

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

July 24, 2023

[REDACTED], ADMINISTRATOR  
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 04/27/2023, 04/28/2023, 05/08/2023, 05/16/2023 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:** DOUGLASS CRESSMAN      **Phone:** 6104339220      **Email:** DCRESSMAN@RITTENHOUSESL.COM

**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:** 0      **Total Daily Staff:** 118      **Waking Staff:** 89

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 05/19/2023

**Inspection Dates and Department Representative**

04/27/2023 - Off-Site: [REDACTED]  
04/28/2023 - Off-Site: [REDACTED]  
05/08/2023 - Off-Site: [REDACTED]  
05/16/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

|                                                |                                                  |                     |                             |
|------------------------------------------------|--------------------------------------------------|---------------------|-----------------------------|
| <b>General Information</b>                     |                                                  |                     |                             |
| <b>License Capacity:</b> 110                   | <b>Residents Served:</b> 84                      |                     |                             |
| <b>Secured Dementia Care Unit</b>              |                                                  |                     |                             |
| <b>In Home:</b> Yes                            | <b>Area:</b> n/a                                 | <b>Capacity:</b> 24 | <b>Residents Served:</b> 21 |
| <b>Hospice</b>                                 |                                                  |                     |                             |
| <b>Current Residents:</b> 6                    |                                                  |                     |                             |
| <b>Number of Residents Who:</b>                |                                                  |                     |                             |
| <b>Receive Supplemental Security Income:</b> 0 | <b>Are 60 Years of Age or Older:</b> 84          |                     |                             |
| <b>Diagnosed with Mental Illness:</b> 0        | <b>Diagnosed with Intellectual Disability:</b> 0 |                     |                             |
| <b>Have Mobility Need:</b> 34                  | <b>Have Physical Disability:</b> 1               |                     |                             |

**Inspections / Reviews**

04/27/2023 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/19/2023

Inspections / Reviews *(continued)*

07/17/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/20/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 07/24/2023

07/24/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 07/20/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1 was assessed as a level of care 2 effective [REDACTED] increased from a level of care 1 previously. The home began charging the resident the increased fee for Level 2 per the fee schedule on [REDACTED], when the resident came back to the facility from being admitted to the hospital. However, Resident #1's resident-home contract dated [REDACTED] states that the home will provide a 30-day advanced written notice of level of care increases before new charges begin and therefore Resident #1's Level 2 charges should not have begun until [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/17/2023)

- Refund of [REDACTED] was refunded by Business Office Manager on 6/7/2023
- BOM In-serviced on 2600.25.c by Executive Director on 6/30/2023.
- Community Residency Agreement updated to allow level of care change not requiring a 30-day advanced notice and implemented on 6/25/2023
- An additional refund of [REDACTED] (check [REDACTED]) issued on 7/13/23 to Resident/POA by community's accounts payable department

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 07/24/2023)