

Department of Human Services  
Bureau of Human Service Licensing

April 8, 2021

██████████ VICE PRESIDENT  
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC  
ONE TOWN CENTER BLVD, SUITE 300  
BOCA RATON, FL 33486

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2020 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      **Licen e #:** 22301      **Licen e Expiration Date:** 08/23/2021  
**Addr e :** 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103  
**County:** LEHIGH      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6104339220      **Email:**  
[REDACTED]  
[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:** 80      **Waking Staff:** 60

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 11/04/2020

**Inspection Dates and Department Representative**

11/04/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 110      **Residents Served:** 52

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** n/a      **Capacity:** 34      **Residents Served:** 21

**Hospice**

**Current Resident :** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 50  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 28      **Have Physical Disability:** 1

## Inspections / Reviews

11/04/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/11/2020*

12/30/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/14/2021*

4/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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

Resident #1 did not receive the prescribed lidocaine patch from 10/2-10/31/20 because the medication was not available. The home did not report the medication error to the Department.

Resident #2 did not receive the prescribed medication on 10/28/20 because the medications were not available. The home did not report the medication error to the Department.

Resident #3 did not receive the prescribed arthritis pain tablet 3x daily from 10/13-10/31/20 because the medication was not available. The home did not report the medication error to the Department.

Plan of Correction

Directed

-Department heads who serve as the Manager On Duty in-serviced on reportable incidents (2600.16c) See attachment #1

Director of Health and Wellness/designee to audit the med carts weekly for one month then monthly to ensure all necessary medication are available using attachment #10.

Nurses and Med-techs in-serviced on medication error reporting. See Attachment 2

Directed Plan of Correction:

The Adm will also ensure that all staff are aware of the other 18 events that are to be reports to the Northeastern Regional Office and within the required 24 hour timeframe.

The Home will also specify in the resubmission of the POC what the reporting process is to comply with that 24 hour timeframe, including on weekends and holidays.

■ 12-24-2020

Completion Date: 12/11/2020

Document Submission

Implemented

attached

Update - 04/08/2021

reviewed in Portal.

■, 4-8-21

185a - Implement Storage Procedures

1. Requirements

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 #'s 4& 5's glucometer was not calibrated to the correct date.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed**

-Nurses and Med-techs in-serviced on 2600.185a (Attachment 2)

Director of Health and Wellness/designee to audit the med carts weekly for one month then monthly to ensure all necessary medication are available using attachment #10.

Nurses and Med-techs in-serviced on medication error reporting. See Attachment 2

Director of Health and Wellness or designee will audit resident glucometers weekly for two months then bi-weekly for three months after using attachment 3 and 4. DHW and ED to review reports for compliance as they are completed.

*Directed Plan of Correction:*

The home will submit via the Portal with the Resubmission of the POC at least 1 Audit Sheet that is actually IN USE in order to be able to see verify compliance.

■ 12-24-2020

Completion Date: 12/11/2020

**Document Submission****Implemented**

attached

Update - 04/08/2021

Reviewed in Portal.

■ 4-8-21

## 187c - Refusal of Medication

**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

Resident #2 refused morning medications on 10/31/20, the doctor was not notified regarding the refusals.

Resident #6 refused bedtime medications on 10/8/20, the doctor was not notified regarding the refusals.

**Plan of Correction****Directed**

- Nursing staff and Med-tech educated regarding refusal of medications (2600.187c) See Attachment 2

- Nurse or Med-tech to notify the physician of the refusal using attachment 5

- DHW to audit a minimum of 10% med carts/MAR weekly for thirty days then monthly using Attachment 10.

-DHW/Designee to administer attachment #11 to Nursing and Med-tech staff monthly for next three months.

*Directed Plan of Correction:*

in the Resubmission of the Plan of Correction, the home will send, via the Portal, at least 1 copy of the Weekly Med Cart/MAR audit that is currently IN USE in order to determine compliance.

The Home will also send in a current signature sheet for Attachment # 11 for the Nursing/Med Tech staff beyond the 5 staff members that signed the sign in sheet for the training enclosed with the original verifications of compliance.

■ 12-24-2020

Completion Date: 12/11/2020

187c - Refusal of Medication (*continued*)**Document Submission****Implemented***attached***Update - 04/08/2021***reviewed in Portal.*

■, 4-8-21

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #7 has an order for amlodipine 5mg daily, furosemide 40 mg daily and metoprolol succ ER 25mg daily. Hold for systolic blood pressure less than 110. The medications were administered on the following days and should have been withheld: 10/4/20 BP 104/50, 10/7/20 BP 108/60 and 10/27/20 BP 109/58.*

*Resident #8 has an order for Bystolic 10mg daily, hold for systolic blood pressure less than 130 or heart rate less than 60. The medication was administered on the following days and it should have been withheld: 10/1/20 BP 103/81, 10/5/20 BP 120/59, 10/6/20 BP 115/68, 10/7/20 BP 118/53, 10/12/20 BP 125/79, 10/17/20 BP 108/52, 10/19/20 BP 95/77, 10/23/20 BP 128/66, 10/24/20 BP 96/64, 10/27/20 BP 128/89 and 10/29/20 BP 108/56.*

