

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 9, 2023

[REDACTED]
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
[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 10/04/2022, 10/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY License #: 22301 License Expiration: 08/23/2023
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

Staffing Hours

Resident Support Staff: 34 Total Daily Staff: 152 Waking Staff: 114

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 11/04/2022

Inspection Dates and Department Representative

10/04/2022 - On-Site: [REDACTED]
10/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|---------------------------------------|-----|---|-----|
| License Capacity: | 110 | Residents Served: | 84 |
| Secured Dementia Care Unit | | | |
| In Home: | Yes | Area: | n/a |
| Capacity: | 34 | Residents Served: | 24 |
| Hospice | | | |
| Current Residents: | 6 | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: | 0 | Are 60 Years of Age or Older: | 84 |
| Diagnosed with Mental Illness: | 0 | Diagnosed with Intellectual Disability: | 0 |
| Have Mobility Need: | 34 | Have Physical Disability: | 0 |

Inspections / Reviews

10/04/2022 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/18/2022

Inspections / Reviews (*continued*)

12/21/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2022

02/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/24/2023

03/09/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

142d - Secure Preventative Care

1. Requirements

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician’s assistant or certified registered nurse practitioner.

Description of Violation

Resident #1 had an order for a PT INR to be completed on [REDACTED]. The residents blood was drawn on [REDACTED] but the results were not received from the lab until [REDACTED]. The home did not assist the resident in securing preventative medical care as ordered by the doctor.

Plan of Correction

Accept (AG - 12/21/2022)

- All critical labs have been moved to a new lab company that will provide in community lab draws in a timely manner.
- DHW to audit lab draw orders/binder weekly for four weeks. Then monthly for two months

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented (AG - 03/09/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 had an order to hold the 5mg of coumadin on 8/23/22 but it was administered by the home.

Resident #1 had an order to hold the 2mg of coumadin on 9/27/22 but it was administered by the home.

Plan of Correction

Accept (AG - 02/17/2023)

- Staff persons to be educated on 5 Rights of Medication Administration
- DHW/designee to audit 10% of resident MAR and Coumadin flow tracking book bi-weekly for two months. Then monthly for two months. Executive Director to sign off on completed audits.
- Nursing staff to be in serviced on Coumadin flow tracking procedures

Licensee's Proposed Overall Completion Date: 12/28/2022

Implemented (AG - 03/09/2023)