

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

March 26, 2026

[REDACTED]
SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
[REDACTED]

RE: SACRED HEART SENIOR LIVING BY
SAUCON CREEK II
4801 SAUCON CREEK ROAD
CENTER VALLEY, PA, 18034
LICENSE/COC#: 22080

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II **License #:** 22080 **License Expiration:** 08/03/2026
Address: 4801 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/20/2009 **Issued By:** Upper Saucon Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 24 **Waking Staff:** 18

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 03/04/2026

Inspection Dates and Department Representative

03/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 12

Secured Dementia Care Unit

In Home: Yes **Area:** entire **Capacity:** 36 **Residents Served:** 12

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 12
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 12 **Have Physical Disability:** 0

Inspections / Reviews

03/04/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/03/2026

03/26/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/26/2026
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

03/26/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2026

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

Resident [redacted] was admitted to the secure dementia unit of home on [redacted]. Staff reported knowing the resident has an elopement history. On [redacted] the home's last staff contact with the resident was at approximately 8:15P.M.. The staff became aware the resident was not on the unit at 8:30 P.M.. The police, the family were contacted and staff began to search outside the home. At approximately 9:45P.M., resident [redacted] was found walking in a wooded area near the home by the Upper Saucon Police Department. The resident did not have injuries or complaints when assessed.

Plan of Correction

Accept [redacted] - 03/26/2026)

SACRED HEART SENIOR LIVING BY SAUCON CREEK

PLAN OF CORRECTION FOR 2600.42.b

WEDGWOOD INSPECTION FEBRUARY 27TH, 2026

Plan of Correction for 2600.42.b

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: Resident [redacted] was admitted to the secure dementia unit of home on 2/24/26. Staff reported knowing the resident has an elopement history. On 2/27/26 the home's last staff contact with the resident was at approximately 8:15P.M. The staff became aware the resident was not on the unit at 8:30 P.M. The police, the family were contacted and staff began to search outside the home. At approximately 9:45P.M., resident [redacted] was found walking in a wooded area near the home by the Upper Saucon Police Department. The resident did not have injuries or complaints when assessed.

Immediate Corrective Actions Implemented:

1. Enhanced Resident Supervision and Safety Measures:

- On 2/27/2026, the resident's brother stayed with Resident [redacted] overnight to ensure continuous supervision.

2. Security System Updates:

- The codes for all doors to the secured dementia unit were changed to improve security.
- Signage was placed in the elevator indicating that residents with a green bracelet must remain on the second floor. See attached.

- Visual signage, including a shamrock symbol, was installed to clearly identify residents with specific safety needs. See attached.

- The codes for all secured doors within the dementia unit were updated and posted in visible locations.

3. Resident Identification and Monitoring:

- A green bracelet was placed on Resident [redacted] to signify the need for [redacted] to remain in the secured unit.
- Signage was posted to reinforce this identification and safety protocol.

PLAN OF CORRECTION:

1. Follow-Up Engagement and Safety Planning:

- On March 3, 2026, Administrator [redacted] contacted Resident [redacted] s [redacted] to review safety measures, including:
- The possibility of placing a GPS tracking tile in Resident [redacted] s shoes.
- Enrolling Resident [redacted] in the Project Lifesaver program through the Upper Saucon Police Department.

2. Implementation of GPS Tracking and Monitoring:

- The GPS tracking tile (Life 360 Tile) was ordered and arrived on 3/4/2026, and has been placed on Resident [redacted]. The Administrator has the ability to view where the resident is via cellphone at the direction of Resident [redacted] s [redacted].

42b Abuse (continued)

- Resident [REDACTED] met with the Upper Saucon Police Department on 3/6/2026 to discuss the Project Lifesaver program.
- The Project Lifesaver bracelet was placed on Resident [REDACTED] as the [REDACTED] agreed to enroll [REDACTED] in the program for ongoing location monitoring on 3/6/2026.
- Resident [REDACTED] also wears the green bracelet.

3. Ongoing and Preventative Measures:

- Regular staff training on resident safety, elopement prevention, and appropriate responses to wandering.
- Continued monitoring of security systems, signage, and identification measures.
- Ongoing communication with family members regarding safety strategies and program participation.
- Weekly review of resident safety plans and immediate response protocols to ensure continued compliance and resident well being.

4. Responsible Staff:

- Administrator [REDACTED] will oversee implementation and monitoring of these corrective actions.
- Direct care staff have been trained on the updated procedures, signage, and use of tracking devices.
- Maintenance will ensure all security systems and signage remain functional and visible.

5. Goals:

- To prevent future elopements.
- To ensure residents are not neglected, intimidated, abused, mistreated, or disciplined.
- To maintain a safe, secure environment for all residents, especially those with cognitive impairments.

6. Follow up Evaluation:

- The safety protocols and security measures will be reviewed weekly for the next three months.
- Any incidents or concerns will be documented and addressed promptly.
- The plan will be reviewed and updated as necessary to maintain compliance and safety standards.

If the above plan of correction is accepted. The following protocol/policy will be reviewed by the designees. The following have reviewed and understand the plan for the plan of correction for elopement and resident safety of a secured dementia resident(s) the below designees will ensure to implement and maintain compliance.

Administrator: [REDACTED]

Signature: _____ Date: _____

Maintenance Director, [REDACTED]

Signature: _____ Date: _____

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 03/26/2026)