

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

March 26, 2024

[REDACTED], ADMINISTRATOR
SAUCON VALLEY MANOR INC.
1050 MAIN STREET
HELLERTOWN,, PA, 18055

RE: SAUCON VALLEY MANOR
1050 MAIN STREET
HELLERTOWN, PA, 18055
LICENSE/COC#: 20581

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2024, 01/24/2024, 01/25/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAUCON VALLEY MANOR **License #:** 20581 **License Expiration:** 09/03/2024
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: SAUCON VALLEY MANOR INC.
Address: 1050 MAIN STREET, HELLERTOWN,, PA, 18055
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/16/2004 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 303 **Waking Staff:** 227

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 01/25/2024

Inspection Dates and Department Representative

01/23/2024 - On-Site: [REDACTED]
01/24/2024 - On-Site: [REDACTED]
01/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 201 **Residents Served:** 170
Secured Dementia Care Unit
In Home: Yes **Area:** SCDU **Capacity:** 100 **Residents Served:** 80
Hospice
Current Residents: 38
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 170
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 133 **Have Physical Disability:** 1

Inspections / Reviews

01/23/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/24/2024

Inspections / Reviews (*continued*)

02/27/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/05/2024

03/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/06/2024

03/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:02am the electronic EMARS were unlocked and accessible on top of the medication cart in the A floor dining area. The EMARS contain confidential information of the residents.

Plan of Correction

Accept ([redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/23/2024 and the EMAR was immediately locked and not accessible.

To enhance the currently compliant operations, Med Aides will ensure when leaving the med cart that EMAR is completely closed out and locked on all shifts. This will re-reviewed at all staff training being held on 2/28/24, Med carts will be checked on a daily basis by Administration and/or Nursing Supervisor during building walk arounds to ensure that EMAR's are closed and not accessible to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented ([redacted] - 03/15/2024)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

A bottle labeled SUA do not remove identified by Staff member A as Mr. Clean was located in the SUA closet without an original manufacturers label on the bottle.

A yellow liquid identified as cleaner by Staff member B was located on top of a cleaning cart across from the laundry area without an original manufacturer's label on it.

82a - Poisonous Materials (continued)

A bottle labeled kitchen bleach was located in the kitchen without an original manufacturers label on it.

Plan of Correction**Accept** [REDACTED] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/23/2024 and all bottles were immediately removed immediately during the time of inspection and all items were discarded.

To enhance the currently compliant operations, Housekeeping supervisor will ensure that only cleaners that are being used are those ordered by the facility. Those cleaners will be kept in the original cleaning bottle with the manufacturer's label attached to it. This will be overseen by Housekeeping supervisor and will spot checked by Administration during building walk arounds weekly. Regulation 2600.82a will be re-reviewed with all staff during mandatory all staff training being held on 2/28/24 with a completion date of 02/28/2024.

Any deficiencies going forward will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [REDACTED] - 03/15/2024)**82c - Locking Poisonous Materials****3. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

An 8oz. tube of [REDACTED] Lotion was noted in the medication cabinet in resident # 1's bathroom. The lotion has instructions to "call poison control if swallowed". Resident #1 resides in the Secured Dementia Unit and has not been assessed to safely use or avoid poisonous materials.

The SUA electrical closet was unlocked and accessible to the residents residing on the secured dementia care unit. The following poisons were noted in the closet: Cinnamon Twist Air Freshner labeled if swallowed contact a physician or a poison control center. Sure Scents Fresh Linen Air Freshner labeled if swallowed contact a physician or a poison control center immediately. A container of Bleach Germicidal wipes and Spar San Q disinfectant deodorant labeled call poison control for treatment advice. The residents in the secured dementia care unit are not assessed to safely handle and identify poisons.

82c Locking Poisonous Materials (continued)

Plan of Correction

Accept [redacted] - 03/01/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 1/24/24 and [redacted] lotion was immediately removed from the medicine cabinet and was locked in the hygiene closet in Resident # 1's hygiene basket. On 1/23/24 all items in the SUA closet were removed from the electrical closet and stored in secured locked areas not accessible to the residents. New locks will be installed on closets in SUA where the closet automatically locks when door is closed. This will checked on a daily basis by Administration, Nursing and Maintenance.

