

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

August 25, 2025

[REDACTED]
SAUCON VALLEY MANOR INC.
[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 07/02/2025 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]

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: [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: 292 Waking Staff: 219

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 07/02/2025

Inspection Dates and Department Representative

07/02/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 201 Residents Served: 180

Secured Dementia Care Unit
 In Home: Yes Area: SU (ABC) Capacity: 100 Residents Served: 70

Hospice
 Current Residents: 24

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 180
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 112 Have Physical Disability: 2

Inspections / Reviews

07/02/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/03/2025

08/08/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/19/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2025

Inspections / Reviews *(continued)*

08/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/19/2025

08/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

226b - Mobility Requirements

1. Requirements

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

On [redacted] Resident [redacted] was assessed to have verbal cues needed to redirect to and from the destination. The home has not met these needs as the resident requires to be encouraged to use a walker daily by staff.

Plan of Correction

Accept [redacted] - 08/15/2025)

Nursing on all three shifts will be responsible for communicating the verbal cues for resident to the rasp coordinator to add on the rasp. The violation was immediately corrected by the rasp coordinator. The rasp coordinator updated the rasp on 7/2/2025. Until our computer system is up and running, nursing staff will communicate verbally to the rasp coordinator and/or they will give updated assignment sheets until our computer system is up and running.. Our long term solution is our new computer system ecp, when nursing updates it into ecp, it will transfer directly over to the rasp document. The rasp coordinator as well as nursing will determine what should be added to the rasp. The rasp coordinator and administration will be checking rasps weekly to ensure they are updated accurately.

Licensee's Proposed Overall Completion Date: 08/11/2025

Implemented [redacted] - 08/25/2025)

234e - Involvement/Participation

2. Requirements

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

Resident [redacted] support plan was finalized on [redacted]. Neither the resident nor the resident's designated person were involved in the development of the support plan.

Plan of Correction

Accept [redacted] - 08/08/2025)

To ensure continued compliance our Rasp coordinator and administration will make sure all of those who are involved in the care plan are signing the signature page on the RASP. We apologize for not having that done. Please note we will have the residents sign when [redacted] returned from REHAB. [redacted] RASP will need to be updated or redone upon [redacted] return from REHAB . We will ensure going forward that the RASP coordinator, nursing staff and administration will continue to get signature from the resident and anyone else who is involved in the development of the RASP. Please see signature page attached.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented [redacted] - 08/25/2025)