

Department of Human Services
Bureau of Human Service Licensing

October 5, 2021

[REDACTED]
SAUCON VALLEY MANOR II LLC
[REDACTED]

RE: SAUCON VALLEY MANOR II
1050 MAIN STREET
HELLERTOWN, PA, 18055
LICENSE/COC#: 23007

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021 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 II License #: 23007 License Expiration Date: 05/10/2022
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 610-972-8888 Email: [REDACTED]

Legal Entity

Name: SAUCON VALLEY MANOR II LLC
Address: 1177 SIXTH STREET, WHITEHALL, PA, 18052
Phone: 6107488888 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 09/23/2016 Issued By: Borough of Hellertown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 08/18/2021

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99 Residents Served: 21

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

08/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/02/2021*

9/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/05/2021*

10/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

144c2 - Smoking Area Distance

1. Requirements

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

A red cushion was located in the home's designated smoking area, posing a possible fire hazard.

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 this was corrected at the time of inspection and cushion was immediately removed. Administration and Maintenance explained to resident that cushion cannot be placed on the chair. Going forward to ensure continued compliance designated smoking area is checked daily to ensure no cushions are on the chairs. This is checked by Maintenance and Administration. Nursing and Housekeeping who are scheduled to work in that building are also checking on a daily basis throughout the to ensure no cushions are placed in the designated smoking area by the residents.

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please send verification of compliance.

Documentation should be sent in the Portal. AG, 9-28-21

Completion Date: 09/27/2021

Document Submission

Implemented

Please see attached documentation