

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

March 27, 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 10/13/2022, 10/14/2022 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: Incident Exit Conference Date: 10/21/2022

Inspection Dates and Department Representative

10/13/2022 - On-Site: [REDACTED]
10/14/2022 - Off-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: SEPARATE UNIT	Capacity: 24	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

10/13/2022 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/19/2022

Inspections / Reviews *(continued)*

12/21/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2022

02/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/24/2023

03/07/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/14/2023

03/27/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

It has been determined through staff interviews that during the month of September 2022 Resident #1 and Resident #2 were observed in bed with each other naked, [REDACTED] each other. The incidents were not reported to the Department.

Plan of Correction

Directed (AG - 03/07/2023)

Memory Care Director to survey staff weekly to review any incidents that would have been a reportable for one month, then bi-weekly for two months. MCD to provide ongoing education regarding reportable incidents during survey discussions.

Directed Plan of Correction:

The Administrator will oversee that timely reporting is included in the implementation of this POC.

All 19 events on the list of reportable incidents will be included in the survey discussions and the home will ensure that reporting will take place within 24 hours of discovery of a reportable event.

Staff training and a copy of the training material will be submitted in Step 2.

AG< 3-7-23

Directed Completion Date: 02/24/2023

Implemented (CB - 03/27/2023)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 has a history of refusing ADLS, refusing wound care, refusing to go to doctors appointments and refusing to allow the staff to clean the residents room. Resident #4's RASP dated [REDACTED] has not been update to reflect the residents current care needs and how the home will meet these needs.

Plan of Correction

Accept (AG - 03/07/2023)

-30-day notice was issued on [REDACTED]

-MA-51 was completed on [REDACTED] indicating Nursing Home Eligible

-Case was referred to Lehigh County AAA- Per Lehigh County AAA on [REDACTED] they stated Resident #4 does not pose a substantial risk that necessitates them issuing a guardian and to assist with finding alternate placement as needed. A list of neighboring communities has been provided the resident #4

-Resident #4 has been compliant with allowing community nursing staff to complete wound care.

-DHW will continue to monitor [REDACTED] care needs for ongoing compliance

Licensee's Proposed Overall Completion Date: 02/24/2023

227d - Support Plan Medical/Dental (*continued*)*Implemented (CB - 03/27/2023)*

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 has a history of being hypersexual, will go up to the other residents and touch them, and will go in other residents rooms. Resident #1 has been observed in Resident #2's bed kissing and hugging Resident #2 and has been observed performing [REDACTED] on Resident #3. Resident #1's RASP dated [REDACTED] has not been updated to reflect these behaviors or how the home is going to manage them.

Resident #3's RASP dated [REDACTED] has not been updated regarding the sexual incident with Resident #1 on [REDACTED].

Plan of Correction*Accept (AG - 03/07/2023)*

- RASP has been updated to reflect current care needs of the resident.*
- Director of Health and Wellness and Memory Care Director in-serviced by Regional Director of Clinical Services on 227.d on 11/15/22*
- Intervention put in place for staff to encourage resident #1 to sit in areas not occupied by male residents or to keep adequate distance.*
- Staff trained in redirection techniques*
- If the community can not manage resident #1 behaviors a 30-day notice will be issued and the community will assist in finding alternate placement.*

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented (CB - 03/27/2023)