

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

January 5, 2024

[REDACTED], ADMINISTRATOR
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
[REDACTED]
[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 11/07/2023, 11/08/2023, 11/16/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY License #: 22301 License Expiration: 08/23/2024
 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: Salisbury Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 11/08/2023

Inspection Dates and Department Representative

11/07/2023 - On-Site: [REDACTED]
 11/08/2023 - On-Site: [REDACTED]
 11/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 110 Residents Served: 78
 Secured Dementia Care Unit
 In Home: Yes Area: 1st floor Capacity: 34 Residents Served: 22
 Hospice
 Current Residents: 78
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

11/07/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/10/2023

Inspections / Reviews *(continued)*

12/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/02/2024

01/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A spray bottle of clear liquid was in the kitchen, staff identified the liquid as sanitizer to clean the tables. The spray bottle did not have the original manufacturer's label on the bottle.

Plan of Correction

Accept [redacted] - 12/26/2023)

- 1. Spray bottle immediately removed and discarded
- 2. Staff to be in serviced on 82.a by 12/20/2023 by Housekeeping Director
- 3. Housekeeping Director to inspect the community bi – weekly for two months starting 12/20/2023 to ensure compliance with 82.a

Administrator will monitor for ongoing compliance. [redacted]

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented [redacted] 01/05/2024)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

3 cups of ice cream were in the ice cream freezer without a cover. 3 -3-gallon containers of ice-cream in the ice cream freezer did not have a lid that was securely attached.

Plan of Correction

Accept [redacted] - 12/26/2023)

- 1. Durable plastic lids for the ice cream were ordered on November 13. These lids will be used at all times on ice cream effective 12/11/2023
- 2. Staff to be in serviced by Culinary Director on 103.g by 12/20/2023
- 3. Instructional signs on proper food storage will be incorporated into in-service and placed in the kitchen for staff to reference
- 4. Culinary Director to audit food storage weekly for two months starting on 12/20/2023. Audit tool to be turned into Executive Director weekly.

Administrator will monitor for ongoing compliance. [redacted]

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented [redacted] - 01/05/2024)

181c - Self-administration Assessment

3. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 is self-administering sinex nasal spray. The residents Documentation of Medical Evaluation dated [REDACTED]/22 notes the resident cannot self-administer medications.

Plan of Correction

Accept [REDACTED] - 12/26/2023)

- 1. Nursing staff immediately removed nasal spray from Resident #1 apartment and turned over to POA. POA admitted to providing nasal spry to Resident #1.
- 2. Director of Health and Wellness to audit 10% of resident apartments weekly for two months to ensure compliance with 181.C. Audit tool will be turned into Executive Director weekly.
- 3. A letter explaining 181.c will be issued to all residents, POA and incorporated into move in material to be explained to new residents/POA.

Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented [REDACTED] - 01/05/2024)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident # 2 's Novalog Flexpen did not have the initials of the person who opened it.
Resident # 2 's Novalog Flexpen 100 unit /ml did not have the initials of the person who opened it.
Resident #3 40 mg prescription label stated to alternate every other day with 40 mg tablet. The Medication Administration Record (MAR) stated to alternate every other day with 20 mg tablet. The pharmacy determined the medication label was incorrect.

Plan of Correction

Accept [REDACTED] - 12/26/2023)

- 1. Med Tech and Nursing staff to be in serviced on 184.a by Director of Health and Wellness by 12/20/2023
- 2. The approval process between the pharmacy and the community has been changed. Moving forward all new orders/order changes that the pharmacy enters into the E-MAR system need to be approved by community nursing staff prior to it showing as an active order to be followed. Nursing staff to complete a 3-way check to compare blisterpack label, physician order and E-MAR to ensure accuracy. All Med Tech and Nursing staff to be in serviced on the change in the approval process by 12/20/2023. Director of Health and Wellness will conduct in service.

184a - Resident's Meds Labeled (continued)

Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented ([REDACTED] - 01/05/2024)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

The most recent assessment portion of Resident # 7's Resident Assessment Support Plan (RASP) was completed on 4/1/2022.

Plan of Correction

Accept ([REDACTED] 12/26/2023)

- 1. Resident #7 RASP has been updated to comply with 225.c by Executive Director
- 2. Director of Health and Wellness to be in serviced by Executive Director by 12/20/2023

Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented ([REDACTED] - 01/05/2024)

251b - Record Entries Legible

6. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #4's Documentation of Medical Evaluation dated [REDACTED]/23 has correction tape over the fax transmittal date, date the form was completed and date it was signed by the doctor on page 1 and page 2 as well as the attached physician's orders.

Resident #5 and Resident # 6's contract dated [REDACTED]/23 has correction tape on the date throughout the document.

251b - Record Entries Legible (continued)**Plan of Correction****Accept (█ - 12/26/2023)**

1. Director of Health and Wellness and Business Manager to be in serviced on 251.b by Executive Director by 12/202/2023
2. Executive Director/ Designee to audit 10% of resident charts bi- weekly for two months to ensure compliance with 251.b

Administrator will monitor for ongoing compliance. █

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented (█ - 01/05/2024)