*Resident #1 did not receive the prescribed lidocaine patch from 10/2-10/31/20 because the medication was not available.*

*Resident #2 did not receive the prescribed medication on 10/28/20 because the medications were not available.*

*Resident #3 did not receive the prescribed arthritis pain tablet 3x daily from 10/13-10/31/20 because the medication was not available.*

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed

- The pharmacy that provides medication to the community did not refill resident #1,#2,#3 medication due to needing an updated prescription from the prescriber. Pharmacy will now do the following:
- 1- Send a five day supply if the resident is due for a refill and the medication has not been filled.
- 2 - Pharmacy's refill department will obtain updated prescriptions from the prescriber a minimum of 30 days in advance of medication supply running out.
- 3 - Pharmacy will provide on the first of every month a report to ED and DHW of upcoming refills pending within the upcoming 60 days for ED/DHW to monitor.
- 4-The community physician office visit form, verbal order form and physician order form updated to include quantity of refills see attachments 6,7,and 8.
- 5-Nursing and Med-tech staff in-serviced on medication reordering procedures. (Attachment 2)
- 6-Nursing and Med-tech staff in-serviced on medication administration procedures/5-rights of administration.
- 7-DHW/designee to audit med carts weekly for one month then monthly using attachment #10.
- 8-All nursing and med tech staff will be observed twice over the next 60 days to ensure they are following 5 rights of medication administration.

Directed Plan of Correction:

- The Adm will send in additional sign in sheet(s) beyond the original 5 staff members that attended the original training (Attachment # 2).
- The Home will submit a copy of a recent First of the Month Report regarding upcoming refills pending within the next 60 days.
- The Home will submit RECENT examples of Attachments # 6, 7 & 8 that are IN USE.
- The home will submit, via the Portal, a current for that is in use or has been recently used, to demonstrate compliance regarding resident needing an updated prescription and/or a new order to be filled in order to prevent an order not being on hand.
- The Adm or the DHW will send in documentation of recent observations of nursing/med techs practicing the 5 Rights during Medication Administration(s).

■ 12-24-2020

Completion Date: 12/11/2020

Document Submission

Implemented

attached

Update - 04/08/2021

Reviewed in Portal

■, 4-8-21

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b - Medication Error Reporting (continued)

**Description of Violation**

Resident #1 did not receive the prescribed lidocaine patch from 10/2-10/31/20 because the medication was not available. The doctor was not notified regarding the medication error.

Resident #2 did not receive the prescribed medication on 10/28/20 because the medications were not available. The doctor was not notified regarding the medication error.

Resident #3 did not receive the prescribed arthritis pain tablet 3x daily from 10/13-10/31/20 because the medication was not available. The doctor was not notified regarding the medication error.

**Plan of Correction**

**Directed**

Nursing and Med-tech staff in-serviced on 2600.188 (See Attachment 2)

DHW/designee to audit med carts/MAR weekly for thirty days then monthly using attachment #10

DHW/designee to administer attachment #11 to Nursing and Med - tech staff monthly for next three months.

Directed Plan of Correction:

The home is to submit the sign in sheet(s) for any additionally trained staff beyond those trained in Attachment # 2.

The Home will submit a copy of a recently completed copy of a Weekly Cart/MAR Audit, using the form from Attachment # 10.

The Home will submit the results of the test results-a summary will suffice- of the staff testing as referenced in Attachment # 11.

█ 12-24-2020

Completion Date: 12/11/2020

**Document Submission**

**Implemented**

attached

Update - 04/08/2021

Reviewed in Portal

█, 4-8-21

231b - Medical Evaluation

**1. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident #9's DME dated █ does not include a diagnosis of Alzheimer's or other dementia.

231b - Medical Evaluation (continued)

Plan of Correction

Directed

- The dementia diagnosis was listed on the medication list which was an attachment to the DME. Resident #9 was prescribed Quetiapine 25MG 1/2Tab at HS and Memantine ER 28MG 1Cap daily for Dementia.
- Senior Lifestyle Counselor and Director of Health and Wellness in-serviced on 2600.231b. See attachment #9
- Executive Director/designee to review all new DME for compliance with 2600.231b.

Directed Plan of Correction:

The home will submit a copy of the medication list referenced above via the Portal. **Please note that a reason for taking a medication does NOT replace a medical diagnosis on a DME.**

The home will submit some form of evidence of compliance regarding the review of existing residents' DMEs as well as new admissions to the unit for compliance.

The home will submit a copy of a DME of a new resident admitted to the Unit since this investigation to demonstrate compliance.

All of this will be done via the Portal

■ 12-24-2020

Completion Date: 12/11/2020

Document Submission

Implemented

attached

Update - 04/08/2021

reviewed in Portal

■, 4-8-21