

Department of Human Services  
Bureau of Human Service Licensing

November 4, 2021

[REDACTED], ADMINISTRATOR

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 08/03/2021, 08/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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**

[REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 286 Waking Staff: 215

**Inspection**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 08/04/2021

**Inspection Dates and Department Representative**

08/03/2021 - On-Site: [REDACTED]  
08/04/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 213 Residents Served: 173

**Secured Dementia Care Unit**

In Home: Yes Area: na Capacity: 100 Residents Served: 81

**Hospice**

Current Residents: 42

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 176  
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 113 Have Physical Disability: 3

## Inspections / Reviews

08/03/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/20/2021*

10/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/15/2021*

11/4/2021 - 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 License Inspection Summary report dated 06/25/2019 that was posted in the home contained the resident privacy coding sheet, exposing confidential resident information.*

### 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.*

*This was corrected at the time of inspection. Going forward to ensure continued compliance all License Inspection summaries were removed from that area and are located at the lower level lobby. Administration will be responsible for ensuring that no privacy coding sheets are attached to the summaries that are posted for residents and visitors to view.*

**Completion Date:** 09/17/2021

### Document Submission

**Implemented**

*please see attached documentation*

## 82c - Locking Poisonous Materials

### 1. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

### Description of Violation

*During the initial walk through a can of aerosol air freshener was found stored in an unlocked cabinet in the dining area of memory care unit B. The can indicated that poison control should be contacted if ingested.*

82c - Locking Poisonous Materials (*continued*)**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.*

*Saucon Valley Manor respectfully disagrees with this violation and it was corrected at the time of inspection and can of aerosol spray was immediately removed and locked up. Please note that the only reason the can of spray was put in the drawer was because the staff was spraying the unit. Staff was standing next to the drawer as inspectors were walking into the unit therefore the can of spray was never left unattended and residents did not have direct access to it.*

*Going forward to ensure continued compliance staff was re-educated on not leaving any poisonous materials will immediately be locked up after use. Administration will check all secured units during weekly walk around to ensure that no poisonous materials are left out on the units.*

**Completion Date:** 09/17/2021

**Document Submission****Implemented**

*see attached documentation*

## 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**

*During the initial walk through the gate leading from the memory care courtyard outside of the activity area could not be fully opened due to the bottom corner of the gate being obstructed by the edge of the asphalt.*

*Also, during the initial walk through the exit door leading from the D floor stairwell opened up to a thick patch of overgrown shrubs which created an obstruction to the path of egress from the door.*

**Plan of Correction****Accept**

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*Both items under 121a were corrected at the time of inspection. Going forward, to ensure continued compliance, maintenance will check all outside areas for overgrown shrubbery during weekly walk around. They will also ensure during the walk around that any outside gate is able to be opened fully with no obstructions. This will be spot checked by Administration and logs will be reviewed monthly to ensure these items were checked.*

**Completion Date:** 09/17/2021

121a - Unobstructed Egress *(continued)*

**Document Submission**

**Implemented**

*see attached documentation*

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**

*During the medication cart audits one loose pill was found in the bottom drawer of the care plus PC cart and one loose pill was found in the bottom drawer of the B1 cart.*

**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.*

*This was corrected at the time of inspection and loose pills were removed from the cart.*

*Going forward to ensure continued compliance Med Aide will check cart thoroughly on a weekly basis during cart audits. This will be overseen by Nursing Supervisors.*

**Completion Date:** 09/17/2021

**Document Submission**

**Implemented**

*see attached documentation*