



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

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 Ms. Sartoretto:

As a result of the Department of Public Welfare's licensing inspection on September 25, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period November 24, 2013 to November 24, 2014 was issued on August 15, 2013. Your regular license remains in good standing.

Sincerely,

Matthew Jones *SH*
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: ABINGTON MANOR AT MORGAN HILL		License Number: 219620
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042		County: Northampton
Administrator: David Seng		Region: NORTHEAST
Legal Entity Name: CEDAR PARK ASSISTED LIVING LLC		
Legal Entity Address: 4161 WALTER ROAD, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy I-2 04/08/2011 Williams township		
Staffing Hours Resident Support: 0 Total Daily Staff: 72 Waking Staff: 54		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/25/2013: Novak, Ryan; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 61 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 26 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 6	

David Seng 10-17-13
DAVID SENG Administrator

Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

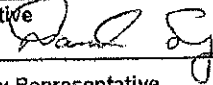
1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has a Dr.'s order to have blood glucose checked 2 times a day at 6:00am and 6:00pm. On 9-18-13, the resident's glucometer was used at 6:00am, 8:52am, 8:59am, 9:29am, 11:51am, 12:03pm, 12:10pm and 6:00pm. On 9-21-13, the resident's glucometer was used at 2:30am, 3:31am, 5:27am, and 6:00am. On 9-24-13, the resident's glucometer was used at 6:00pm, 10:23 pm, and 10:33 pm.

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.

All Med Techs have been spoken to about the statutory importance & the memory log of these glucometers. The usage of this person's meter as a shortcut to not logging out the other residents meters will not be tolerated. The med tech who caused these infractions was JH, and she has been terminated. *Kathy over D.O.W. has confirmed and relabeled all resident meters and will conduct periodic memory checks on them to assure that no one else is taking such a shortcut. She will report to the Administrator any infractions

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

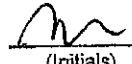
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) David Song Administrator Date 10/17/13

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

The above plan of correction is approved as of 10/21/13 (Date) Plan of correction implementation status as of 10/21/13 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa. Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature measured 124.3 degrees in room #128.
 The water temperature measured 124.3 degrees in the sink in the activity room.

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.

We currently conduct 2 chest water temps (2x per wk, with 3 random Areas checked) checks. The temp generally hovers between 116° and 121°. We adjust at our Mixer-Valve system as needed. I cannot explain how the temp was 2.3° over on this day. We shall increase our water temp checks to 4x per week with 3 random Areas checked each time. This will make 12 Temp checks per week in an effort to spot and solve and random fluctuations. *The maintenance manager shall report to the Administrator. This is starting immediately
 * The administrator shall monitor for ongoing compliance.
 M
 10/21/13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DAVID Sang Administrator* Date *10-17-13*

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

The above plan of correction is approved as of <u>10/21/13</u> (Date)	Plan of correction implementation status as of <u>10/21/13</u> (Date)
The above plan of correction was approved by <u>M</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 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the employee break room was not equipped with gauze pads.

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 1st Aid Kit shall be All restocked & sealed with a tamper proof band. Each Dept. that has a 1st Aid Kit shall fill out a weekly inspection of the seal to ensure it has not been opened. These reports are to be done by the managers and then delivered to the Administrator. This is being conducted now.

* The administrator shall monitor for ongoing compliance.

m
10/21/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>David Jery - Administrator</i>	Date <i>10-17-13</i>
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Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 Fire Drill records are to indicate the number of staff participating in the fire drill. The home is counting Staff Person A whom is the administrator and the one who observes the fire drills.

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.

I, the administrator will no longer count myself as a participant & I will not participate in the drills, I will only observe. This has been started already with out Sept. drill

x The administrator shall assume ongoing compliance.
DM
10/21/13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Long Administrator* Date *10-17-13*

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Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2 date of admission 8-4-2012, initial Medical Evaluation was done on 4-25-2012, which was more than 60 days prior to admission.

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.

I had been going by the date of the Dr. signing the DME as the official date. We shall now go by the Eval date as our official date for all deadlines & Anniversaries. My chart (Excel report) has been updated for all residents to reflect this date as the true date to watch for regulations & deadlines. This has been completed already.

* The administrator shall monitor for ongoing compliance.

m
10/21/13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sang Administrator* Date *10-17-13*

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Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2 initial Medical Evaluation was dated 4-25-2012, the annual was dated 8-3-13, which is beyond the annual time frame.

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 was the inevitable violation fallout from the previous AAgis violation. We had used the previous year's Dr signature date as the date to base our Annuals on. Since the previous year was off, so was the following year. The same fix as outlined in the previous POC will automatically fix this issue too. This has already been updated.

* The administrator shall monitor and assure ongoing compliance.

M
 10/21/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/28/2013
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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) *David Jany Administrator* Date *10-17-13*

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 (Date)

Plan of correction implementation status as of 10/21/13
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 Along the curb in the parking lot by the main entrance to the building, there was a significant amount of dried leaves, grass and cigarette butts.
 When entering the facility at the main entrance, located on the right, were a few cigarette butts near the wall of the building. Located on the left, in the stones underneath the window of room 126, there were approximately 50 cigarette butts.

