





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 08 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

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 September 20, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

|   |                        |  |                         |
|---|------------------------|--|-------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>Abington Manor At Morgan Hill, 215 Cedar Park Boulevard Easton, PA 18042  |                        | CURRENT LICENSE NUMBER<br>219620   |                         |
| INSPECTION DATES (Include all dates of the inspection)<br>09/20/2010  |                        | REGIONAL REPRESENTATIVE<br>Gerald Dumas, Michele Moskalczyk                |                         |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><i>Connie L. Bills Lpn, etc. Administrator</i> |                        |  |                         |
| SIGNATURE OF LEGAL ENTITY<br><i>Connie Hill Lpn etc</i>   | DATE<br><i>11/4/10</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Jason Lawrence</i> | DATE<br><i>11-16-10</i> |

| REGULATION<br>55 Pa.Code §2600  | VIOLATION  | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | DATE COMPLIANCE VERIFIED BY |
|---|--|-----------------------------|--|-----------------------------|
| 107c<br>The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents. | On 9/24/10, the home had 56 residents, with only 96 gallons of emergency drinking water on hand. The home requires a total of 168 gallons of emergency drinking water to be on hand (1 gallons of water/day for each resident for 3 days) or a contract with a water supply company to deliver that amount in the event of an emergency. | <i>11/9/10</i>              | <i>administrator contacted new water supply company that would deliver on supply immediately + give us enough water to meet the required 3 gals / person. (1 gal / resident for 3 days)<br/>see attached letter.</i> | <i>11-16-10</i>             |

**RECEIVED**

NOV 15 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

Original

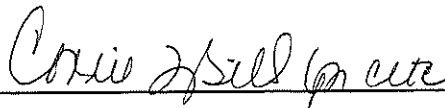
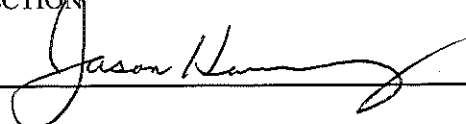
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| SIGNATURE OF LEGAL ENTITY<br><i>Cornie Z. Halloran</i>  | DATE<br>11/4/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>[Signature]</i> | DATE<br>11-16-10 |

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| 141a<br>The medical evaluation shall include the following:<br>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.<br>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.<br>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.<br>(4) Special health or dietary needs of the resident.<br>(5) Allergies.<br>(6) Immunization | Resident # 1 medical evaluation, dated 1-14-10, under the medication section stated "see attached". The attachment was dated 1-18-10.<br>Resident # 2 medical evaluation, dated 7-18-10, the attachment with resident's medications was dated 7-26-10.<br>Resident # 3 medical evaluation, dated 6-8-10, under the medication section stated "see attached", however the attachment was not signed by the resident's doctor. | 10/26/10                    | <ol style="list-style-type: none"> <li>1) Administrator added to Admission Notification that all admission MARS will be rechecked by me</li> <li>2) Inservice Director of Marketing regarding completeness of all admission MARS's. Inservice included all areas to be filled &amp; signatures + proper dating.</li> <li>3) Administrator wrote new policy + procedure re: completeness + timeliness of annual + change in condition MARS.</li> <li>4) Dow will be responsible all annual + change in condition MARS's.</li> <li>5) Administrator will be responsible for all rechecks of MARS's.</li> <li>6) Administrator will do all chart audits quarterly.</li> </ol> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 11-16-10<br/>Initials (DPW): <i>[Signature]</i></p> |

7) Administrator will get Residents #1, 2 & 3 medication updated for compliance.

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| history.<br>(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.<br>(8) Body positioning and movement stimulation for residents, if appropriate.<br>(9) Health status.<br>(10) Mobility assessment, updated annually or at the Department's request. |           |                             |   | See<br>Previous<br>Page     |

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| SIGNATURE OF LEGAL ENTITY<br><i>Cornie Zdzienicka</i>   | DATE<br>11/4/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Jason Hennessey</i> | DATE<br>11-16-10 |

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| 144b<br>The home rules shall specify whether the home is designated as smoking or non-smoking. | The home rules do not indicate whether or not smoking is permitted. | 10/1/08                     | <p><i>This rule has been in effect since this date - from our Sept '08 Inspection.</i></p> <p><i>Please see attached sheets. These include: The converted Home Rule from 10/08, the resident contract + a copy of stated inspection</i></p> | 11-16-10 <i>JJ</i>          |

