

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CEDAR PARK ASSISTED LIVING, LLC
LEGAL ENTITY

To operate ABINGTON MANOR AT MORGAN HILL
NAME OF FACILITY OR AGENCY

Located at 215 CEDAR PARK BOULEVARD, EASTON, PA 18042
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 90
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 24, 2012 until November 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 219620

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 10 2012

Ms. Susan Sartoretto, Owner
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 Mr. Negrao:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 11, 2012 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 Human Services 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 black ink, appearing to read "Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed monopril on 9/1/12 at 8am. The home did not submit an incident report to the Department of the medication error.
 Resident #1 did not receive the prescribed monopril, lopressor or k-tab on 9/2/12 at 8am. The home did not submit an incident report to the Department of the medication errors.
 Resident #2 did not receive the prescribed warin on 9/9/12. The home did not submit an incident report to the Department of the medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The med error and subsequent non-reporting violation were as a result of poor overseeing; as well as poor med tech habits. The med techs have been terminated and a new Supervisory LPN is being hired (9/24/12 start date) to oversee and conduct continuous MAE & med cart audits. Additionally the previous LPN Supervisor has been terminated.

The administrator will monitor and be responsible for ongoing compliance.

mm
 11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Paul Sery*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Paul Sery Administrator* Date *9-21-12*

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

The above plan of correction is approved as of 11/14/12 (Date) Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by *mm* (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 9/1/12, 58 residents were present in the home. During this time, one person was certified in first aid present in the home from 3pm-11pm.
 On 9/8/12, 58 residents were present in the home. During this time, one person was certified in first aid and CPR from 3pm-11pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The violation occurred as a result of the floor AAs taking it upon themselves to switch their schedules. Written warnings shall be issued on offenders. Future schedule switching will only be permitted when reviewed by Lpn Wellness Director.

The administrator will monitor and assure ongoing compliance.

mm
 11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *David Sarg*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Sarg - Administrator	Date 9-21-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <i>mm</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
 - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - (5) The location and use of fire extinguishers.
 - (6) Smoke detectors and fire alarms.
 - (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member A hired 6/13/12 did not receive a general orientation in fire safety and emergency preparedness until 8/23/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Oversight of incomplete New Hire paperwork.
 In future, starting 9/14/12, All New Hire folders shall be reviewed and signed off by Administrator prior to scheduling hours for employees.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *David Seng*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David Seng - Administrator* Date *9-21-12*

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

The above plan of correction is approved as of 11/14/12 (Date) Plan of correction implementation status as of 11/14/12 (Date)

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

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member B hired 6/11/10 did not receive training in emergency preparedness for training year 2011.
 Direct care staff member C hired 7/16/10 did not receive training in falls and accident prevention for training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation occurred due to poor follow-up on employees not showing up.
 future Training requirements shall be tracked by new charting system, Administered by LPN Director of Care and overseen by Administrator. New charting system to be in place by 9/30/12. These missed topics are already scheduled for the 2012 year and were attended by these staff members.

The administrator will monitor for ongoing compliance.

M 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *David Seng*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 David Seng - Administrator 9-21-12

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

The above plan of correction is approved as of 11/14/12 (Date)

The above plan of correction was approved by *M* (Initials)

Plan of correction implementation status as of 11/14/12 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident #3 utilizes a grab assist bar to assist with mobility from the resident's bed. The grab assist bar was not covered which causes a possible risk for the resident's limbs to become entangled in the devise.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Cover had been removed due to grip restrictions of Resident. Cover shall be replaced and attached permanently to avoid removal. Shall be completed immediately.

The administrator will monitor for ongoing compliance.

mm
 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *David Sery*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sery - Administrator* Date *9-21-12*

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

The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by *mm* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home did not have at least one gallon of water for three days for each of the 58 residents being served at the time of the inspection. The home had 35 gallons on-hand, 174 gallons is required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Water shall be purchased immediately
 in the quantity of 200 gal. and stored on site.
 Shall be purchased from Sysco Co.

The administrator will monitor and assure
 ongoing compliance.
 (m)
 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *David Sy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sy, Administrator* Date *9-21-12*

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

The above plan of correction is approved as of 11/14/12 (Date) Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by *(m)* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 Two housekeeping carts, a large cylindrical trashcan and an industrial vacuum were located at the base of stairwell #2. These items blocked the route of egress to the first floor hallway from stairwell #2 as well as the exit to the side of the building from the base of stairwell #2. In addition, the door leading from the hallway into stairwell #2 on the first floor, could not be fully opened due to the items blocking the door.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Housekeepers were reprimanded on cart storage location. Disciplinary action to occur if left unattended in future.

Trash can to be relocated; immediately to other area.

The administrator will monitor and assure that all stairways, hallways, doorways, passageways + egress routes from rooms + the building are kept unlocked and unobstructed.

