

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

September 18, 2025

[REDACTED], VICE PRESIDENT
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
[REDACTED]
[REDACTED]

RE: RITTENHOUSE VILLAGE AT LEHIGH
VALLEY
1263 S CEDAR CREST BOULEVARD
ALLENTOWN, PA, 18103
LICENSE/COC#: 22301

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2025, 08/14/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY License #: 22301 License Expiration: 08/23/2026
 Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103
 County: LEHIGH Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: 1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 03/07/2016 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 112 Waking Staff: 84

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/14/2025

Inspection Dates and Department Representative

08/13/2025 - On-Site: [REDACTED]
 08/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 110 Residents Served: 76
 Secured Dementia Care Unit
 In Home: Yes Area: 1st floor Capacity: 34 Residents Served: 23
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 36 Have Physical Disability: 1

Inspections / Reviews

08/13/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/13/2025

09/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/17/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/17/2025

Inspections / Reviews *(continued)*

09/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's License Inspection Summary report dated 7/2/24 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 09/12/2025)

- 1. The current inspection summary was immediately posted at the time of inspection by the Executive Director.
- 2. Business office Director in-serviced by the Executive Director on 9/10/2025 regarding 2600.3c
- 3. The Executive Director will review the inspection summary binder that is posted and sign off for compliance for 2600.3c
- 4. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented ([redacted] - 09/18/2025)

51 - Criminal Background Check

2. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted]. The home did not request a criminal background check until [redacted].
Staff person B was hired on [redacted]. The home did not request a criminal background check until [redacted].

Plan of Correction

Accept ([redacted] - 09/12/2025)

- 1. Business Office Director in-serviced by the Executive Director on 9/10/2025 regarding 2600.51
- 2. All newly hired staff members will not start day one of employment until the Business Office Director and Executive Director sign off on the employment file that includes the background check to ensure compliance with 2600.51
- 3. Business Office Director to audit 10% or staff files every two weeks for eight starting on 9/15/25 to ensure compliance with 2600.51.
- 4. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented ([redacted] - 09/18/2025)

82a - Poisonous Materials

3. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials (continued)

Description of Violation

At approximately 9:30 a.m. there was a Zep spray bottle found in a closet on 3rd floor containing an unidentified yellow liquid. The Zep spray bottle was not the original container for the yellow liquid and did not have a manufacturer's label on it identifying the contents of the bottle.

Plan of Correction

Accept (█ - 09/12/2025)

1. The Zep spray bottle was immediately disposed of at the time of the inspection.
2. The Maintenance Director and Housekeepers to be inserviced on 2600.82a
3. All new spray bottles with the manufacture's label ordered on 9/10/25
4. Maintenance Director to audit housekeeping carts every two weeks for eight weeks starting on 9/15/25. to ensure compliance with 2600.82.a
5. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented (█ - 09/18/2025)

181d - Storing Medication

4. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in their room. At 11:15 a.m., Resident #1 stated during an interview that they do not have a lock box and do not lock their door when exiting their room.

Plan of Correction

Accept (█ - 09/12/2025)

1. A lockbox was immediately provided to resident #1 at the time of the inspection.
2. Director of Health and Wellness and nursing staff inserviced on 2600.181.d on 9/10/11/2025 by Executive Director.
3. Audits will be completed by Director of Health and Wellness every two weeks for eight weeks starting on 9/15/2025 to ensure compliance with 2600.181.a
4. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/11/2025

Implemented (█ - 09/18/2025)

185a - Implement Storage Procedures

5. Requirements

2600.

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

Description of Violation

Resident #2 has an order for Ondansetron 4mg, one tablet every 8 hours as needed. The medication was not available in the home to administer if needed.

Plan of Correction

Accept (█ - 09/12/2025)

1. Medication was immediately ordered from the pharmacy.

185a - Implement Storage Procedures (continued)

- 2. Medication Technician staff inserviced by Director of Health and Wellness on 9/11/25 regarding 1600.185.a
- 3. Director of Health and Wellness to audit med carts every two weeks for eight weeks starting on 9/15/2025 to ensure compliance with 2600.185.a
- 4. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/11/2025

Implemented (█) - 09/18/2025)

187d - Follow Prescriber's Orders

6. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 has an order for Midodrine 5mg, one tablet 3 times daily before meals, none after 6 p.m. *Hold for Systolic blood pressure greater than 160. On 8/3/25 the medication was administered at 6:23 p.m. and on 8/12/25 the medication was administered at 7:33 p.m.

Plan of Correction

Accept (█) - 09/12/2025)

- 1. Medication Technician staff inserviced by Director of Health and Wellness on 9/11/25 regarding 1600.187.d
- 2. Director of Health and Wellness to audit med carts every two weeks for eight weeks starting on 9/15/2025 to ensure compliance with 2600.187.d
- 3. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/11/2025

Implemented (█) - 09/18/2025)

225c - Additional Assessment

7. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 - 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 4's assessment, dated 03/04/2025, does not include special diet information.

Resident 5's assessment, dated 09/05/2025, does not include a significant change when resident was switched from a mechanical soft diet to a pureed diet.

Resident #5 utilizes a bedside mobility device. Resident #5's assessment, dated 09/05/2025, does not include the specific need for a bedside mobility device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, or the identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 09/12/2025)

- 1. Resident # 4 and 5 RASP's were updated on 8/15/2025 by the Director of Health and Wellness.
- 2. Director of Health and Wellness and Resident Care Coordinator inserviced on by Executive Director on 9/11/2025 regarding 2600.225c

225c - Additional Assessment (continued)

- 3. Director of Health and Wellness to audit 10% of resident RASP's every two weeks for eight weeks starting on 9/15/2025 to ensure compliance with 2600.225.c
- 4. Executive Director to monitor.

Licensee's Proposed Overall Completion Date: 09/11/2025

Implemented (█ - 09/18/2025)