To enhance the currently compliant operations, Regulation 82 c will be re reviewed with all staff at mandatory all staff training on 2/28/24 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Rooms will be checked daily by nursing staff to ensre no poisonous materials are accesible to any resident in the memory car units. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [redacted] - 03/15/2024)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Crumbs, food debris, a brown sticky substance was noted on the lower tray of the food prep table in the kitchen.

3 buckets of stagnant water were located underneath the stainless steel triple sink in the kitchen. 2 pieces of silverware were also noted on the floor under the sink.

Plan of Correction

Accept [redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/23/2024 by Housekeeping and Administration and kitchen was throroughly cleaned on the evening of 1/23/24. Co Administrator of facility assisted and oversaw the cleaning of the kitchen, Photos were taken and were emailed to inspector next day. Licensing reps who were on site on 1/24/24 were also taken to the kitchen to see that items under regulation 85a were in compliance.

85a - Sanitary Conditions (continued)

To enhance the currently compliant operations, Kitchen staff will be responsible for ensuring the kitchen is cleaned prior to the end of their shift. Photos are being sent several times a week to Administration to show items are being completed,

Effective 01/23/2024 kitchen staff will continue to send photos of kitchen cleaning at the end of the day several times a week to maintain ongoing compliance with maintaining sanitary conditions. This will be the responsibility of Dietary supervisors to ensure compliance of regulation 85a and will be overseen by Administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Licensing reps were back on site at facility on 2/8/24 and were taken back to the kitchen to inspect and witness compliance with regulation 2600.85a.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented () - 03/15/2024)

85b - Infestation

5. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On the lower tray of the food prep table in the kitchen was a small red bucket with a blue cleaning cloth in it. Approximately 9 dead fruit flies were noted on the cloth. Fruit flies were noted flying around this bucket as well.

Approximately 10 dead bugs were noted underneath the stainless steel triple sink in the kitchen.

Fruit flies were noted on the wall under the single sink with the hanging sprayer in the kitchen.

Plan of Correction

Accept () - 03/01/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note we respectfully disagree with this violation as pest control company who were treating fruit flies stated there was no infestation of any type. Any fruit flies that were found in the kitchen were initially treated on 1/15/24. Pest control company returned for a follow up on 1/23/24 and stated there was a vast improvement and no infestation. Ridet pest control returned on 2/14/24 and will now be coming in monthly. All attachments documenting this will be sent step 2 of LIS to ensure continued compliance with 85b.

85b Infestation (continued)

To enhance the currently compliant operations, cooks and dietary staff will immediately notify Administration if any fruit flies are observed in the kitchen and pest control company will be notified immediately to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This will be overseen by Administration.

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Licensee's Proposed Overall Completion Date: 02/27/2024

Implemented (█) - 03/15/2024

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The kitchen floor had a brown layer of grime on the floor.

A layer of brown grime was noted on the wall under the single sink with the hanging sprayer in the kitchen.

Plan of Correction

Accept (█) - 02/27/2024

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, please note that violation 88a was corrected at time of inspection and kitchen was cleaned on the evening of 1/23/24 which was supervised by Co Administrator. Pictures were sent to inspectors on 1/24/24 of the gravy that had splattered onto the wall to show compliance with regulation 2600.88a and inspectors who were on site were taken back to the kitchen on 1/24/24 to show compliance with regulation 88a.

To enhance the currently compliant operations, Administration is receiving pictures several days a week showing that the kitchen is being cleaned at the end of the evening and cooks are inspecting kitchen daily to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented (█) - 03/15/2024

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The surface of the top of the cooking stove in the kitchen is corroded with a layer of burnt food and grease.

Plan of Correction

Accept [redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note this was corrected at the time of inspection and kitchen was cleaned thoroughly on the evening of 1/23/24 and was supervised by Co-Administrator. Pictures were emailed to inspector on 1/24/24 and inspectors who were on-site on 1/24/24 were taken back to the kitchen to show compliance with regulation 2600.95.

