home was unable to explain how staff can monitor these residents’ food consumptions and how staff would respond to a possible choking episode given the fact that these residents apartment doors are closed after the meals are delivered.

Resident # 4's R.A.S.P., dated [redacted], noted – “Give (resident #4) some physical assistance to begin eating. Assist may be required through meals.” Multiple conversations with staff indicated that after the meal is delivered to the resident’s room , the aide leaves the room and the door is shut. Residents are not being consistently checked throughout their meals to assure residents are eating and or need assistance to assure their meals are being consumed.

Resident # 3's R.A.S.P., dated [redacted] noted - “staff will remind and encourage (resident #3) to eat throughout all mealtimes.” Again, multiple conversations with staff indicated that after the meal is delivered to the residents, the aide leaves the room and the resident’s door is shut. Residents are not being consistently checked throughout their meals to assure residents are eating and or need assistance to assure their meals are being consumed.

Plan of Correction

Accept

Due to Covid-19 precautions all residents were being served meals in their apartments. The way the home determined if a resident needed to be monitored during meals was through a physician order.

-By 12/24/20 staff will be in-serviced by Speech Therapist and Director of Health and Wellness on 2600.23a and dysphagia. See attachment #1 and attachment #4

-Effective immediately during times when Covid-19 precautions are in place residents who require monitoring or assistance during meals as per physician order or the resident RASP will be brought to common dining area to be monitored by staff during meal consumption.

Directed Plan of Correction:

With the resubmission of the Plan of Correction:

The Adm will submit a current list of residents with physician orders that are being served in the dining room for their safety and to have staff supervision while having their meals.

Adm will submit signature sheets for the training synopsis that was submitted.

AG, 12-23-2020

Update: 02/18/2022

verified on site 11-18-21

Document Submission

Implemented

attached

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident’s ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

202 - Prohibitions (continued)

Description of Violation

On 8/16/20, Direct Care Staff Person "A" held resident # 7's both hands for 45 seconds during a confrontation with the resident. Holding both the resident hands did not allow the resident freedom of movement. The resident has a history of combative behavior. Restraining a resident's wrists are prohibited.

Plan of Correction**Accept**

- Memory Care staff in-serviced on de-escalation techniques and 2600.202 See Attachment 2.
- Staff member A is no longer employed at the community.
- Resident 7 no longer resides at the community.
- Memory Care Director to facilitate monthly de-escalation techniques in-services for the next three months.

*The home included de-escalation training handouts and signature sheets with this plan of correction.

AG, 12-23-2020

Update: 02/18/2022

verified on site 11-18-21

Document Submission**Implemented**

attached

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The Residents Assessment and Support Plan for resident # 7 dated [REDACTED] did not include the resident's admission to hospice services on [REDACTED] for the diagnosis of Alzheimer's Disease with early onset.

The RASP for resident # 3, dated [REDACTED] did not include the resident's special diet – Mechanical soft diet with Nectar. The diet in the resident's R.A.S.P. was documented as: "Regular Consistency, thin liquids."

The RASP for resident # 4, dated [REDACTED] did not include the resident's special diet- pureed. The diet in the resident's R.A.S.P. was documented as: "Regular, no concentrated sweets, thin liquids."

Plan of Correction**Accept**

- Director of Health and Wellness in-serviced on 2600.227. See Attachment 3.
- Executive Director to audit 10% of the community's RASPS monthly to ensure compliance. See Attachment 5.

Directed Plan of Correction:

The Adm will submit a copy of a recently completed monitoring audit sheet that has been IN USE for at least 1 month as evidence of compliance with the resubmission of this Plan of Correction.

The Home will also submit the signature sheets for the staff that attended the training for the 2600.227(d) training with this resubmission.

227d - Support Plan Medical/Dental (continued)

AG, 12-23-2020

Update: 02/18/2022

verified on site 11-18-21

Document Submission

Implemented

attached