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| SIGNATURE OF LEGAL ENTITY<br><i>Craig Bell for us</i>   | DATE<br>11/4/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Jason H...</i> | DATE<br>11-16-10 |

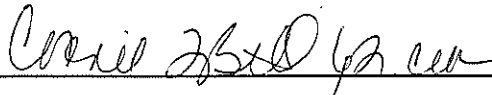
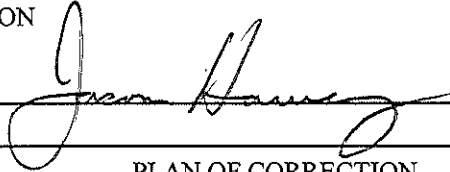
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| 144c2<br>The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. | On 9/20/10, residents were observed smoking at an outdoor smoking receptacle, which is located in a common walkway leading to the home's front entrance . | 11/4/10                     | <p>Administrator spoke to the 3 residents that are smokers + reminded them of where the designated smoking area is located. Instructed residents they must smoke in that area + not in front of the building.</p> <p>Administrator + LW Designee will check daily that residents are smoking only in the designated smoking area.</p> | <p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 11/16/10<br/>Initials (DPW): <i>[Signature]</i></p> |


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| 183d<br>Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. | The home's policy on insulin administration is that insulin vials are dated when first opened.<br>Resident # 4: Novolog and Lantus vials were both opened but were not dated as to when they were first used.<br>Resident # 5: Humulin vial was opened but not dated as to when it was first used.<br>Manufacture's instructions for the listed insulins state that they are to be discarded 28 days after first being opened. | 10/1/10                     | <ol style="list-style-type: none"> <li>1) stickers were obtained + placed on all new vials of Insulin by the DOW. The stickers are to reflect the date vial was opened + the date (28 days later) the insulin will be expired.</li> <li>2) a new written policy + procedure was in place by the Administrator + the DOW was made aware of new policy.</li> <li>3) Administrator made a checklist for Insulin vials that the DOW must fill out + return to the Administrator after each month for QA</li> <li>4) med-techs, with the DOW's supervision + checking, will be responsible for dating + checking the Insulin vials accordingly</li> <li>5) please see attached forms</li> </ol> | 11-16-10 <i>J</i>           |

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| 187a<br>A medication record shall be kept to include the following for each resident for whom medications are administered:<br>(1) Resident's name.<br>(2) Drug allergies.<br>(3) Name of medication.<br>(4) Strength.<br>(5) Dosage form.<br>(6) Dose.<br>(7) Route of administration.<br>(8) Frequency of administration.<br>(9) Administration times.<br>(10) Duration of therapy, if applicable.<br>(11) Special | The medication administration record for the following residents was not maintained. The following dates were left blank on the MAR's.<br>Resident # 6 , 9-19-10 Diovan Hct 160mg tab 8AM.<br>Resident # 7 , 9-17-10 and 9-19-10 at 8pm Metoprolol 50mg not signed.<br>Resident # 8, 9-17-10 and 9-19-10 at 10pm, Metoprolol 50mg.<br>Resident # 9, 9-19-10 8am, Lisinopril 10mg not signed. | 10/1/10                     | <ol style="list-style-type: none"> <li>1) Administrator wrote new policy + procedure regarding completeness of resident MAR's.</li> <li>2) The DOW + Administrator will be responsible for completeness + documentation of MAR's + flow sheets.</li> <li>3) DOW was made aware of new policy + procedure + flow sheet.</li> <li>4) DOW will be responsible for any further training needed to med-techs by DOW certified trainer.</li> <li>5) DOW will be responsible for reporting any med errors that might be incurred.</li> <li>6) Administrator will track all med errors to look for patterns + needed discipline action.</li> </ol> | <p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 11-16-10<br/>Initials (DOW) </p> |

7) please see attached forms

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| SIGNATURE OF LEGAL ENTITY<br><i>Conni Zballe, RN</i>  | DATE<br>11/4/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Joan Henry</i> | DATE<br>11-16-10 |

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| precautions, if applicable.<br>(12) Diagnosis or purpose for the medication, including pro re nata (PRN).<br>(13) Date and time of medication administration.<br>(14) Name and initials of the staff person administering the medication.             |           |                             |   | <i>See previous page</i>    |
| <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">NOV 15 2010</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE<br/>Adult Residential Licensing</div> |           |                             |   |                             |