

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

November 3, 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 08/19/2025, 09/12/2025, 09/15/2025 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: 09/03/2026
 Address: 1050 MAIN STREET, HELLERTOWN, PA 18055
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: SAUCON VALLEY MANOR INC.
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 309 Waking Staff: 232

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 09/15/2025

Inspection Dates and Department Representative

08/19/2025 - On-Site: [Redacted]
 09/12/2025 - Off-Site: [Redacted]
 09/15/2025 - Off-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: SDCU Capacity: 100 Residents Served: 77

Hospice
 Current Residents: 30

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 186
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 122 Have Physical Disability: 2

Inspections / Reviews

08/19/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/18/2025

Inspections / Reviews (*continued*)

10/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/23/2025

10/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/24/2025

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a - Implement Storage Procedures

1. 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 [REDACTED] has an order for [REDACTED] tablets to be administered at 8:00 a.m. and 2:00 p.m. The resident had 87 tablets in the medication cart. The home's electronic narcotics count indicated that the resident had 88 tablets of the medication available.

Resident [REDACTED] has a PRN order for [REDACTED] tablets. The home's electronic narcotics count noted there were 4 tablets of the medication left but there were 3 tablets in the blister pack containing the medication.

Plan of Correction

Accept ([REDACTED] - 10/16/2025)

Resident [REDACTED] - The violation 185a this was immediately addressed at the time of inspection on 8/19/2025 by the med aid , in front of licensing inspector and care coordinator.

The Med aid was verbally reeducated by the med trainer on medication policy, narcotics count and checking and rechecking medication by med trainer.

To ensure continued compliance , This will be check daily by the med aids, over seen by the med trainer, and spot checked by administration.

Resident [REDACTED]-The violation 185a this immediately was addressed at the time of inspection on 8/19/2025 by the med aid , in front of licensing inspector and care coordinator.

We reviewed with the staff member the importance of counting and recounting the narcotics and making sure to initial after giving medications . The med aid who gave the medication acknowledges [REDACTED] documentation error and immediately charted in progress notes.

They were verbally reminded of counting and recounting, as well as initialing after giving medications. Our med trainer reviewed the narcotics policy with [REDACTED] To ensure continue compliance, all med aids will [REDACTED] reminded of narcotics policy. Our Med trainer verbally review the module lesson 5-recording and storage and 8 -documentation. To ensure continued compliance , please see attached training sheet , if we find any discrepancy going forward we will review.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented ([REDACTED] - 11/03/2025)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablets to be administered as needed. Resident [REDACTED] August 2025 medication administration record does not include the initials of the staff person who administered the medication on [REDACTED] at

187b Date/Time of Medication Admin. (continued)

1:00 p.m.

Plan of Correction

Accept ([redacted] 10/22/2025)

To ensure continue compliance of violation 187b, Our Med trainer verbally review with staff the module lesson 5 recording and storage and lesson 8 documentation.

All med aids will be reminded of narcotics policy. Our Med trainer verbally review the module lesson 5 recording and storage and 8 documentation.

To ensure continued compliance , please see attached training sheet , that was completed by the med trainer with two med aids.

To ensure continued compliance , on 187b daily, this will be check daily by the med aids, over seen by the med trainer, and spot checked by administration.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] 11/03/2025)

234a - Admission Support Plan

3. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit on [redacted] however, the resident’s current support plan was completed on [redacted]

Plan of Correction

Accept ([redacted] - 10/16/2025)

This was immediately resolved by our rasp coordinator on 8/20/2025. Please see attached rasp to insure compliance with regulation 234A. To ensure continued compliance , immediately upon admission, admissions, administration, administrative assistance, wellness coordinator and rasp coordinator, will electronically communicate immediately upon a new admission, that is going to the secure dementia unit or when a personal care resident internally moves to the secure unit. As we receive the DME and all required paperwork , our ecp system will immediately tell the rasp coordinator to complete a support plan within a 72 hours of admission. To ensure the system is working correctly we will also be checking manually by admissions, administration, administrative assistance, wellness coordinator and rasp coordinator.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented [redacted] - 11/03/2025)