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

October 13, 2026

[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 08/25/2026 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: [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**: *311* **Waking Staff**: *233*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *08/25/2026*

Inspection Dates and Department Representative

08/25/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *201* **Residents Served**: *193*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *100* **Residents Served**: *100*

Hospice

Current Residents: *19*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *192*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *118*

Have Physical Disability: *2*

Inspections / Reviews

08/25/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/25/2026*

10/05/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/07/2026*

Inspections / Reviews *(continued)*

10/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15b - Supervisor Plan

1. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] Resident [redacted] disclosed to staff during a care meeting that Staff person A used the 'F-Word' in the resident's room. There was not a plan of supervision put into place and approved by the Department before the staff person returned to work.

Plan of Correction ***Accept [redacted] 10/05/2026)***

Immediate action was taken and Staff Person A was suspended pending internal investigation by Administration. Allegation was reported to the Bureau of Human Services Licensing and the Area Agency on Aging. At the time of investigation, Staff Person A did admit to using the F-word in Resident [redacted] room but [redacted] explained that the language was said out of frustration. Staff person A realized what they had said and asked for another staff person to assist Resident [redacted] care. Administration did inform that Staff Person A would be permitted to return to work however [redacted] would be removed from their current floor where Resident [redacted] resides and [redacted] would no longer be assigned to that area. Staff person A was also informed that prior to [redacted] returning to work that [redacted] must complete sensitivity training with Human Resources. Area Agency on Aging did come to the Personal Care Home on 8/7/2026 and spoke with Resident [redacted] as well as Administrator, nursing staff and Staff Person A. Although Personal Care Home did not submit a Plan of Supervision to the Department, the Personal Care Home acted quickly, reported the allegation to the Department as well as the Area Agency on Aging and established a plan for Staff Person A to return to work without it negatively impacting Resident [redacted] Staff Person A completed sensitivity training with HR on 8/10/26 and Area Agency on Aging was updated on that training. (see attached training and email communication with the Aging office). In addition to the sensitivity training that was provided to Staff Person A on 8/10/26, additional training was provided by Human Resources to Staff Person A on 8/21/26 and 8/28/26 which included Resident Rights, Dignity and Respect and the Older Adult Services Protective Act. (see attached training)

To ensure the safety of the residents as well as to ensure compliance of regulation 2600.15 the Personal Care Home has implemented the following:
1. Beginning the week of 8/31/26 the Administrator or designee assigned by the Administrator as well as the Unit Clerk are reviewing all incident reports and progress notes on a weekly basis. This will continue for the next 60 days ending the week of 10/26/26 (see attached).
2. During the week of 9/7/26 training was held throughout the week to refresh all staff on the Older Adult Services Protective Act as well as Reportable incidents (see attached)
3. The Personal Care Home has created a new policy on 9/15/26 which outlines the procedures for staff at the Personal Care Home when there is an allegation of abuse involving a staff member (see attached policy)
4. In addition to the policy a Plan of Supervision Form was also created to be used and completed by Administration or Human Resources if/when there is an allegation of resident abuse which involves a staff member. This plan of supervision form will be sent to the Department for their review and approval prior to the employee being able to return to their work duties. (see attached)
It will be the responsibility of Administration and Human Resources to ensure any plan of supervision is established, approved by the department and enforced.

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented [redacted] - 10/13/2026)

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], Resident [redacted] disclosed to staff during a care meeting that Staff person A used the 'F-Word' in the resident's room. This incident was not reported to the Department until [redacted]

Repeated Violation [redacted]

Plan of Correction ***Accept ([redacted] - 10/05/2026)***

Immediate action was taken and Administrator of the Personal Care Home contacted the Protective Services Hotline number to give report and to see if the facility was required to submit an Act 70 form. Administrator was informed that their computer services were down and that Personal Care Home would receive a call back when the system was up and running. Once Personal Care Home received call back from the Aging office and was informed to complete an Act 70, the Personal Care Home then submitted the reportable incident to the Department. At the time of the inspection on 8/25/26 the Administrator of the Personal Care Home did show the inspectors their call log showing the calls that were made to Protective Services (Area Agency on Aging). Although the home did not send the report to the Department until 8/6/26 the Personal Care Home acted quickly and immediately began an internal investigation, contacted services to report the allegation, suspended Staff Person A while internal investigation was completed and established a plan for Staff Person A to return to work without it negatively impacting Resident [redacted] and then submitted the incident report to the Department once the Personal Care Home had all the information and could include a copy of the Act 70 with the reportable incident form.

