

Department of Human Services  
Bureau of Human Service Licensing

August 4, 2021

[REDACTED] PRESIDENT  
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 06/09/2021, 06/11/2021, 06/14/2021 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: 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: 6107488888      Email: [REDACTED]

Legal Entity

Name: SAUCON VALLEY MANOR INC.  
Address: 1050 MAIN STREET, HELLERTOWN,, PA, 18055  
Phone: 6107488888      Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0      Total Daily Staff: 296      Waking Staff: 222

Inspection

Type: Partial      Notice: Unannounced      BHA Docket #:  
Reason: Complaint,Incident      Exit Conference Date: 06/14/2021

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]  
06/11/2021 Off Site [REDACTED]  
06/14/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 213      Resident Served: 186

Secured Dementia Care Unit

In Home: Yes      Area: n/a      Capacity: 100      Residents Served: 51

Hospice

Current Residents: 33

Number of Residents Who:

Receive Supplemental Security Income: 0      Are 60 Years of Age or Older: 186  
Diagnosed with Mental Illness: 1      Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 110      Have Physical Disability: 4

## Inspections / Reviews

06/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/26/2021*

7/23/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/30/2021*

8/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The electronic EMARS were left unlocked and unattended on the medication cart located next to Room # [REDACTED] The EMARS contain confidential information of the residents.

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.

Please note that Med Aide on duty was around the corner from the med cart where EMAR was located to get water for resident who was due for medication at that time. This was immediately corrected at the time of inspection. To ensure continued compliance Med Aide was retrained on the EMAR and that the program needs to be closed prior to walking away from the Med Cart for any reason. Please see attached acknowledgement sign in form. This will be spot checked during daily rounds by Nursing Supervisors as well as Administration.

Completion Date: 07/22/2021

Update - 07/23/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit the training document for the Med Aide in question. Documents shall be submitted via the Portal.

AG, 7-23-21

Document Submission

Implemented

PLEASE SEE ATTACHED TRAINING SIGN IN AND ACKNOWLEDGEMENT SHEET

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.

227d - Support Plan Medical/Dental (continued)

**Description of Violation**

Staff interviews indicated that Resident #1 engaged in problematic behaviors such as urinating and/or defecating in locations outside of their bathroom as well as in other residents' rooms, and removing their clothing and attempting to walk around the facility nude. The resident also frequently removed their hearing aids and would place them in random locations around the facility, eventually leading to the resident losing their hearing aids. Resident #1's RASP, dated 9/2/2020, does not include these specified behaviors and the home's plan to address these behaviors.

**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.

Please note that Resident #1's RASP was documented in general to show resident's behaviors and methods for re-direction when behaviors occurred. Please also note that several of the behaviors are common for those diagnosed with Alzheimer's/ Dementia and all areas of behaviors/ re-direction and de-escalation of behaviors are reviewed at time of employee orientation as well during annual trainings for all staff. In addition, our Personal Care Home goes above what is required for Personal Care Home training.

Resident # 1 was already discharged from facility at the time of inspection therefore the RASP was not updates but to ensure continued compliance, residents' RASP will updated on an as needed basis to indicate more specifics on behaviors as well as methods for re-direction and de-escalation.

Completion Date: 07/22/2021

**Update - 07/23/2021**

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please select a similarly situated resident that may have had a recent Updated RASP and submit their Addendum to their RASP. This will show evidence of compliance since the resident in question no longer resides in the Home.

AG, 7-23-21

**Document Submission**

**Implemented**

PLEASE SEE ATTACHED EXAMPLE OF RASP UPDATES