



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 4, 2011

Ms. Connie L. Bills, Administrator
Cedar Park Assisted Living, LLC
4161 Walter Road
Bethlehem, Pennsylvania 18020

RE: Abington Manor at Morgan Hill
215 Cedar Park Boulevard
Easton, Pennsylvania 18042

Dear Ms. Bills:

As a result of the Department of Public Welfare's licensing inspection on August 2, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Bob Bisignani

Regional Licensing Administrator

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Abington Manor at Morgan Hill, 215 Cedar Park Boulevard, Easton, Pennsylvania, 18042		CURRENT LICENSE NUMBER 219620	
INSPECTION DATE(S) (Include all dates of the inspection) August 2, 2010		REGIONAL REPRESENTATIVE Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Chris Hill</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 9-30-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following: (10) Mobility assessment, updated annually or at the Department's request.	The most recent medical evaluation, completed 5/7/10, states resident #1 walks without assistance. Resident #1 was admitted to the home on 6/30/09 and required two persons to assist with all transfers. It is approximated that in February 2010, the resident began to require three staff persons to assist with all transfers. Resident #1 was determined to be an individual with mobility needs which was not properly documented on the resident's most recent medical evaluation.	9/14/10	Resident #1 was discharged from facility at time of complaint. In the future the Administrator, D.O.W. and Marketing Director will review the Medical Evaluation upon admission and any follow-up evals. Marketing Director will be responsible for admission MASS which will be reviewed by Adm. Follow-up med evals will be DOW responsibility which will be reviewed by Adm. (see attachments) A+B+D	Steps have been taken to correct violation; full compliance is not verifiable Date: 9-30-10 Initials (DPW): <i>AW</i>

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SEP 20 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Abington Manor at Morgan Hill, 215 Cedar Park Boulevard, Easton, Pennsylvania, 18042		CURRENT LICENSE NUMBER 219620	
INSPECTION DATE(S) (Include all dates of the inspection) August 2, 2010		REGIONAL REPRESENTATIVE Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Carrie Zell</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-30-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Staff person A, who is the administrator, and direct care staff approximated that in February 2010, resident #1 began to require full assistance by staff to complete all ADL services. The home did not complete a new medical evaluation as a result of the resident's significant change in status.	9/14/10	Resident #1 was discharged from facility at time of complaint. In the future, the Administrator and DOW will be responsible for updating any change in condition MA55. DOW will be responsible for MS visit + having medical evaluation completed. Administrator will be responsible for reviewing all updated MA55 and if any discrepancies occur - DOW will be responsible for having MS adjust level. (See attachment c) * F	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-30-10</p> <p>Date Initials (DPW)</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Abington Manor at Morgan Hill, 215 Cedar Park Boulevard, Easton, Pennsylvania, 18042		CURRENT LICENSE NUMBER 219620	
INSPECTION DATE(S) (Include all dates of the inspection) August 2, 2010		REGIONAL REPRESENTATIVE Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Conie Hill</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harney</i>	DATE 9-30-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Staff person A, who is the administrator, and direct care staff approximated that in February 2010, resident #1 began to require full assistance by staff to complete all ADL services. The home did not complete a new assessment as a result of the resident's significant change in status.	9/14/10	resident #1 was discharged from facility at time of complaint. In the future, the Administrator and SOW will be responsible for updating any changes in assessment whether it be significant change in condition, annually, or at the request of DPW. SOW will be responsible for completing Assessment, Administrator will be responsible for reviewing Assessment. (see attachment c) JE	Steps have been taken to correct violation; full compliance is not verifiable 9-30-10 JE Initials (DPW)

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SEP 20 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing