



DEC 10 2013

Ms. Sharon L. Immler, President
Morning Glory Senior Living, Inc.
419 North Queen Street
Littlestown, Pennsylvania 17340

RE: Morning Glory Senior Living
License #: 312800

Dear Ms. Immler:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 22, 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 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.

Your regular license for the period March 21, 2014 to March 21, 2015 was issued on December 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: MORNING GLORY SENIOR LIVING		License Number: 31280
Address: 419 N QUEEN STREET, LITTLESTOWN, PA 17340		County: Adams
Administrator: Cathy Franek		Region: CENTRAL
Legal Entity Name: MORNING GLORY SENIOR LIVING INC		
Legal Entity Address: 419 N. QUEEN STREET, LITTLESTOWN, PA 1734		
Certificate(s) of Occupancy C-2 LP 12/31/2001 Labor & Industry		
Staffing Hours	Total Daily Staff: 12	Waking Staff: 9
Resident Support: NM		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/22/2013; McCloskey, Jason; Riel, Becky		
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: 12	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 12	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

Violation Report: 31280 - 10/22/2013 - McCloskey, Jason
PCH Name: MORNING GLORY SENIOR LIVING

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 in the lower cabinet of the office does not include adhesive tape.

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 purchased tape the same day of inspection. My plan of correction is that I have created a example first aid kit which has all of the items in it. This is in a lg zip lock baggie taped onto the front of the first aid kit. Sto staff & I will check the contents on a daily basis with a sign-off sheet attached. If supplies are running low (ie: only one roll of tape) we are to order more thru our local pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cathy M Frank

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

Cathy M Frank
Morning Glory Senior Living Inc.

Date

11-18-13

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The above plan of correction is approved as of 11-25-13
(Date)

Plan of correction implementation status as of 11-25-13
(Date)

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

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

Violation Report: 31280 - 10/22/2013 - McCloskey, Jason
PCH Name: MORNING GLORY SENIOR LIVING

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
On 10/22/13, the home had 11 residents, but only 11.5 gallons of emergency drinking water.

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 were cited for not having enough drinking water on hand for three days supply. We have stocked in our basement 40 gallons of water which is sufficient for each resident to have 1 gallon per day. We have a twelve bed facility. We have documented the expiration dates on the containers of water and when they need to be replaced we will be sure and replace them. [redacted] and [redacted] are responsible for seeing that this is done.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sharon L. Immler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Sharon L. Immler Administrator Date 11-18-2013

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The above plan of correction is approved as of <u>11-25-13</u> (Date)	Plan of correction implementation status as of <u>11-25-13</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31280 - 10/22/2013 - McCloskey, Jason
PCH Name: MORNING GLORY SENIOR LIVING

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

The fire drill record for the drill conducted on 2/8/13 does not contain the time of day that the drill occurred.

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 drill in violation was the annual conducted by a fire specialist.
We added a line on the form which asks for time of day drill was performed.
See attached form.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy M Frank*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy M Frank* Date *11-18-13*
Morning Glory Senior Living Inc

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The above plan of correction is approved as of 11-25-13 (Date)

Plan of correction implementation status as of 11-25-13 (Date)

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

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

Violation Report: 31280 - 10/22/2013 - McCloskey, Jason
PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lorazepam / 0.5 mg, 1 tab three times daily PRN. The narcotic count sheet shows that the medication was given on 10/9/13, however, the medication administration record does not show that the medication was administered.

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 Direct Care Staff had initialed the drug count sheet but did not initial the MARS. This person was notified of this error and the importance of initialing the MARS as well as the drug count sheet. Administrator [redacted] is monitoring the MARS and the Drug Count Sheet to be sure both are initialed. [redacted] will go over the importance of this at our staff meeting in December.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/26/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon L. Tomler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon L. Tomler Date 11-18-2013

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Violation Report: 31280 - 10/22/2013 - McCloskey, Jason
PCH Name: MORNING GLORY SENIOR LIVING

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 lists Cetirizine HCL / 10 mg, 1 tablet daily PRN for allergies. The medication that the home is administering to the resident is Equate Allergy Relief with the acting ingredient Loratadine / 10 mg.

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.

In the MARS [redacted] allergy medication that [redacted] was to be receiving was written Cetirizine which was not what the original script from her doctor had wanted [redacted] to take. [redacted] doctor had prescribed Loratadine 10mg. The family brought in the Equate brand which had the Loratadine 10mg in it. [redacted] need the Loratadine 10mg only Caplet. We have notified [redacted] who takes charge of her medications that that is what we need. [redacted] is bring it in this weekend. I also faxed [redacted] doctor and [redacted] said that since [redacted] is doing well now that the allergy season has passed we could d/c or give the Med P.R.N.. We going to wait and see how [redacted] allergies are once the weather turns cold. The direct care staff is in charge of this. In the future we will be sure and check the OTC medications

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/26/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon L. Imbler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon L. Imbler Administrator* Date *11-18-2013*

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