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

February 6, 2025

[redacted] ATIYEH, 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 12/04/2024, 12/05/2024 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**: *09/03/2025*

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: *I-2* **Date**: *11/13/2005* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *315* **Waking Staff**: *236*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *12/13/2024*

Inspection Dates and Department Representative

12/04/2024 - On-Site: [redacted]

12/05/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *201* **Residents Served**: *187*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Four Units* **Capacity**: *100* **Residents Served**: *79*

Hospice

Current Residents: *32*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *189*

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

Have Mobility Need: *128* **Have Physical Disability**: *1*

Inspections / Reviews

12/04/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/05/2025*

Inspections / Reviews *(continued)*

01/07/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/03/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/14/2025*

01/15/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/03/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/22/2025*

02/06/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/03/2025*

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

The home's third floor hallway contains a closet near room 830. The closet housed boxes of resident records containing protected health information and was unlocked during the 12/4/2024 onsite inspection.

Repeat Violation: 1/17/2024

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

This was immdiately locked by 12/4/2024 by maintenance director during the inspection. This files were being prepared for shredding that morning. They were also over 10 years old. Maintenance, front desk, adminstration will be checking weekly to ensure compliance that these doors are locked. Please see attached memo placed on closet doors to ensure compice with regulation 17.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/04/2025)

92 - Windows

2. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

During 12/4/2024 onsite inspection, there were three windows in the living area of the Secure Dementia Care Unit, located on the B-level of the building, that open but do not have screens in place.

Plan of Correction ***Accept ([redacted] - 01/15/2025)***

To ensure continued compliance, attached are the screens that were added. The screens were placed on 1/6/2025. The pictures also show the window locks as well. This was done by the maintenance department.
At the time of inspection, 12/4/2024, windows were immediately closed and locked by maintenance director. Prior to spring, Maintenance team and administration will ensure all windows have screens in place prior to opening.

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

92 - Windows *(continued)*

Licensee's Proposed Overall Completion Date: *01/10/2025*

Implemented ([redacted] - 02/04/2025)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

During 12/4/2024 onsite inspection, it was discovered that the rightmost dryer in the home's laundry room had an accumulation of lint between the dryer and the wall and behind the dryer.

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

On 12/4/2024 this was immediately cleaned and corrected by laundry personnel and maintainence director. We currently have a laundry lint log in place and have and have modified the log that includes checking the sides and behind the machines on a daily basis by laundry,personell and maintainence. Please see attached checklist.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/04/2025)

121a - Unobstructed Egress

4. 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 Secure Dementia Care Unit (SDCU) located on the D-level of the building, contains an exterior exit door, that leads outside to a courtyard. The courtyard is enclosed by a fence with a single gate that can only be accessed from outside the locked enclosure. This designated exit route does not allow for egress away from the building in the event of an emergency.

Additionally, located on the SDCU D-level, is an exterior door near the elevator labeled as an Exit. There is also a posting saying "Not an Exit" on a gate near this Exit door.

Plan of Correction ***Accept ([redacted] - 01/15/2025)***

To ensure continued compliance, we have attached pictures of the maglock by sdu and it is now an egress . The key pad has a code which is also included in the picture. This was done by the maintenance department and our

121a - Unobstructed Egress (continued)

outside vendor who installs maglocks. This was done on 1/6/25.
This was corrected at the time of inspection on 12/4/2024 by maintenance director. It was checked by licensing representive to ensure compliance. This area is an egress. Maintenance and adminstration will check it weekly to ensure this area stays as an egress. Attached is the checklist.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/10/2025*

Implemented ([redacted] - 02/04/2025)

125a - Combustible Storage

5. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The basement of the home contains a large hot water heater. The water heater was warm to the touch and carboard was observed to be leaning against the unit.

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

This was removed at time of inspection on 12/2/2024 by maintenance director. Please see attached checklist to ensure complice with this regulation. Maintenance and adminstration will be checking this weekly. Please see our attached checklist and memo that is posted.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/04/2025)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's sleeping hour fire drills were held on 1/7/24 and 8/26/24, beyond the six-month requirement.

