

Department of Human Services
Bureau of Human Service Licensing

December 2, 2021

[REDACTED], VICE PRESIDENT
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2021, 07/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *22301* License Expiration Date: *08/23/2022*
Address: *1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] 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: [REDACTED] 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: *114* Waking Staff: *86*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal,Settlement* Exit Conference Date: *07/27/2021*

Inspection Dates and Department Representative

07/27/2021 - On-Site: [REDACTED]
07/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *85*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *34* Residents Served: *20*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

07/27/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/13/2021*

10/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/18/2021*

12/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 passed away on [REDACTED]. The home did not issue a refund to the family of the resident within 30 days of discharge. The refund was issued on 1 [REDACTED].

Plan of Correction

Accept

- 1. BOM will be in serviced on 28.f by 9/14/2021
- 2. BOM to process move out/refund documentation within two days of discharge.
- 3. BOM to review accounts payable report weekly for the next sixty days to ensure timely refund. BOM to sign off on report.

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 [REDACTED]

Document Submission

Implemented

attached

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

During the initial walkthrough, a long cord was observed to have fallen down from the walls where it is normally installed and hanging across the stairwell. This created a possible hazard to residents accessing the stairwell.

Plan of Correction

Accept

- 1. Maintenance Director will be in serviced on 88a by 9/14/2021
- 2. Maintenance Director to complete a community wide walk assessment and to provide documentation on the assessment checklist to ensure compliance with 88a. This will be completed bi – monthly for one month then monthly for three months.

Completion Date: 09/13/2021

Document Submission

Implemented

attached

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

An accumulation of lint was found in the lint trap of the commercial dryer located in the memory care unit.

Plan of Correction

Accept

- 1. Maintenance Director will be in serviced on 105.g by 9/14
 - 2. Staff that uses laundry will be in serviced on 105.g by 9/21
 - 3. Maintenance Director/designee to inspect laundry twice per week one month then weekly for two months.
- Documentation to be provided on inspection log

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

attached

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Exit doors leading from tower 2 and tower 3 did not open without excessive force due to the doors being stuck at the threshold.

Plan of Correction

Accept

- 1. The thresholds were replaced on 8/6/2021 and the doors are fully operable. Invoice attached
- 2. Maintenance Director will be in serviced on 121.a by 9/14
- 3. Maintenance Director to complete inspection on 121.a bi-monthly for one month then monthly for three months

Completion Date: 09/13/2021

Document Submission

Implemented

8/6/21 and 9/9/21 attached

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a plastic bag and a plastic doll found behind the dryer that was located in the smaller laundry room of the memory care unit.

125a - Combustible Storage (continued)

Plan of Correction

Accept

- 1. Maintenance Director and Memory Care Director to be in serviced on 125.a by 9/14
- 2. Staff that uses laundry will be in serviced on 125.a by 9/21
- 3. Maintenance Director to inspect areas housing heat sources or hot water heaters to ensure compliance with 125.a b- weekly for one month then monthly for three months on inspection log.

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

attached

183e - Storing Medications

1. Requirements

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The [redacted] belonging to resident #2 was not labeled with the date the pen was opened for use.

The [redacted] belonging to resident #3 was not labeled with the date the pen was opened for use.

The [redacted] bellowing to resident #4 was unopened and stored in the medication cart. According to manufacturer's instructions, unopened Humalog Kwikpens must be stored in a refrigerator until it is opened for use.

Plan of Correction

Accept

- 1. Staff education 183.e specifically regarding labeling/dating of opened medication in addition correct storage. Education will be completed by 9/27
- 2. Cart audit will be completed by DHW/designee bi-weekly for 30 days then monthly for the following two months.

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

attached

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.

185a - Implement Storage Procedures (continued)

Description of Violation

One loose white pill was found in the 1st drawer of the memory care medication cart. Two loose white pills were also found in the 2nd and 3rd drawers of the third floor medication cart. Resident #5 has PRN orders for the medications [redacted] cream. The medications were not available in the medication cart.

Plan of Correction

Accept

- 1. Staff education on 185.a specifically regarding reordering procedures monitoring for loose pills by 9/27
2. Cart audit will be completed by DHW/designee bi-weekly for 30 days then monthly for the following two months.

Completion Date: 09/13/2021

Document Submission

Implemented

attached

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 has an order for [redacted] with instructions to hold the medication if the systolic blood pressure (SBP) is less than 120. On the following dates and times the medication should have been held according to this order but was administered:
7/11/21 the SBP was 112; the medication was not held.
7/18/21 the SBP was 92; the medication was not held.
Also, according to the medication administration record (MAR) the medication Losartan was not administered on 7/17/21 due to the medication not being in the cart. On that day the resident's SBP was 124 and should have been administered.
Resident #6 also has an order for Melatonin to be taken at bedtime. On 7/23/21, 07/25/21, and 7/26/21 the MAR indicates the medication was not administered due to not being found in the cart.

Plan of Correction

Accept

- 1. Staff education will be completed on 5 rights of administration and reordering procedures by 9/27
2. Mar audit to be completed by DHW/designee bi-weekly for 30 days then monthly for the following two months.

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 [redacted]

Document Submission

Implemented

attached

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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.

Description of Violation

Resident #7’s support plan dated [redacted] was not updated to accurately reflect the resident’s needs. According to nursing notes when the resident returned to the facility on [redacted] from rehab, the resident was to have a private caregiver 7 days per week. The resident was placed on hospice but the support plan doesn’t indicate the services the resident will receive from hospice. Nursing notes also indicate the resident requires a walker for ambulation and a wheelchair for longer distances for safety. The resident had some combative behaviors that were also not addressed on the current support plan.

Plan of Correction

Accept

1. DHW in serviced on 227.d on 9/9/2021
2. Ed to sign off on all RASPS one completed by DHW.
3. Nursing staff to be in-serviced on 227.d by 9/18

Completion Date: 09/13/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 [redacted]

Document Submission

Implemented

attached