

Department of Human Services  
Bureau of Human Service Licensing

May 4, 2021

[REDACTED]  
SAUCON VALLEY MANOR INC.  
1050 MAIN STREET  
HELLERTOWN,, PA 18055

RE: SAUCON VALLEY MANOR  
1050 MAIN STREET  
HELLERTOWN, PA, 18055  
LICENSE/COC#: 20581

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2021 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:** SAUCON VALLEY MANOR **License #:** 20581 **License Expiration Date:** 09/03/2021  
**Address:** 1050 MAIN STREET, HELLERTOWN, PA 18055  
**County:** NORTHAMPTON **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** SAUCON VALLEY MANOR INC.  
**Address:** 1050 MAIN STREET, HELLERTOWN,, PA, 18055  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 08/16/2004 **Issued By:** PA L&I

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 332 **Waking Staff:** 249

**Inspection**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 02/08/2021

**Inspection Dates and Department Representative**

02/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 243 **Residents Served:** 211

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Secured units **Capacity:** 100 **Residents Served:** 82

**Hospice**

**Current Residents:** 20

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 211  
**Diagnosed with Mental Illness:** 1 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 121 **Have Physical Disability:** 0

## Inspections / Reviews

03/10/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/27/2021*

3/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/07/2021*

5/4/2021 - 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

The home failed to report an allegation of physical abuse to the Department when resident #1 reported that a [REDACTED] staff person hit [REDACTED] on 2/4/21. The home reported this allegation to Northampton Co. Aging on this date but did not report this allegation to the Department until 2/9/21.

Plan of Correction

Accept

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Personal Care home immediately notified Northampton County Area Agency on Aging once allegation was made and staff person was suspended immediately until investigation had been completed and an internal investigation by the Personal Care Home was conducted. Aging office took a report of need over the phone but stated that it was not an Act 13 at this time. Aging did request information to be sent to them regarding the resident who made the allegation. Therefore, Personal Care Home did not immediately report to the Department since Aging office stated it did not require an Act 13 at that time. Please note that allegation was investigated by Aging and the Department and was founded unsubstantiated.

Going forward to ensure continued compliance, Personal Care Home will submit a reportable incident form to the Department for any allegation even if Aging office states that it does not require an ACT 13 at that time. Administration and Nursing will be responsible for ensuring these type of reports get to the Department as per the regulations.

Completion Date: 03/22/2021

Update - 03/23/2021

Within 15 days of receipt of this plan of correction:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Documentation of staff training shall be attached and forwarded to the department upon completion.

Document Submission

Implemented

Please see attached documents for training information