132e - Fire Drill Sleeping Hours *(continued)*

Plan of Correction ***Accept (- 01/07/2025)***

To ensure compliance with regulation 132e, maintenance and administration will preschedule every 6 months 11-7 drills confidentially so they are done by the end of 5 and half months. Maintenance and administration will be responsible monthly to ensure 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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented (- 02/04/2025)

132g - Fire Drills Days/Times

7. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home did not vary the time when they conducted monthly fire drills, as eight of the last nine drills were held in the last week of the month, on the following days:

3/29/2024
4/24/2024
5/15/2024
6/28/2024
7/30/2024
8/26/2024
9/30/2024
10/24/2024
11/24/2024

Plan of Correction ***Accept (- 01/07/2025)***

To ensure compliance with regulation 132g, maintenance and administration will ensure that the fire drills will be different time of month, shifts and days are varied. A schedule will be made confidentially between maintenance and administration. Maintenance and administration will be responsible monthly to ensure 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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

132g - Fire Drills Days/Times *(continued)*

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/04/2025)

133.2 - Exit Signs Direction

8. Requirements

2600.
133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The third floor of the home features a common area accessible through an open doorway from a hallway. The common area contains an exit that is not visible from the hallway. However, there is no exit sign on the hallway side of the doorway to indicate an egress route.

Plan of Correction ***Accept ([redacted] - 01/15/2025)***

The sign was posted on 12/5/24. To ensure complianace for 133.2. This was done by maintenance , administration and front desk.
To ensure complianace of 133.2 , please see attached picture of the laminated sign that was added by maintenance, administration and front desk. Please see our attached check list that ensure all egress and exits are clearly marked and checked by maintenance and administration.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/10/2025*

Implemented ([redacted] - 02/04/2025)

171b5 - First Aid Kit

9. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

Description of Violation

On 12/5/2024, the first aid kit in the home's vehicle, which is used to transport residents does not include breathing shield, eye covering, and thermometer.

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

To ensure compliance of 171b5 , please see a copy of the picture that is in all of the first aid kits. The items that were missing, breathing shield, eye covering and thermometer were corrected at time of inspection by front desk. Please see our checklist, to ensure that the first aids kits are being checked by drivers, maintenance and administration on a weekly basis.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

171b5 - First Aid Kit *(continued)*

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/04/2025)

183b - Meds and Syringes Locked

10. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The medication cart located in the common area of the home's Secure Dementia Care Unit on the A-level of the building, contained resident prescription and over the counter medications. The cart was found unlocked and unattended during inspection on 12/4/2024.

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

The cart was immeditaly lock by the med aid and maintenance director. The med aids on every shift will be responsible to lock the cart when unattended. This will be check by the nursing supervisors on a weekly basis. Administration will also check it 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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/06/2025)

185a - Implement Storage Procedures

11. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #7 has a physician order to administer a Fleet Oil Enema and Sorbitol 70% Solution as needed. During the 12/5/2024 medication cart audit, it was discovered that the resident's Fleet Oil Enema and Sorbitol 70% Solution were not available in the home.

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

On 12/5/2024 nursing supervisor contacted the pharmacy about the Fleet Oil Enema and Sorbitol 70% Solution. It was immedialy delivered on 12/5/2024 from our pharmacy. It is available as needed as it is a PRN. To ensure continued compliance, med aids will continue to do weekly audits for all medications in the carts including prns. This will be checked by nursing supervisor on a biweekly basis.

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

185a - Implement Storage Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/06/2025)

187d - Follow Prescriber's Orders

12. Requirements

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

Description of Violation

Resident #8 is prescribed Midodrine 2.5 mg, with parameters to hold the medication if the resident's systolic blood pressure (SBP) is over 130. On the following dates, the medication was administered, however the blood pressure readings warranted the medication be held:

12/2/2024 at 5:00pm – Blood Pressure: 133/77
12/3/2024 at 4:00pm – Blood Pressure: 163/80
12/4/2024 at 7:00am – Blood Pressure: 153/84
12/5/2024 at 7:00am – Blood Pressure: 139/68

Repeat Violation: 7/18/2024

Plan of Correction ***Accept ([redacted] - 01/07/2025)***

The med trainer immediately reviewed with the medaids on 12/5/2024 the blood pressure parameters for resident number 8. Med trainer instructed the med aids on how to properly follow the parameter orders.. A incident report was done and submitted to state. To ensure continue compliance the med trainer will be spot checking the residents who are on parameters on a weekly basis.

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 appea pursuant to 55 Pa. Code $55 Pa Code 20 et seq. and 2600.263

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented ([redacted] - 02/04/2025)