

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED]
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 09/16/2021, 09/29/2021 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: 09/03/2022
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: 104 Total Daily Staff: 380 Waking Staff: 285

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 09/29/2021

Inspection Dates and Department Representative

09/16/2021 - On-Site: [REDACTED]
09/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 213 Residents Served: 172

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 100 Residents Served: 70

Hospice

Current Residents: 35

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 172
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 104 Have Physical Disability: 4

Inspections / Reviews

09/16/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2021

Inspections / Reviews *(continued)*

11/08/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2021*

11/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/06/2021*

05/31/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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.

Description of Violation

22 of Resident #1's oxycodone went missing on 8/9/21.

The home replaced 8 of Resident #1's oxycodone pills on 8/11/21. This writer completed a narcotic count on 9/16/21. 6 of the 8 pills were available but were not documented on the MAR as being administered. An interview with Resident #1 was conducted. Resident #1 reported that the resident did not request the pills since approximately 7/8/21 when the residents wounds had healed. 2 oxycodone pills were unaccounted for.

The homes narcotic policy notes the narcotics are to be counted between staff members whenever keys are being passed to the next person assigned to that area (i.e. shift change). Staff interviews indicated that the off going staff person will complete the narcotic count by themselves and take a picture of the resolved count in the system and send it to a group text message. The on coming staff member will complete their own narcotic count and make sure the counts match with the picture the previous staff sent to the group text message. The home is not following their narcotic count policy.

Narcotic counts were not completed on 8/8/21 3p-11p, 11p-7a and 8/9/21 7a.

Plan of Correction

Do Not 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.

At the time the inspector was at the facility regarding this incident (which was self-reported), Personal Care Home was trying a new procedure in addition to our current policy in regards to counting narcotics at the beginning and end of each shift. The current policy was not yet updated as it was a trial process to determine the effectiveness. Since time of incident, the current Medication Administration policy has been modified and reviewed with all Med Aides in the Personal Care Home. Any discrepancies in counts are immediately brought to the attention of the nursing supervisor and Administration so they can be addressed immediately and will be investigated by Nursing supervisor and Administration.

Directed Plan of Correction:

To complete this Step of the Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will describe what the Home did to immediately fix the problem.

Then the Adm will describe in more detail, including a timeline with specific dates, how the home will prevent the violation from occurring in the future.

Documentation should be sent in the Portal for the Second Step of the POC process including any staff training,

185a - Implement Storage Procedures (continued)

audit sheets, screen shots of the E- Mars, etc.

AG,11-8-21

Completion Date: 11/05/2021

Plan of Correction

Accept

Personal Care Home has revised medication policy as of 10/4/21. As per the policy, going forward narcotic counts will be completed at the beginning and end of each shift by the Med Aide currently scheduled on the unit as well as the Med Aide coming onto the unit. Med Aide will arrive earlier to ensure that counts are being completed by both Med Aides. Failure to complete counts as per the policy can result in disciplinary action. Nursing supervisors will be responsible to ensure counts are completed prior to leaving their shift. This will be spot checked by Administration. Any med errors or missing medications will be immediately brought to Administrations attention and investigation will be completed by the facility. Please see attached revised medication policy.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit any copies of training with staff, a blank form used by the Home that may facilitate compliance with the daily count, and at least 2 recent copies of recent counts that demonstrate compliance.

Documentation should be sent in the Portal.

AG, 11-29-21

Completion Date: 10/04/2021

Document Submission

Implemented

Please see attached.