

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

March 25, 2024

[REDACTED]
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024, 01/22/2024 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: 08/23/2024
 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 102 Waking Staff: 77

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/22/2024

Inspection Dates and Department Representative

01/18/2024 - On-Site: [REDACTED]
 01/22/2024 - Off-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: n/a Capacity: 34 Residents Served: 22

Hospice
 Current Residents: 6

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: 24 Have Physical Disability: 0

Inspections / Reviews

01/18/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2024

03/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/22/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2024

Inspections / Reviews *(continued)*

03/20/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/22/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/22/2024

03/25/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/22/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Resident [REDACTED] closed Resident [REDACTED] hand in their bedroom door after Resident [REDACTED] attempted to enter Resident [REDACTED] room, resulting in lacerations to Resident [REDACTED] hand. Resident [REDACTED] previously pushed Resident [REDACTED] in August 2023 when Resident [REDACTED] wandered into Resident [REDACTED] bedroom.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

1. Resident [REDACTED] no longer resides in the community. Discharge of the apartment occurred on [REDACTED]
2. Staff educated by Director of Health and Wellness on validation/redirection/de-escalation techniques in a Memory Care setting.
3. Staff education regarding validation/redirection/de-escalation techniques in a Memory Care setting will also be conducted during new hire orientation and bi-annually in the months of January and July. This training will be conducted by Memory Care Director and Director of Health and Wellness

Proposed Overall Completion Date: 02/25/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/25/2024)

234d - Support Plan Revision

2. Requirements

2600.

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

Description of Violation

On [REDACTED] Staff Person A walked into Resident [REDACTED] bedroom and witnessed Resident [REDACTED] spouse making sexual advances towards [REDACTED] while Resident [REDACTED] told [REDACTED] spouse "No, no, stop." Resident [REDACTED] and [REDACTED] spouse's rooms were separated, and Resident [REDACTED] spouse was discharged from the home. Resident [REDACTED] spouse occasionally visits the resident and per staff interviews they always remain supervised in a common area of the home.

Resident [REDACTED] assessment and support plan (RASP), dated [REDACTED], does not have documentation of the aforementioned incident, the actions that the home took to ensure Resident [REDACTED] safety following the incident, or the actions that the home currently takes to ensure Resident [REDACTED] safety when [REDACTED] spouse visits the resident at the home.

Per staff interviews, Resident [REDACTED] has experienced a recent cognitive decline, resulting in increased anxiety, irritability, and verbal and physical aggression toward both staff and residents. Resident [REDACTED] RASP, dated 7/18/23, was not updated to document these behaviors.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

1. Resident [REDACTED] no longer resides in the community.
2. DHW/MCD to be in-serviced on 234.d by 2/27/24 by Executive Director
3. DHW or designee to audit 10% or resident RASPs monthly for next two months for compliance with 234.d

234d - Support Plan Revision (continued)

4. Memory Care Director to hold bi-weekly meetings for the next two months to determine any physical or cognitive changes to the residents. Meeting will start on 3/20/2024. Any notable changes will be documented on the RASP by the Memory Care Director.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/25/2024)