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.

People are kept away when smoking, it is the disposal of the butts that is the problem. We do have a receptacle around. We will now add butt cleanup to our maintenance dept's routine. Every week that dept will clean up any butts that are in and around the building. This new duty will have a check list chart & will be monitored by the administrator.

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

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 10-17-13

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

Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa. Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is self administering sulf/pred na sol drops. Resident #3's DME dated 6/15/13 notes resident needs assistance with scheduling of the medication and offering the medication at prescribed times. Resident #3 has not been assessed to safely administer medications.

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.

Resident #3 should have had an order from Dr. to ok the use of this med e bedside. Since the violation we have obtained an order from her Dr. that states she may administer herself. In the future we shall obtain such orders immediately.

* The administrator shall monitor and assure ongoing compliance.

M
 10/21/13

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
David Song Administrator		10-17-13

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Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B's employee record contained a student certification form for the medication administration training dated 9/28/12. The record did not contain an examination summary sheet or test.

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.

Staff Person B's original records could not be found by the new Administrator, David Jay, from whom she passed the course through the old Administrator. We contacted the teacher from back at that time and she told me that she doesn't keep a full record of past students documents. That employee B, has now retaken the course & freshly completed all the paper work. All other med techs have all necc. paper work.

* The Administrator is responsible for monitoring and ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DAVID JAY Administrator		10-17-13

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Violation Report: 21962 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At 10:10am the medication cart located in the 1st floor living room was unlocked and unattended.

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.

Our 1st floor Med tech, stupidly enough, left her cart unlocked. She has been written up and scolded for her action. All med techs know as rule #1 → lock the cart when not standing there. All staff know & have been retrained to lock any cart found open & report it to the Dow or Administrator.

* The administrator shall monitor and assure ongoing compliance.

m
 10/21/13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DAVID JUNG Administrator* Date *10-17-13*

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

The above plan of correction is approved as of 10/21/13 (Date)

Plan of correction implementation status as of 10/21/13 (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: 21982 - 09/25/2013 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the homes grey Toyota Sienna minivan contained antiseptic towelettes with an expiration date of 2/13.
 The first aid kit located in the employee lounge contained sting relief insect bite antiseptic and pain reliever with an expiration date of 3/11.
 On 9-25-2013, Resident #4 had a prescription for Aspirin to take 1 tab daily. The resident's bottle of the medication had an expiration date of 8/2013.

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.

For the 1st Aid Kits; included w/ the POC on page 9 of 14 the Kits will now have Expiration Tags on them indicating what needs to be changed & when. This is being started now.

For Resident #4, we audit our cars weekly as a light audit & monthly as a heavy audit. Some how the bottle slipped through. We are to begin an audit specific to residents and expiration. This is beginning in November with a new chart & check list. This audit is to be done 2x per week and will be monitored by the Administrator

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *DAVID JANG Administrator* Date: *10-17-13*

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

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- Not Implemented

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

Violation Report: 21962 - 09/25/2013 - 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 #5 is supposed to have glucose readings done at 7:00am, 10:00am, 2:00pm, and 7:00pm. The resident's glucometer readings are accurate for the 10:00am and the 2:00pm readings, however the 7:00am and 7:00pm readings are only taken sporadically.
 Resident #6 is prescribed Ondansetron, 4mg., and Loratadine, 10mg. On 9-25-2013, neither medication was available for this resident.
 Resident #7, was prescribed Prevacid, 30mg. and on 9-25-13 the medication was not available.

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.

For the 1st item; the previous "sharing" of glucometer issue is why all readings were not reconcilable between the MAPs book and the glucometer. The checks instituted by the Dow and compared to that specific resident's MAPs shall fix this inconsistency.

The 2nd weekly Audit started on page 12 of 14 is to be specifically geared towards medications that are low or missing and to expired meds. The Audit and Tachs will report to the Dow and she shall report to the Administrator. *The Administrator shall monitor for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/11/2012

Signature of Legal Entity Representative (Required on EVERY Page) *David Sany* 10/14/13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DAVID Sany Administrator* Date 10-17-13

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

The above plan of correction is approved as of 10/21/13 (Date) Plan of correction implementation status as of 10/21/13 (Date)

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Violation Report: 21962 - 09/25/2013 - 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 #8's Assessment and Support Plan (RASP), does not address the resident's specific dietary needs, no concentrated sweets, which is ordered by their PCP.

Resident #9's RASP does not address the resident's mechanical soft special dietary needs.

Resident #10's RASP does not address the special dietary limits this resident has, LS, LC, HF, no food liberties and no alcohol as order by their PCP.

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.

For specific dietary details, we have always kept a separate "Dietary Needs" sheet in the chart right next to the RASP. This sheet was copied and kept with the dietary dept as well. We shall now write all of these dietary details onto the RASP in the same detail as the Dietary Plans. IF more room is required than the RASP allows we shall use the front "Comments" section on the RASP as we have been directed to. This updating is being done immediately and shall be continued on all new Rasps going forward.

* The administrator shall be responsible for ongoing monitoring and compliance.

M
10/21/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/28/2013	09/11/2012
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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 *10-17-13*

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