

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

June 14, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 04/24/2023, 04/25/2023, 04/26/2023, 04/27/2023 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]

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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/07/2016 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 139 **Waking Staff:** 104

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/27/2023

Inspection Dates and Department Representative

04/24/2023 - Off-Site: [REDACTED]
04/25/2023 - Off-Site: [REDACTED]
04/26/2023 - Off-Site: [REDACTED]
04/27/2023 - 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:** Memory Care **Capacity:** 24 **Residents Served:** 21

Hospice

Current Residents: 7

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: 55 **Have Physical Disability:** 1

Inspections / Reviews

04/24/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/11/2023

Inspections / Reviews *(continued)*

06/06/2023 POC Submission

Submitted By: 223010 Cressman

Date Submitted: 06/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/12/2023

06/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On 4/12/23 the home conducted a fire drill at 6:19am. When the alarm was deactivated, staff heard the wander guard alarm sounding and reviewed the exit cameras. Resident #1, who resides on the 3rd floor, was seen exiting the building through the Activities Room door on the first floor. The home's fire drill log indicates that 78 residents were in the home and that 78 residents were evacuated. However, Resident #1 did not evacuate to a designated internal fire safe area where staff could account for him/her before the drill ended. The log also indicates that there were no problems during the drill.

Plan of Correction

Accept () - 06/06/2023

- Designated team members selected to facilitate fire drills were retrained by the Community's Fire Safety Expert on 5/54/23 on fire drill procedures and facilitating a fire drill.
- Staff training conducted on fire drill procedures conducted on 5/25/23.
- Executive Director to oversee completion of fire drills and sign off on the drill over the next 3 months

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented () - 06/14/2023

132h - Designated Meeting Place

2. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 4/12/23 the home conducted a fire drill at 6:19am. Interviews with staff confirmed that residents are to evacuate to the internal fire safe areas on each floor. When the alarm was deactivated, staff heard the wander guard alarm sounding and reviewed the exit cameras. Resident #1, who resides on the 3rd floor, was seen exiting the building through the Activities Room door on the first floor. Staff found the resident on the front porch. Resident #1 did not evacuate to a designated internal fire safe area.

Plan of Correction

Accept () - 06/06/2023

- Designated team members selected to facilitate fire drills were retrained by the Community's Fire Safety Expert on 5/54/23 on fire drill procedures and facilitating a fire drill.
- Staff training conducted on fire drill procedures conducted on 5/25/23.
- Executive Director to oversee completion of fire drills and sign off on the drill over the next 3 months

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented () - 06/14/2023

227d - Support Plan Medical/Dental

3. Requirements

2600.

227d Support Plan Medical/Dental (continued)

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

On 4/12/23 the home conducted a fire drill at 6:19am. When the alarm was deactivated, staff heard the wander guard alarm sounding and reviewed the exit cameras. Resident #1, who resides on the 3rd floor, was seen exiting the building through the Activities Room door on the first floor. Staff found the resident on the front porch.

Resident #1’s Initial RASP dated [REDACTED] indicates they have periods of confusion. The Behavioral or Cognitive Need section indicates they require some physical assistance with “Orientation to time, place and person”. The RASP also indicates that Resident #1 has a diagnosis of [REDACTED] which requires monitoring for delirium and dementia. The RASP has not been updated to indicate Resident#1 wandered or how the home will address their need for increased supervision.

Repeated violation from 10/13/23.

Plan of Correction

Accept [REDACTED] - 06/06/2023)

At the conclusion of each fire drill the team member responsible for facilitating the fire drill will conduct an individual accountability check to ensure resident #1 has been evacuated safely to a designated meeting place.

Staff training will be conducted by 6/15/23 by ED to ensure staff are aware of of this process

Resident #1 does have a wonder guard on.

RASP updated to reflect the above change

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented [REDACTED] - 06/14/2023)