

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

May 18, 2026

[REDACTED], OWNER/ADMINISTRATOR
SAUCON VALLEY MANOR II LLC
[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 04/16/2026 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]

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: L&I
 Type: I-1 Date: 06/01/2023 Issued By: Hellertown Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/16/2026

Inspection Dates and Department Representative

04/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 23
 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: 23
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/16/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/11/2026

05/15/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/18/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/20/2026

Inspections / Reviews *(continued)*

05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home’s written fire drill log lists the drill conducted on 8/10/26 at 10:04P.M., as the alarm went off due to a faulty smoke detector with the Hellertown Fire Department responding. The home did not report this incident to the department.

Plan of Correction

Accept (█ - 05/11/2026)

On August 10, 2026, at approximately 10:04 PM, the facility’s fire alarm activated due to a faulty smoke detector. The Hellertown Fire Department responded and cleared the alarm after confirming that there was no actual fire. Maintenance immediately replaced the faulty smoke detector and tested the alarm system to ensure proper functioning. Although the alarm activation was documented in the fire drill record, the Personal Care Home did not submit the required reportable incident to the Department.

During the inspection on April 16, 2026, the oversight was identified. Upon discovery, the Co Administrator immediately submitted the reportable incident to the Department.

Immediate action was taken and the late reportable incident was submitted to the Department on 4/16/26 by the Co-Administrator. Maintenance replaced the faulty smoke detector and tested the alarm system on the night of the incident. The Administrator reviewed the incident with staff to ensure understanding of reporting requirements. To ensure continued compliance the Administrator reviewed all reportable incident requirements with management and supervisory staff on 4/17/26. Maintenance will immediately notify Administration of any fire alarm activation, regardless of cause and for any alarm occurring outside of scheduled monthly fire drills that meets criteria for reporting, Administration will ensure the reportable incident is completed and submitted to the Department within 24 hours of receiving notification from Maintenance. In addition, Fire drill and fire alarm protocols and procedures were reviewed with all staff at the April mandatory training on 4/29/26 (see attached training sheet). It is the responsibility of Administration for maintaining any ongoing oversights to ensure compliance with reporting timelines and documentation standards.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented (█ - 05/18/2026)

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 11:14 a.m., damage to the outside exterior of the home near the resident patio of building 2 was observed with a softball sized hole, exposing metal netting material and missing brick overlay.

Plan of Correction

Accept (█ - 05/15/2026)

During the inspection, damage was observed on the exterior of the home, including an opening that exposed metal netting material and an area of missing brick overlay. Immediate action was taken, and the Maintenance Supervisor assessed the damaged area to ensure there were no immediate safety risks to residents or staff. The area was

100a - Exterior - Free of Hazards (continued)

secured and covered by Maintenance on 4/17/26 to prevent further deterioration until permanent repairs can be completed.(see attached photo)

City Line has scheduled the repair and is currently awaiting the necessary materials to complete the work. To ensure continued compliance, the Administrator has implemented a monthly exterior building inspection process. A checklist has been created for Maintenance to complete during each inspection to promptly identify and address any structural issues. Any structural concerns identified during these inspections will be immediately reported to Administration so that repairs can be scheduled and completed in a timely manner. (see attached checklist)

The Administrator and Maintenance Supervisor are responsible for ensuring that all repairs are completed and that ongoing monitoring of the building's exterior is maintained. Final repairs are scheduled to be completed by May 30, 2026.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented (█) - 05/18/2026

125a - Combustible Storage

3. Requirements

2600.

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

Description of Violation

At 9:30a.m., the first-floor dryer had a fabric softer sheet lying on the ventilation cord hose.

Repeat Violation 4/9/25

Plan of Correction

Accept (█) - 05/15/2026

Immediate action was taken, and the fabric softener sheet was removed promptly by Nursing at the time of the inspection. Maintenance then ensured that the area behind the dryer was fully cleared to confirm that no additional items were obstructing or contacting the ventilation hose. Med Aides and PCAs were reminded on 4/17/26 to check behind and around the dryer after each use to ensure the area remains free of debris.

