

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

May 1, 2025

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

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 04/09/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAUCON VALLEY MANOR II License #: 23007 License Expiration: 05/10/2026
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: Dept. L&I
Type: I-1 Date: 06/01/2023 Issued By: Hellertown Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 04/09/2025

Inspection Dates and Department Representative

04/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	80	Residents Served:	26
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:	26
Diagnosed with Mental Illness:	1	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	2	Have Physical Disability:	0

Inspections / Reviews

04/09/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2025

Inspections / Reviews (*continued*)

05/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

05/01/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 2:45 p.m. Resident #1's bedside enabler was held in place by the mattress and not securely fastened to the bed frame.

Plan of Correction

Accept () - 04/30/2025

This was immediately corrected at time of inspection on 4/9/2025 by maintenance director who made sure the bedside enabler was correctly installed. Please see attachment #1. It was taken on 4/14/2025 to ensure continued compliance of the bed side enabler by the maintenance director. To ensure continue compliance with regulation 81b, nursing, administration, maintenance will be checking all residents personal equipment to ensure they are clean, good repair and free of hazards. Nursing, administrator and maintenance will be doing this weekly.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented () - 05/01/2025

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The exhaust vents in the Men's and Women's common bathrooms located near the 1st floor dining room in Building 3 are clogged with dust posing a risk for fire.

Plan of Correction

Accept () - 04/30/2025

The exhaust vents were cleaned on 4/10/2025, please see attachment 2 and 3, with pictures showing that they were cleaned by our housekeeping director. To ensure continued complacence with regulation 2600.95 our housekeepers will be checking all exhaust fans when they cleaning on a daily basis. This will be check by, maintenance, housekeeping director and administration on a weekly basis.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented () - 05/01/2025

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:30 a.m. located in the home's kitchen in building one contained a salad in a plastic container, the salad was not label or dated.

Plan of Correction

Accept () - 04/30/2025

This was immediately disposed of on 4/9/2025 by dietary aid. The salad belong to a resident, the resident was informed that they are to keep their own food in their personal fridge in their apartments. To ensure continue

103e - Left Overs (continued)

compliance with regulation 2600.103e dietary , and nursing will be checking the fridges and freezer daily , when they check the temperatures daily , to ensure that everything is label and dated. Administration will be checking it weekly to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented () - 05/01/2025)

125a - Combustible Storage

4. Requirements

2600.

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

Description of Violation

At approximately 9:15 a.m., a large piece of paper was noted approximately 3 inches away from the hot water heater on the first floor in Building 3, posing a risk for fire.

Repeat Violation-4/25/24

Plan of Correction

Accept () - 04/30/2025)

The large piece of paper was immediately removed by the maintenance director. Please see attachment number 4 to ensure compliance of 2600.125a , this will be checked on a weekly basis by maintenance and administration to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented () - 05/01/2025)

144c1 - Smoking Area Guidelines

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

At approximately 9:10 a.m., 3 extinguished cigarette butts were noted in the mulch directly outside of the home's main entrance.

Plan of Correction

Accept () - 04/30/2025)

The extinguished cigarette butts were immediately disposed of by maintenance director. Please see attachment number 5 to ensure compliance and reminder memo that explains where to smoke that was put up by front desk and administration. This will be checked daily during our building walk around by maintenance, and administration.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented () - 05/01/2025)