To enhance the currently compliant operations, dietary staff have been sending pictures to Administration several times a week at the end of the shift which shows that regulation 2600.95 is being maintained. Cook are also inspecting kitchen daily to continue to monitor compliance with the regulation to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented [redacted] - 03/15/2024)

100b - Removal Snow/Obstructions

8. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

Snow was located on the following sidewalks: secured C activity room exit, exiting SUC stairwell by the office, SUC courtyard exit in activity room, and the SUD courtyard exit.

Plan of Correction

Accept [redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/23/2024 by Maintenance who immediately removed snow from exit doors and pictures of the snow removal were shown to the inspectors at the time of inspection.

To enhance the currently compliant operations, Maintenance will ensure that all snow is removed from all exit doors during a snow storm. This will be overseen by Administration to maintain ongoing compliance with ensuring that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

100b Removal Snow/Obstructions (continued)

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented () - 03/15/2024)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident rooms C4 and C11 did not have a bedside lamp or other source of illumination within reach of the resident's bed.

Plan of Correction

Accept () - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note this was corrected at the time of inspection and new bedside lights were placed within reach of the resident's beds. Pictures were shown to inspectors at the time of inspection to show compliance with regulation 2600.101.j.7.

To enhance the currently compliant operations, Med aides and PCA's will check wall lights and lamps on daily basis while performing care to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented () - 03/15/2024)

103e - Left Overs

10. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A bag of leftover salad was noted in the 1st walk in refrigerator in the kitchen without a label or date.

103e - Left Overs (continued)

A package of leftover hotdogs and cheese was noted in the 2nd walk in refrigerator in the kitchen without a label or date.

A bag of frozen leftover hashbrowns and chicken was noted in the walk in freezer in the kitchen without a label or date.

Repeat violation: 2/14/23

Plan of Correction

Accept ([redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note that these items were not left overs as we do not serve left overs to the residents in the facility. All 3 items were immediately discarded at the time of inspection.

To enhance the currently compliant operations, cooks and dietary staff are checking items daily to ensure that all food is labeled and dated. Pictures are being sent to Administration several times a week and cooks are monitoring these items on a daily basis, to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented ([redacted] 03/15/2024)

103g - Storing Food

11. Requirements

2600.

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

Description of Violation

A package of unsealed hotdogs and cheese was noted in the 2nd walk in refrigerator in the kitchen.

A bag of unsealed romaine lettuce was noted in the 1st walk in refrigerator in the kitchen.

A bag of unsealed frozen hashbrowns and chicken was noted in the walk in freezer in the kitchen.

2 large bags of unsealed flour was noted in a container in the kitchen. The container did not have a lid secured on the container.

A bottle of oil without a lid was located on the lower tray of the food prep table in the kitchen.

103g Storing Food (continued)

Plan of Correction

Accept (█) - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note that this was corrected at the time of inspection and all items were immediately discarded.

To enhance the currently compliant operations, Administration is receiving pictures of the kitchen at the end of the shift several times a week to ensure maintained compliance of regulation 2600.103.g. Cook are also monitoring the kitchen on a daily basis to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented (█) - 03/15/2024)

103i - Outdated Food

12. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

2 bags of salad were located in the 1st walk in refrigerator in the kitchen without a date. The salad was noted to be mushy and brown.

Plan of Correction

Accept (█) - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note this was corrected at the time of inspection and items were immediately discarded.

To enhance the currently compliant operations, Dietary staff are checking on a daily basis for any outdated or spoiled food. This is being overseen by the cooks who are monitoring the kitchen daily to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This will be overseen by Administration who are receiving pictures several times a week as well as walking the kitchen as well to ensure ongoing compliance of regulation 2600.103.i.

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103i - Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented () - 03/15/2024

121a - Unobstructed Egress

13. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door in stairwell SUC #1 requires much force to open the door, preventing immediate egress in the event of an emergency.

