

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

November 5, 2024

[REDACTED]
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
[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 09/18/2024 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: RITTENHOUSE VILLAGE AT LEHIGH VALLEY License #: 22301 License Expiration: 08/23/2025

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

Type: 11 Date: 03/07/2016 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 105 Waking Staff: 79

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Incident Exit Conference Date: 09/18/2024

Inspection Dates and Department Representative

09/18/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 Residents Served: 83

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 34 Residents Served: 22

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83

Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

09/18/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/04/2024

10/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/31/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/20/2024

Inspections / Reviews *(continued)*

11/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

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] at approximately 2:00am resident [redacted] entered resident [redacted] room with rolled up blankets in their hands and placed the blankets over the face of resident [redacted]. The incident was witnessed by staff person A who redirected resident [redacted] out of the room. Resident [redacted] had woken up during the incident and was upset by the resident placing the blankets over their face.

Plan of Correction

Accept [redacted] - 10/15/2024)

1. Resident [redacted] was provided with 1:1 supervision. Resident [redacted] no longer resides at the community. Resident [redacted] was discharged on 8/26/24. POA and PCP for Resident [redacted] and [redacted] informed of incident.

2. Direct Care Staff to be in-serviced on 42.b and de-escalation techniques by Executive Director by 10/11/2024

3. Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 11/05/2024)

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

Resident [redacted] was admitted to the home's [redacted] on [redacted] and a support plan was completed on [redacted]. On [redacted] resident [redacted] busted two window screens attempting to elope from the unit and also broke out into the secure memory care courtyard on [redacted] by pushing and shaking the door. Staff interviews also indicate the resident was regularly urinating in common areas of the home. The support plan dated [redacted] was not updated with these behaviors or with a plan to address the behaviors.

Plan of Correction

Accept [redacted] 10/15/2024)

1. Resident [redacted] was fully discharged from the community on [redacted]

2. 10% Resident records will be reviewed for behaviors for the past 30 days. This will be completed b-weekly for two months. Support plans will be updated when applicable by Director of Wellness. This will be completed by 10/18/24

3. Director of Health and Wellness and Memory Care Director in serviced by Executive Director on 10/4/2024 regarding 234.d

4. Executive Director will monitory for compliance.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 11/05/2024)