



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2018

Ms. Nimita Kapoor-Atiyeh
Co- Administrator, President
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's Bureau of Human Services Licensing annual inspection on June 5, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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,

Jacqueline L. Rowe
Director

Enclosure
License 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 Maint Street Hellertown, Pennsylvania 18055	
Certificate(s) of Occupancy: 1-2 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: 06/05/2018 Gerald Dumas, Ryan Novak	
Off-Site Inspection Dates and Inspectors, if Applicable:	
Resident Demographic Data of Inspection Dates	
Licensed Capacity: 22 Number of Residents Served: 16 Secured Dementia Care Unit in Home: NA Area: NA Secured Unit Capacity, if applicable: 0 Number of Residents Served in Secured Dementia Care Unit, if applicable: NA Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 years of Age or Older: 0 Have Mental Illness: 0 Have an intellectual disability: 0 Have a Mobility Need: 14 Have a disability: 1

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation 185a- The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Violation
Resident # 1's glucometer is not calibrated to the correct date and time.

Plan of Correction

Preparation and submission of this plan of correction does not constitute an admission or agreement by the Assisted Living 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 the state law. The Assisted Living Home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §20 2et. Seq and §2600.263!

A new glucometer was issued at the expense of the facility and immediately calibrated upon use for Resident #1.

To ensure continued compliance with this regulation all glucometers will be calibrated per manufacturer's instructions at the time of initial use. Glucometers will be checked on a weekly basis by Med Aides. Audits of glucometers will be completed on a monthly basis by Administration along with Med Trainer and Resident Care Coordinator to ensure that all glucometers have been calibrated properly as per manufacturer's instructions.

The Administrator will oversee to ensure ongoing compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Date

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 7-18-18
(Date)

- ☐ Fully Implemented
- ☒ Partially Implemented – Adequate Progress
- ☐ Partially Implemented – Inadequate Progress
- ☐ Not Implemented