

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

April 17, 2024

[REDACTED]
SAUCON VALLEY MANOR INC.
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2024 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: 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: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 11/30/2005 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 312 Waking Staff: 234

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/01/2024

Inspection Dates and Department Representative

03/01/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 201 Residents Served: 181
 Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 100 Residents Served: 80
 Hospice
 Current Residents: 37
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 181
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 131 Have Physical Disability: 1

Inspections / Reviews

03/01/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/31/2024

04/10/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 04/16/2024
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 04/12/2024

Inspections / Reviews *(continued)*

04/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] has a prescription for [redacted] to be given at [redacted] and [redacted] dependent on [redacted] results. The resident missed [redacted] prescribed [redacted] and potential [redacted] administration on [redacted] at [redacted] and [redacted] as the resident was out of the home. An incident report was not completed for the medication error.

Plan of Correction

Accept [redacted] - 04/10/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, Please note that the facility did receive a hold order from the physician and Administrator was in contact with PCP throughout the day regarding Resident [redacted] being out of the facility. An incident report was sent to the Department after the inspectors left the facility.

To enhance the currently compliant operations, Administration will send a reportable incident form to the Department within the allotted time per the RCG if facility is unable to get written documentation from the PCP to hold medication within the hour of the prescribed time of the medication to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. It will be the responsibility of the Med Aide to notify Administraton of any missed medication. This will be reviewed with all med aides on April 10, 2024.

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: 04/10/2024

Implemented [redacted] - 04/17/2024)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] receives [redacted] checks 3 times daily at [redacted] and [redacted] and receives [redacted] on a sliding scale. The resident's [redacted] was measured as [redacted] on [redacted] however the medication Administration record

187a - Medication Record (continued)

was not updated to reflect that [REDACTED] were administered.

On [REDACTED] the resident's glucose sensor was not working and as per interviews with staff, a PRN machine was used to record the resident's [REDACTED]. The medication administration record did not contain the initials of staff or indicate to see the additional notes to determine what action was taken.

Plan of Correction

Accept [REDACTED] - 04/10/2024)

In response to the violation on 03/01/2024 by the Pennsylvania Bureau of Human Service Licensing, Please note that this was a clerical error by the Med Aide by not updating the Medication Administration record.

To enhance the currently compliant operations, An inservice is scheduled for all Med aides on April 10, 2024 in which the Medication Administration policy will be reviewed. This is a Mandatory inservice and all Med Aides must attend in order to remain on the cart to adminster medications. If a med aide is unable to attend the inservice, they will not be able to admister medications until they are rescheduled for training with the med trainer.

To maintain ongoing compliance the inservice will include the following, keeping a medication record, for each resident for whom medications are administered, that includes, including dose, and name and initials of the staff person administering the medication. 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: 04/10/2024

Implemented [REDACTED] - 04/17/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] receives [REDACTED] as per Doctor's orders each day at [REDACTED] and [REDACTED] and receives [REDACTED] on a sliding scale dependent on [REDACTED] readings. On [REDACTED] the resident was out of the home and the residents [REDACTED] could not be completed for the [REDACTED] and [REDACTED] check and no [REDACTED] was administered

Plan of Correction

Accept [REDACTED] - 04/10/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, Please note that a hold order was recieved by the physician and Administrator was in contact with the PCP throughout the day regarding Resident [REDACTED] being out of the facility.

187d - Follow Prescriber's Orders (continued)

To enhance the currently compliant operations, An inservice is scheduled for all Med aides on April 10, 2024 in which the Medication Administration policy will be reviewed. This is a Mandatory inservice and all Med Aides must attend in order to remain on the cart to administer medications. If a med aide is unable to attend the inservice, they will not be able to administer medications until they are rescheduled for training with the med trainer.

To maintain ongoing compliance with The inservice will include that the Med Aides are ensuring the home must follow the directions of the prescriber. This will be overseen by Med Trainer and Administration by completing weekly cart audits. 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: 04/10/2024

Implemented () - 04/17/2024)