Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

September 23, 2025

[redacted]
RIVERTON OPERATOR LLC
[redacted]

RE: RIVERTON ENHANCED SENIOR LIVING
803 NORTH WAHNETA STREET
ALLENTOWN, PA, 18109
LICENSE/COC#: 23044

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *RIVERTON ENHANCED SENIOR LIVING* **License #**: *23044* **License Expiration**: *01/24/2026*

Address: *803 NORTH WAHNETA STREET, ALLENTOWN, PA 18109*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *RIVERTON OPERATOR LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/05/1983* **Issued By**: *DLI*

Type: *C-2 LP* **Date**: *07/25/1999* **Issued By**: *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *07/30/2025*

Inspection Dates and Department Representative

07/30/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served**: *69*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *47*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

07/30/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/01/2025*

09/16/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/19/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/18/2025*

Inspections / Reviews *(continued)*

09/23/2025 Document Submission

Submitted By: [redacted]

Date Submitted: *09/19/2025*

Reviewer: [redacted]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident [redacted] is prescribed the following medications: [redacted] 1 tablet by mouth daily, [redacted] chew 81 mg, 1 tab by mouth daily, Daily- [redacted] 1 tab by mouth daily , [redacted] tab, 1 tab by mouth daily, [redacted] units/ml 3 ml – inject 15 units daily, [redacted] 40 mg 1 tab by mouth daily, [redacted], 25 mg 1 tab by mouth daily, [redacted] 40 mg, 1 tab by mouth daily and [redacted] 100 mg tablet, 1 tab by mouth 2 times a day. However, resident [redacted] was not administered these medications on [redacted]

Resident [redacted] is prescribed the following medications: [redacted] 200 mg tab by mouth daily, hold for SBP <100 or HR <60. However, on [redacted] and [redacted] Resident [redacted] was not administered this medication.

Repeat Violation.[redacted]

Plan of Correction ***Accept ([redacted] - 09/16/2025)***

1. On 7/30/25 Community leadership submitted a reportable event cited during complaint survey as 187d Medication error.
2. Residents' involved POA and MD were notified.
3. Education provided to Wellness Director and Lead Med Tech by Executive Director on the importance of confirming and discontinuing orders with correct start/stop dates.
4. The Wellness Director completed an audit of current resident EMARs to verify administration documentation was completed.
5. Audits will be conducted 2x/week on current residents' orders beginning 08/11/2025 by Wellness Director or designee.
6. After 10/11/2025 audits will be conducted 1x/week. To be completed by 11/11/25.
7. The Wellness Director or designee will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

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

Implemented [redacted] - 09/23/2025)