

Department of Human Services
Bureau of Human Service Licensing

August 18, 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 04/15/2021 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
Adde : 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:** Salisbury Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 99 **Waking Staff:** 74

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Complaint, Monitoring **Exit Conference Date:** 04/15/2021

Inspection Dates and Department Representative

04/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 74

Secured Dementia Care Unit

In Home: Yes **Area:** 1st Floor **Capacity:** 34 **Residents Served:** 22

Hospice

Current Re ident : 10

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: 25 **Have Physical Disability:** 1

Inspections / Reviews

04/15/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/30/2021*

5/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/28/2021*

8/18/2021 - 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

On 2/22/21 and 4/5/21 resident #1 medication errors were not reported to the Department.

On 3/6/21 the home had an allegation of verbal abuse of resident #2. This incident was not reported to the Department.

Plan of Correction

Accept

All department heads to be in serviced on 2600.16.c reporting procedures within seven days.

Completion Date: 05/17/2021

Update - 05/18/2021

Upon Resubmission of the Plan of Correction, the Adm will submit verification of the training to staff. Evidence of training is to be submitted via the Portal.

AG, 5 18 21

Document Submission

Implemented

attached

Update - 08/18/2021

verification documents reviewed 8-18-21, AG

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Warfarin. However, this medication was not administered to resident #1 on 2/22/21 and 4/5/21 because the medication was not available in the home.

Plan of Correction

Accept

- 1. Staff member (s) to be in-service reordering procedures within seven days.
- 2. DHW/designee to conduct a MAR audit twice over the next 60 days to monitor for any missed medications.

Completion Date: 05/17/2021

187d - Follow Prescriber's Orders (continued)**Update - 05/18/2021**

Upon Resubmission of the Plan of Correction, the Adm will submit verification of the training to staff. Evidence of training is to be submitted via the Portal.

Content of the MAR Audit will also be submitted via the Portal for review. Upon completion of the 1st of 2 MAR audits, submit via e mail to the supervisor signing this Plan of Correction.

AG, 5-18-21

Document Submission**Implemented**

attached

Update - 08/18/2021

verification documents reviewed 8-18-21, AG