

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

September 14, 2026

[REDACTED]
SAUCON VALLEY MANOR INC
[REDACTED]
[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 08/05/2026 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: SAUCON VALLEY MANOR

License #: 20581

License Expiration: 05/14/2027

Address: 1050 MAIN STREET, HELLERTOWN, PA 18055

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: SAUCON VALLEY MANOR INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 11/13/2005

Issued By: Dept of L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 310

Waking Staff: 233

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/05/2026

Inspection Dates and Department Representative

08/05/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 201

Residents Served: 189

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 100

Residents Served: 70

Hospice

Current Residents: 18

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 188

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 121

Have Physical Disability: 2

Inspections / Reviews

08/05/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/07/2026

09/02/2026 - POC Submission

Submitted By:

Date Submitted: 09/11/2026

Reviewer:

Follow-Up Type: Document Submission Follow-Up Date: 09/11/2026

Inspections / Reviews (*continued*)

09/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report**1. Requirements**

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 5:23 p.m., Secured Dementia Care Unit (SDCU) resident [REDACTED] was observed touching the breasts of resident [REDACTED]. The incident, which occurred in the common room of the unit, was observed by staff person A. However, this event was not reported in accordance with the Older Adult Protective Services Act.

Repeated Violation: [REDACTED]

Plan of Correction**Accept [REDACTED] 09/02/2026)**

Immediate action was taken and Personal Care Administration filed a reportable incident form to the Department and the Area Agency on Aging while the inspector was on site. Staff person A, accidentally put the incident as a chart note and placed the information in the wellness medical chart as opposed to completing an internal incident report and informing Administration. Staff person A was spoken to by Administration on 8/6/26 on the importance of notifying Administration immediately and was also retrained on what is reportable in accordance with the Older Adult Protective Services Act. (Please see attached training). In addition, on 8/31/26 the unit clerk of the facility conducted a thorough audit of all SDCU wellness charts for any internal incident reports as well as any progress notes to ensure there were not any other unreported instances of resident-to-resident encounters that would have required reporting to the Older Adult Protective Services Act.

To ensure continued compliance, Administration and the unit clerk will do weekly audits of any progress notes as well as internal incident reports to ensure the personal care home remains in compliance with 2600.15a. This will be completed for the next 60 days beginning on 9/1/26. In addition, Administration will meet with each department to re- review The Older Adult Protective Services Act throughout the week of 9/7/26. It will be the responsibility of Administration to ensure weekly audits are being completed as well as the re- training with staff.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented [REDACTED] - 09/14/2026)**16c - Written Incident Report****2. 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

On [REDACTED] at approximately 5:23 p.m., Secured Dementia Care Unit (SDCU) resident [REDACTED] was observed touching the breasts of resident [REDACTED]. The incident, which occurred in the common room of the unit, was observed by staff person A. The home did not report this incident to the department.

16c Written Incident Report (continued)

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/02/2026)

Immediate action was taken and Personal Care Home Administration filed a reportable incident form to the Department and the Area Agency on Aging while the inspector was on site. Staff person A, accidentally put the incident as a chart note and placed the information in the wellness medical chart as opposed to completing an internal incident report and informing Administration. Staff person A was spoken to by Administration on 8/6/26 on the importance of notifying Administration immediately and was also retrained on what is reportable in accordance with The Bureau of Human Services Licensing. (Please see attached training). In addition, on 8/31/26 the unit clerk of the facility conducted a thorough audit of all SDCU wellness charts for any internal incident reports as well as any progress notes to ensure there were not any other unreported instances of resident to resident encounters that would have required reporting to the Department.

