

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

October 3, 2024

[REDACTED]
SAUCON VALLEY MANOR INC.
[REDACTED]
[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 07/18/2024 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: 11/13/2005 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 317 Waking Staff: 238

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 07/18/2024

Inspection Dates and Department Representative

07/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 201 Residents Served: 185
 Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 100 Residents Served: 83
 Hospice
 Current Residents: 37
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 184
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 132 Have Physical Disability: 0

Inspections / Reviews

07/18/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/02/2024

08/05/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 10/02/2024
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 08/10/2024

Inspections / Reviews *(continued)*

10/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] resident [redacted] was observed hitting another resident and yelling in their face. On [redacted] resident [redacted] was observed striking another resident in the back of the head. Both incidents were documented on the home's internal incident reports. The two incidents were not reported to the Area Agency on Aging as required.

Plan of Correction

Accept [redacted] - 08/05/2024)

Immediate action was taken on 4/14/24 and Aging was contacted that evening and in addition crisis at the hospital was in communication with Co-Administrator from the Personal Care Home. To ensure continued compliance Administration and Nursing Supervisor will contact Aging or if after hours the crisis number will be notified for any incident which needs to be reported to Aging. This will be done as incidents occur in which Aging needs to be notified. 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 seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented [redacted] - 10/03/2024)

16c - Written Incident Report

2. 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

On [redacted] resident [redacted] was observed hitting another resident and yelling in their face. On [redacted] resident [redacted] was observed striking another resident in the back of the head. Both incidents were documented on the home's internal incident reports. The two incidents were not reported to the department's regional office as required.

Plan of Correction

Accept [redacted] - 08/05/2024)

Immediate was taken in that Co- Administrator did report incident as personal care home is known to report everything however Co-Administrator was having issues with email at that time and incident report was faxed and can not be located.

Administration and Nursing supervisors will report to the department any reportable incident within the required time of hours from the time of the incident. All incident reports will be emailed to the department and confirmations will printed and attached to the incident report. This will be overseen by Administration on a daily basis to ensure continued compliance.

16c - Written Incident Report (continued)

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: 08/02/2024

Implemented [redacted] 10/03/2024)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident [redacted] has a PRN order for [redacted] one tablet daily as needed. On the following dates and times the medication was administered more than once daily:

- [redacted] was administered at 11:43am and 7:47pm
- [redacted] was administered at 12:35pm and 6:34pm
- [redacted] was administered at 5:34am, 12:07pm, and 8pm.
- [redacted] was administered at 12:16pm and 7:51pm
- [redacted] was administered at 4pm and 7:43pm
- [redacted] was administered at 12:36pm and 5:53pm.

Plan of Correction

Accept [redacted] - 08/05/2024)

Immediate action was taken on 7/18/24 in which PCP was faxed and PCP confirmed receipt and acknowledged fax. In addition a incident report was sent to the department at the time of the inspectors being on site once this was brought to Administrations attention on 7/18/24. Please see attached order.

To ensure continued compliance Med Trainer on 7/18/24 while the inspectors were on site and reviewed proper medication administration with med aides involved with this incident. Emar audits will be done on a weekly basis to ensure contnued 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 seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented [redacted] - 10/03/2024)

202 - Prohibitions

4. Requirements

2600.
202. The following procedures are prohibited:

202 - Prohibitions (continued)

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident [REDACTED] has a straight order for [REDACTED] one tablet two times per day at 8am and 3pm and also a PRN order for [REDACTED] one tablet daily as needed. During the month of June, the resident received PRN administration of [REDACTED] on all but 9 days. On 3 days during June the resident received 2-3 PRN administrations of the medication. During the month of July, the resident received PRN administration of [REDACTED] on all but 4 days from July 1st to July 17th. On 3 days during July the resident received 2 PRN administrations of the medication. It was determined through staff interviews and medication administration review that the home regularly administers PRN doses of [REDACTED] to manage the resident's behaviors. Resident [REDACTED] is known to be physically combative during care, has had aggression towards other residents, and requires supervision for inappropriate bowel movement behaviors.

Plan of Correction

Accept [REDACTED] - 08/05/2024)

please note personal care home strongly disagrees with this violation as on 7/18/24 department inspectors witnessed Resident [REDACTED] completely coherent in the unit talking and engaged in conversation with Co-Administrator. In addition she was pleasant, communication and folding towels to keep [REDACTED] busy and feeling like [REDACTED] was being useful. There was no way that [REDACTED] was being restrained chemically.

To ensure continued compliance Med Trainer on 7/18/24 while the inspectors were on site and reviewed proper medication administration with med aides involved with this incident. Emar audits will be done on a weekly basis to ensure continued compliance. This will be overseen by the Med Trainer and Administration.

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented [REDACTED] 10/03/2024)

234d - Support Plan Revision

5. Requirements

2600.

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

Description of Violation

The support plan dated [REDACTED] for resident [REDACTED] was not updated to reflect that the resident is combative with staff during care, has been aggressive towards other residents, and also requires frequent checks to manage bowel movement toileting.

Plan of Correction

Accept [REDACTED] - 08/05/2024)

Immediate action was taken and RASP was updated to indicate Resident [REDACTED] behaviors and updates were completed on [REDACTED].

To ensure continued compliance any behaviors or any information which will need to be updated on the resident's RASP will be sent to our Rasp Coordinator within the allotted 5 days. This information will be provided to the RASP coordinator by the Nursing Supervisor or by Administration. This will be overseen by Administration on a weekly basis by reviewing resident updates on the resident's RASP.

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented [REDACTED] - 10/03/2024)