To ensure continued compliance, a shelf will be installed by the Personal Care Home's Maintenance Department above the washer and dryer to prevent dryer sheets or other items from falling behind the units and landing on the ventilation hose. In addition to installing the shelf, the Maintenance Supervisor will add the laundry area to the monthly safety inspection checklist to ensure ongoing monitoring and compliance. In addition, Administration is checking laundry area daily during more walk around.

The Administrator and Maintenance Supervisor will be responsible for overseeing the installation of the shelf and ensuring that staff follow all proper safety procedures. The corrective action, including installation of the shelf, is scheduled to be completed by May 20, 2026.

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented (█) - 05/18/2026

132c - Fire Drill Records

4. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 7/25/25 does not include the number of staff who participated. The fire drill record for the drill conducted on 8/10/25 does not include the number of staff who participated or the time it to evacuate residents.

Plan of Correction

Accept () - 05/15/2026

During the review of the fire drill documentation at the time of inspection on April 16, 2026, it was identified that the fire drill logs dated July 25, 2025, and August 10, 2025, were incomplete. Required information—including the number of staff participating and the evacuation time—was missing from the records.

Immediate action was taken on 4/17/26 and the Administrator of the Personal Care Home reviewed the incomplete logs and ensured that all available information was added. A new fire drill log form was created to ensure all required fields are clearly listed and consistently completed. The updated fire drill log now includes all designated fields required by regulation, and an Administrator signature column has been added which will be used beginning with the May fire drill. (see attached fire drill record)

Following each fire drill, the Administrator will review the completed log to ensure that all required information is accurately documented and will sign off on the log as verification of completeness. Administration reviewed proper documentation requirements with Maintenance to reinforce expectations and ensure accuracy moving forward.

The Maintenance Director is responsible for entering accurate information into the fire drill log, and the Administrator is responsible for reviewing and signing off on each log to ensure full compliance with all fire drill documentation requirements.

All corrective actions have been implemented, and the new process has been fully in place as of May 4, 2026

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented () - 05/18/2026

132g - Fire Drills Days/Times

5. 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 routinely holds fire drills between the times of 6:28A.M. and 4:09P.M. as evidenced by the following drills:

- 5/28/25 3:23pm
- 6/5/25 at 6:28am
- 7/25/25 at 1:05pm
- 8/15/25 at 4:07pm
- 9/19/25 at 10:36am
- 10/17/25 at 9:43am
- 11/20/25 at 3:44pm
- 12/18/25 at 6:48am.

132g - Fire Drills Days/Times (continued)

1/28/26 at 10:05am
2/25/26 at 1:32pm
3/17/26 at 3:59pm

Plan of Correction**Accept ([REDACTED] - 05/15/2026)**

A review of the fire drill records during the inspection on April 16, 2026, showed that drills were consistently conducted at similar times of day. Immediate corrective action was taken and the Administrator reviewed the fire drill schedule on 4/17/26 and identified the need for greater variation in drill times. The Maintenance Director, who is responsible for conducting the drills, was informed of the requirement to rotate drill times across all shifts. To ensure compliance, a fire drill calendar was developed jointly by the Maintenance Director and the Administrator for each remaining month of the calendar year. (see attached) This calendar outlines the scheduled dates and times for upcoming fire drills and ensures that drills occur during mornings, afternoons, and evenings. In addition, a new fire drill log was created that includes a designated section for the Administrator's signature to verify accuracy of documentation and confirm that drills are being conducted at varied times which will be used beginning with the May fire drill. (see attached)

The Maintenance Director is responsible for ensuring that the established drill calendar is followed. The Administrator is responsible for reviewing and approving each fire drill log and ensuring that drills are conducted at appropriately varied times in accordance with regulatory requirements and all corrective actions have been implemented as of May 4, 2026.

Licensee's Proposed Overall Completion Date: 05/08/2026**Implemented ([REDACTED] - 05/18/2026)**