To ensure continued compliance, Administration and the unit clerk will do weekly audits of any progress notes as well as internal incident reports to ensure the personal care home remains in compliance with 2600.16c. This will be completed for the next 60 days beginning on 9/1/26. In addition, Administration will meet with each department to re review reportable incidents as required by the Department throughout the week of 9/7/26. It will be the responsibility of Administration to ensure weekly audits are being completed as well as the re training with staff.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented [REDACTED] - 09/14/2026)

17 - Record Confidentiality**3. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:45 a.m., an open unlocked computer was observed on top of the medication cart located in the common area of Secured Unit D. The laptop was unlocked, unattended and accessible, and the medication record for resident [REDACTED] was displayed on the screen.

At approximately 2:12 p.m. an open unlocked computer was observed on top of the medication cart located in the A Floor Personal Care common area near the Secured Unit A entrance door. The laptop was unlocked, unattended and accessible to resident records.

Plan of Correction

Accept [REDACTED] - 09/02/2026)

Immediate action was taken and both laptops were immediately closed BY Nursing and locked upon discovery at

17 - Record Confidentiality (continued)

9:45 a.m. and 2:12 p.m.

To ensure continued and on-going compliance with regulation 2600.17 beginning the week of 8/31/26, the Administrator of the Personal Care Home or a designee assigned by the Administrator will conduct random, unannounced weekly facility-wide sweep of all medication carts across all personal care floors and secured units to ensure no other electronic devices or paper records were left unlocked, unattended, or visible to the public for a period of 60 days. For any records left unlocked, unattended or visible to the public, the Administrator or designee assigned by the Administrator will re-train the Med-Aide on site and disciplinary action will be taken. In addition, stickers were placed on all lap tops which state "Lock Screen before leaving cart" on all laptops on the Med Carts as a reminder to the Med Aides. It will be the responsibility of the Administrator to ensure on-going continued compliance.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented [REDACTED] 09/14/2026)

224a - Preadmission Screen Form**4. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED]'s prescreening form did not include the date the screening was completed.

Plan of Correction

Accept [REDACTED] - 09/02/2026)

Immediate action was taken and a designee assigned by the Administrator immediately reviewed Resident # [REDACTED] medical record and preadmission file. The missing date of completion for Resident # [REDACTED]'s prescreening form was verified along with Resident [REDACTED] assessment and admission date. The correct completion date was added and signed by the assessor to ensure the preadmission screen is accurate and complete.

To ensure ongoing continued compliance with regulation 2600.224a The facility's admission protocol was revised to which the Quality Management Director will review all incoming preadmission screens to ensure accuracy and completion. For any pre-admission screening that has incomplete or missing information, the pre-admission screen will be returned to the assessor for completion. In addition, The Quality Management Director or a designee assigned by the Director will review all resident files to ensure each file has a completed preadmission screen. This audit will be completed monthly 50 % of the resident records will be checked each month for a period of 60 days. The audit results will then be reported to the Administrator. It will be the responsibility of the Quality Management Director to ensure continued compliance with regulation 2600.224a

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented [REDACTED] - 09/14/2026)

234a - Admission Support Plan**5. Requirements**

234a Admission Support Plan (continued)

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

On [REDACTED], the home did not have the initial assessment and support plan for Resident [REDACTED] which was required to be completed by [REDACTED].

Repeated Violation [REDACTED]

Plan of Correction**Accept [REDACTED] 09/02/2026)**

• Immediate action was taken and on August 5, 2026, immediately upon identification that the RASP was missing the Administrator assigned a designated staff member to complete the initial assessment and Support Plan for Resident [REDACTED]. The RASP was signed and dated by all required parties and placed in Resident [REDACTED]'s active medical chart to achieve immediate compliance.

To ensure ongoing continued compliance, beginning on 9/1/26 The Quality Management Director or a designee assigned by the director will audit 100% of all new admission charts monthly for the 60 days to verify that initial assessments and support plans are completed, signed, and filed within 30 days of admission. The audits will then be reviewed with the Administrator. It will be the responsibility of the Quality Management Director to ensure that all resident Assessment and Support Plans are being completed as required by regulation 2600.234a

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented [REDACTED] - 09/14/2026)