



JUL 27 2017

Ms. Nimita Kapoor-Atiyeh,
President/Administrator
Saucon Valley Manor, Inc.
1050 Main Street
Hellertown, Pennsylvania 18055

RE: Saucon Valley Manor
License #: 226450

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Human Services' annual licensing inspection on June 7, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

ALR Name: Saucon Valley Manor	License Number: 226450
Address: 1050 Main Street Hellertown, Pennsylvania 18055	County: Northampton
Administrator: Nimita Kapoor-Atiyeh	
Legal Entity Name: Saucon Valley Manor Inc.	
Legal Entity Address: 1050 Main Street Hellertown, Pennsylvania 18055	
Certificate(s) of Occupancy: I-2 11/13/15 Borough of Hellertown	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal Inspection	
On-Site Inspections Dates and Department Representatives On-Site: 06/07/2017 Jesse Hummel, Amy DeLuca	
Off-Site Inspection Dates and Inspectors, if Applicable:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 22 Number of Residents Served: 13 Secured Dementia Care Unit in Home: NA Area: NA Secured Unit Capacity, if Applicable Number of Residents Served in Secured Dementia Care Unit, if applicable: NA Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 2

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 182b – Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence. (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence. (4) A staff person who has completed the medication administration training as specified in 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Violation

Direct care staff person A regularly administers medication to residents. The staff persons Medication Administration Training Annual Practicum indicates that the staff person was recertified to continue administering medications on 9/2016, however the staff person had only one of the two required medication administration observations completed. Both medication administration observations are required to be completed in order to continue administering medications.

Plan of Correction

Preparation and submission of this plan of correction does not constitute an admission or agreement by the personal care home of the truth of facts or of the correction of the conclusion set forth on the License Inspection Summary. This plan of correction is prepared and submitted to meet the requirements under state law. The personal care home reserved any and all applicable rights to appeal pursuant to 55 Pa. Code §et. Seq. and §2600.263.

Please note the signature was corrected at the time of the inspection and the review was done in the time frame and proof of that was also given at the time of the inspection but it was just not signed off that it was completed.

To ensure continued compliance with this regulation our EMAR/Administrator/ Med Trainer will be checking and re-checking to ensure all Medication Administration Observations, which are being done, are signed off as well as indicated in the regulation.

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Nimita Kapoor - Attorney, Administrator & President</u>	
Signature of Legal Entity Representative (Required on all pages) <u>[Signature]</u>	Date <u>6/21/17</u>
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6-27-17</u> (Date)	Plan of correction implementation status as of <u>6-27-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented