

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

May 17, 2023

[REDACTED], ADMINISTRATOR
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 02/14/2023, 03/23/2023, 03/24/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAUCON VALLEY MANOR License #: 20581 License Expiration: 09/03/2023
 Address: 1050 MAIN STREET, HELLERTOWN, PA 18055
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED].com

Legal Entity

Name: SAUCON VALLEY MANOR INC.
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 11/13/2005 Issued By: Hellertown Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 287 Waking Staff: 215

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/24/2023

Inspection Dates and Department Representative

02/14/2023 - On-Site: [REDACTED]
 03/23/2023 - On-Site: [REDACTED]
 03/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 213 Residents Served: 163
 Secured Dementia Care Unit
 In Home: Yes Area: Capacity: 100 Residents Served: 74
 Hospice
 Current Residents: 25
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 161
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 124 Have Physical Disability: 1

Inspections / Reviews

02/14/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2023

Inspections / Reviews *(continued)*

04/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/01/2023

05/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/16/2023

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On or around [REDACTED] resident #1 fell from bed and used their call bell for assistance. Resident #1 requires 2 person assist for transfers according to their support plan dated [REDACTED]. The staff person who responded to the resident's call bell refused to assist resident #1 back on to the bed. Resident #1 reported this incident to hospital staff on [REDACTED]. Resident #1 stated they were told they would not be assisted back into bed and that they (the staff person) would see him/her in the morning.

Plan of Correction

Accept ([REDACTED] - 05/11/2023)

Preparation and submission of the 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 the requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to §55 PA. Code 20 et seq. and 2600.263.

We respectfully disagree with this violation. We believe that the resident's recall and accuracy several months after the incident is compromised due to his diagnosis of cognitive impairment.

To ensure continued compliance with 23a, the nursing staff - Nursing Supervisors, Personal Care Aides, and the Medication Techs will continue to follow the RASP and assignment sheets on every shift to make sure residents ADLs are taken care of based on their individual needs.

Resident's ADLs are taken care of on each shift and any issues are handled immediately by the nursing supervisors, medication techs, and personal care aides.

Nursing supervisors and Administration will continue to check on this weekly to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented ([REDACTED] - 05/17/2023)

103d - Storing Food Off Floor

2. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

There was a box of cucumbers stored on the floor of the walk-in refrigerator and a box of frozen pizza stored on the floor of the walk-in freezer.

Plan of Correction

Accept ([REDACTED] - 05/11/2023)

Preparation and submission of the 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 the requirements under state law. The

103d - Storing Food Off Floor (continued)

personal care home reserves any and all applicable rights to appeal pursuant to §55 PA. Code 20 et seq. and 2600.263.

Corrected at time of inspection. The Dietary supervisors immediately purchased several shelves for additional storage to ensure continued compliance with 103d in keeping food off of the floor.

Dietary supervisors and aides will ensure compliance daily to make sure that food is stored correctly. Administration will check on a weekly basis to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (████) - 05/17/2023)

103e - Left Overs**3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled and undated bag of meat stored in a plastic bag in the walk-in refrigerator.

Plan of Correction

Accept (████) - 05/11/2023)

Preparation and submission of the 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 the requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to §55 PA. Code 20 et seq. and 2600.263.

Corrected at time of inspection. To ensure continued compliance with 103e, dietary supervisors instructed the dietary aides, day cooks, and evening cooks about the regulation to ensure that all food is dated, labeled, and stored properly each day. All items were then gone through by the dietary staff the same day to make sure that all food is correctly dated, labeled, and stored.

Dietary supervisors will continue to check on this daily after each meal. Administration will check on this weekly.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (████) - 05/17/2023)