

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

July 23, 2024

[REDACTED], OWNER/ADMINISTRATOR
SAUCON VALLEY MANOR II LLC

RE: SAUCON VALLEY MANOR II
1050 MAIN STREET
HELLERTOWN, PA, 18055
LICENSE/COC#: 23007

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/25/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAUCON VALLEY MANOR II License #: 23007 License Expiration: 05/10/2024
Address: 1050 MAIN STREET, HELLERTOWN, PA 18055
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: SAUCON VALLEY MANOR II LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/16/2004 Issued By: L&I
Type: I-1 Date: 06/01/2023 Issued By: Helertown Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 04/25/2024

Inspection Dates and Department Representative

04/25/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	80	Residents Served:	30
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	30
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	1	Have Physical Disability:	0

Inspections / Reviews

04/25/2024 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/24/2024

Inspections / Reviews (*continued*)

07/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

07/23/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

121a - Unobstructed Egress

1. 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

On 4-25-24 at approximately 10:00am during the initial walk through, the exit door to the right side of the front door, had a coffee table placed outside the home approximately 3 feet in front of the door blocking the exit.

Plan of Correction

Accept (█) - 06/20/2024)

Please note this was corrected at time of inspection by Maintenance and table was immediately moved to the side of the exit. To ensure continued compliance Maintenance is checking all exits during morning walk arounds weekly of the building to ensure all exits are unlocked and unobstructed. This is overseen by Administration to ensure ongoing compliance. Please see attached photo of area which shows are in unobstrcuted and please also see attached walk around log in which Administration signs weekly to ensure on going compliance with regulation 2600.121a.

Licensee's Proposed Overall Completion Date: 06/18/2024

Implemented (█) - 07/23/2024)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

During the initial walk through on 4-25-24 at approximately 9:50am, the first floor laundry room dryer had an empty cardboard box of Bounce Fabric Softer sheets and one loose fabric softer sheet sitting on the vent behind the dryer.

Plan of Correction

Accept (█) - 06/20/2024)

Please note this was corrected at time of inspection by Maintenance and items were removed behind the dryer. To ensure ongoing compliance, Maintenace or nursing staff working in the building will check back of dryer weekly. Administration will be responsible for ensuring this is being completed and Administration will sign log weekly. Please see photo of area behind dryer as well as log which dryer is being checked weekly.

Licensee's Proposed Overall Completion Date: 06/18/2024

Implemented (█) - 07/23/2024)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home is counting the total number of residents evacuating during fire drills including personal care and independent living residents. The home is not keeping track of the number of personal care residents evacuating during fire drills.

132c - Fire Drill Records (continued)**Plan of Correction****Accept () - 06/20/2024)**

Please note that the Personal Care Home is keeping track of the number of Personal Care residents being evacuated during fire drill but logs also included those residents who are independent due to participation in fire drills is mandatory as per our lease for both personal care and independent residents. To maintain ongoing compliance with regulation 2600.132c Maintenance Director will only include the number of personal care residents being evacuated during the monthly fire drills. The fire drill logs will be checked by Administration after each fire drill to ensure information on number of personal care residents is accurate. This will be done monthly after the fire drill.

Licensee's Proposed Overall Completion Date: 06/18/2024**Implemented () - 07/23/2024)**