To ensure continued compliance, Administrator or designee assigned by the Administrator as well as the unit clerk are doing weekly audits of any progress notes as well as internal incident reports to ensure the personal care home remains in compliance with 2600.16c and are sending any reportable incidents to the Department within the required time as per Regulation 2600.16c This audit began the week of 8/31/26 and will continue weekly for the next 60 days ending the week of 10/26/26. (see attached)
In addition, Administration met with all departments to re- review reportable incidents as required by the Department throughout the week of 9/7/26. (see attached sign in sheets)
It will be the responsibility of Administration to ensure weekly audits are being completed and ensure that all reportable incidents are being sent to the Department as per Regulation 2600.16c

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented [redacted] - 10/13/2026)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 9:20 p.m. Staff person A went into Resident [redacted] room to render care. As the staff person

42c - Treatment of Residents (continued)

*was getting ready to assist the resident, Resident [redacted] said "don't abuse me" Staff person A responded with "I'm not *ucking doing this" and walked out of the resident's room.*

Plan of Correction ***Accept [redacted] - 10/05/2026)***

Immediate action was taken and Staff Person A was suspended pending internal investigation by Administration. Allegation was reported to the Bureau of Human Services Licensing and the Area Agency on Aging. At the time of investigation, Staff Person A did admit to using the F-word in Resident [redacted]s room but [redacted] explained that the language was said out of frustration. Staff person A realized what they had said and asked for another staff person to assist Resident [redacted]s care. Administration did inform that Staff Person A would be permitted to return to work however [redacted] would be removed from their current floor where Resident [redacted] resides and [redacted] would no longer be assigned to that area. Staff person A was also informed that prior to [redacted] returning to work that [redacted] must complete sensitivity training with Human Resources. Area Agency on Aging did come to the Personal Care Home on 8/7/2026 and spoke with Resident [redacted] as well as Administrator, nursing staff and Staff Person A. The Personal Care Home acted quickly, reported the allegation to the Department as well as the Area Agency on Aging and established a plan for Staff Person A to return to work without it negatively impacting Resident [redacted] Staff Person A completed sensitivity training with HR on 8/10/26 and Area Agency on Aging was updated on that training. (see attached training and email communication with the Aging office). In addition to the sensitivity training that was provided to Staff Person A on 8/10/26, additional training was provided by Human Resources to Staff Person A 8/21/26 and 8/28/26 which included Resident Rights, Dignity and Respect and the Older Adult Services Protective Act. (see attached training)

To ensure the safety of the residents at the Personal Care Home as well as to ensure Implemented the following:

1. During the week of 9/7/26 training was held throughout the week to refresh all staff on the Older Adult Services Protective Act as well as Reportable incidents (see attached)

2. Beginning on 9/18/26 for a period of 60 days the Administrator or designee assigned by the Administrator will meet with 10 residents at the Personal Care Home weekly. The Administrator or designee will ask the residents open ended questions regarding their interactions with staff, privacy during care and general respectful treatment. These visits will be documented on a Resident Interview Log that was created by the Personal Care Home. (see attached). If there are any concerns identified during these resident interactions, Administration will meet to establish an immediate action plan, staff counseling or additional training if applicable and any disciplinary action.

It will be the responsibility of Administration to ensure that the weekly resident interviews are being completed and any concerns addressed immediately.

Licensee's Proposed Overall Completion Date: *11/16/2026*

Implemented [redacted] - 10/13/2026)