Repeat Violation: 8/3/2022

Plan of Correction

Accept () - 02/27/2024

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action and the door was checked and adjusted by Maintenance on 1/25/24 to ensure the door open freely without any force. Door was doubled checked on 2/26/24 by Administration and Maintenance and door continues to open freely without any force. Our project manager will be coming out by 2/28/24 to double check the door to see if any other adjustments need to me made.

To enhance the currently compliant operations, all exit doors will be checked by Maintenance on a weekly basis to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This will be overseen by Administration.

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Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented () - 03/15/2024

133.1 - Exit Signs

14. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The SUB entrance doors do not have an exit sign posted near the exit doors.

133.1 - Exit Signs (continued)

Plan of Correction

Accept () - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/24/2024 and Exit sign was moved by exit door on 1/24/24 and picture of exit signed moved was shown to inspectors at the time of inspection.

To enhance the currently compliant operations, all exit signs will be checked my maintenance during weekly building walk throughs and this will be overseen by Administration to ensure compliance with regulation 2600.133.1, with a completion date of 2/24/24.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented () - 03/15/2024)

141a 1-10 Medical Evaluation Information

15. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The DME for resident # 2 dated () does not indicate the resident's weight.

The DME for resident # 3 dated () does not indicate the resident's temperature at the time of the evaluation.

The DME for resident # 4 dated () does not indicate the resident's special health and dietary needs, allergies, or the need for body positioning if any.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept (█) - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken that Medical evaluations for resident # 2 and resident # 3 were updated. Resident # 4 no longer resides at facility.

To enhance the currently compliant operations, all medical evaluations will be double checked by Admissions and Administration to ensure no items are missing at the time of admission. Unit clerk will ensure for any annual or status change medical evaluations that are items in the medical evaluation are completed. If items are missing physician who completed medical evaluation will be contacted and medical evaluation will be sent back to physician to be updated to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This will be overseen by Administration and will be spot checked weekly.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented (█) - 03/15/2024)

144c2 - Smoking Area Distance

16. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

A tan chair with a nylon fabric on it was located in the homes designated smoking area. The chair does not have a California tag on it for fire resistance.

144c2 Smoking Area Distance (continued)

Plan of Correction

Accept [redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/23/2024 by maintenance and chair was immediately removed from smoking area. Sign was placed by smoking area to inform residents smoking in the designated smoking area to refrain from moving chairs to the smoking area and to use the chairs provided in the designated smoking area.

To enhance the currently compliant operations, resident smoking area will be checked daily by maintenance during building walk through to ensure that only the chairs provided by the facility which are fire resistant are in the designated smoking area. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This will be overseen by Administration to ensure ongoing compliance.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented [redacted] - 03/15/2024)

227d - Support Plan Medical/Dental

17. 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

The RASP for resident # 2 dated [redacted] and the RASP for Resident #5 dated [redacted] does not include residents need for the enabler bar or the required verbiage regarding use of the enabler bar, including:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

Repeat Violation 8/3/2022

Plan of Correction

Accept [redacted] - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Resident #2 and Resident # 5's RASP's were updated to include the resident's enabler bars and indicate the specific need, the intended use, any risks associated with the device, the resident's ability to use the device safely, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

227d - Support Plan Medical/Dental (continued)

To enhance the currently compliant operations, RASP coordinator will ensure any resident with an enabler bar has information included in the resident's RASP. List of resident's who have physician orders for enabler bars will be sent to RASP coordinator so any new orders can be updated in the resident's RASP.

This will be done weekly to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented (█) - 03/26/2024)

233c - Key-Locking Devices**18. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The keypad near the gate located in the activity room courtyard does not have the code posted to operate the key locking device.

Plan of Correction

Accept (█) - 02/27/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note that this was corrected at time of inspection and sticker with code was placed on top of keypad and photo was shown to inspector at the time of inspection.

To enhance the currently compliant operations, all keypads are being checked by maintenance on a weekly basis to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This will be overseen by Administration to ensure continued compliance.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et

233c - Key-Locking Devices (continued)

seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented (█ - 03/15/2024)