DM 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *David Seay*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Seay - Administrator* Date *9/21/12*

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

The above plan of correction is approved as of 11/14/12 (Date) Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by *DM* (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 The evacuation diagrams posted throughout the home do not include the location of the pull stations and fire extinguishers. The diagrams do not truly identify where you are located in the building. All of the diagrams located on each floor are identical regardless where they are posted in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation was due to careless oversight at recent re-printing of signs. They are being reprinted now to include all above requirements and proper locations.

The administrator will monitor for ongoing compliance.
 MW
 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *David Smy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David Smy, Administrator* Date *9-21-12*

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

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <u>MW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records indicate the home is not alternating exit routes during monthly fire drills. Stairwell #1, Stairwell #2, and the front exit were used during the fire drills conducted on 1/12/12, 2/20/12, 3/27/12, and 4/4/12, as well as 6/21/12, 7/25/12, and 8/8/12. In addition, the home's fire drill record also indicates the home is not utilizing the exit from the rear sunroom or the exit which leads from the back left side of the building.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

future fire drills shall alternate exits, mixing in rear sunroom exits as to simulate main door & stairwell fires. This shall begin with the September fire drill.

The administrator will monitor monthly and assure ongoing compliance.

[Signature]
 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

David Sery - Administrator *7-21-12*

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

The above plan of correction is approved as of 11/14/12
 (Date) Plan of correction implementation status as of 11/14/12
 (Date)

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

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 56 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Flovent HFA inhaler was located in the medication cart. The medication is not a current order on the medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This violation is AS A result of the same problem on page 2. The fix for the problem is also the same with continuous new card audits & MASS A/Lb

The administrator will monitor and assure that only current prescriptions, OTC, samples + CAM for individuals living in the home may be kept in the home.

M 11/14/12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *David J. J...*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David J. J... - Administrator* Date *9-21-12*

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

The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by *M* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #4's Advair 250/50 diskus was not labeled the date it was opened.
 Resident #5's Advair 100/50 diskus was not labeled the date it was opened.
 The manufacturer's instructions for the medication read: diskus good for 1 month after opening foil pouch.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This violation is also as a result of same problem & oversight as on page 2 & 11. The correction is the same and will be rectified by new staff hirings and new audit system

The administrator will assure ongoing compliance.

mm 11/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *David Sjog*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sjog - Administrator* Date *9-21-12*

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

The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by *mm* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21982 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #6's Immodium, lactose enzyme and phenylephrine hcl was not labeled with the residents name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This med violation is also as a result of same problem as on page 2 & 11 & 12. The corrective action is also the same with new hires for previous med techs and new LPN supervisor for continuous overseeing and audit.

The administrator will monitor and audit all medications (ie. OTC + CAM) belonging to the residents residing in the facility and assure all medications are identified with the residents name. *mm 11/14/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/14/12
 (Date)

Plan of correction implementation status as of 11/14/12
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1's warfin 2.5 mg is to be administered Monday, Wednesday, Friday and Saturday at 8pm. Resident #1's warfin 5mg is to be administered on Tuesday, Thursday and Saturday at 8pm. On Sunday 9/2/12, the home administered 2.5mg and 5mg tablets at 8pm. The home is not following the prescribers orders.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Just as in violation of page 2/11/12/13,
 we are clearing house of poor med-techs and
 hiring new; training new and hiring new LPA supervisor.
 All is in progress now and several already hired.

* The administrator will Audit all medications +
 orders and assure that the home/Staff is following
 the directions of the prescribers.

AM
 11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *David Seng*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>David Seng, Administrator</i>	Date <i>9-20-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <i>AM</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa. Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed monopril on 9/1/12 at 8am. The home did not notify the doctor of the medication error.
 Resident #1 did not receive the prescribed monopril, lopressor or k-tab on 9/2/12 at 8am. The home did not notify the doctor of the medication error.
 Resident #3 did not receive the prescribed warfin on 9/9/12. The home did not notify the doctor of the medication error

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation occurred AS result of some med tech and supervisor poor performance and follow through. Just as on pages 2/11/12/13/14. Same corrective action shall fix these errors AS well.

The administrator will re-train staff and assure that all medication errors shall be immediately reported to the resident, residents designated person and the prescriber. The administrator will be responsible for ongoing compliance. *mm 11/14/12*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *David Seng*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Seng, Administrator* Date *9-21-12*

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Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21962 - 09/11/2012 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa. Code §2600
 2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident #7 began receiving hospice services on 7/30/12 due to a change in status which requires the resident to receive wound care as well as additional ADL services. The home did not complete a new RASP (Resident Assessment and Support Plan) as a result of the resident's significant change in condition.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation due to oversight on behalf of Wellness Director. Administrator to now oversee all RASP changes and yearly new RASPs. Weekly meetings shall occur between both parties to chart & discuss Resident condition changes. Days immediately.

The administrator will be responsible for ongoing compliance.

*mm
11/14/12*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *David Sary*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sary - Administrator* Date *9-21-12*

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

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <u>mm</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented