

Department of Human Services
Bureau of Human Service Licensing

March 24, 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 12/29/2020, 01/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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]

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

Type: I-1 **Date:** 03/07/2016 **Issued By:** L&I

Staffing Hours

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

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/11/2021

Inspection Dates and Department Representative

12/29/2020 - Off-Site: [REDACTED]
01/07/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 71

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 34 **Resident Served:** 19

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 71
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 36 **Have Physical Disability:** 0

Inspections / Reviews

12/29/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *01/23/2021*

2/17/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/22/2021*

3/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for blood pressure checks at 8am and 5pm and for the medication Midodrine to be administered as needed when systolic blood pressure is less than 150. On the following dates and times the following medication errors were noted on the November Medication Administration record:

11/7/20 SBP reading at 5pm = 147; Midodrine not administered.

11/10/20 SBP reading at 8am = 126; Midodrine not administered.

11/21/20 SBP reading at 5pm = 142; Midodrine not administered

11/25/20 SBP reading at 5pm = 139; Midodrine not administered

11/26/20 SBP reading at 5pm = 118; Midodrine not administered

The home did not follow the direction of the prescribing physician for the administration of Midodrine.

Plan of Correction

Accept

1. Staff members who did not administer Midodrine will be in-serviced on 5- Rights of Administration by 2/18/20.

2. Those staff members will be observed during a med pass twice over the next 90 days to ensure 5-Rights of Administration are followed correctly.

Completion Date: 02/11/2021

Update - 02/17/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

attached