



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2015

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
License #: 219620

Dear Ms. Sartoretto:

As a result of the Department of Human Services' licensing inspection on September 22, 2014 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.

Your regular license for the period November 24, 2014 to November 24, 2015 was issued on August 12, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director *SH*

Enclosure
License Inspection Summary

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 9/22/14, the facility's licensing inspection summary dated 9/25/13 was not posted in a public and conspicuous place 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.

We have such a book hanging on the wall of our busiest common area. I had forgotten to put in that year's inspection. I have now included that report and will continue to do so each year. Once approved, this report shall immediately be placed in there as well. Adm or designee will check at least monthly to insure ongoing compliance. If the ~~book~~ information needs to be replaced more than monthly, weekly monitoring should be performed.

[Signature]
 11-21-14

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 *11-1-14*

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

The above plan of correction is approved as of <u>11-21-14</u> (Date)	Plan of correction implementation status as of <u>11-21-14</u> (Date)
The above plan of correction was approved by <i>[Signature]</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 - 09/22/2014 - Hummel, Jesse
 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 medication Elavil on the following dates and times: 8/29/14 at 5pm & 10pm, 8/30/14 at 5pm & 10pm, and 8/31/14 at 12pm, 5pm & 10pm. The medication was not available from the pharmacy. The home did not submit an incident report to the Department in regards to these medication errors.
 Resident #2 is prescribed Pantoprazole 40mg. The medication was not administered from 8/17/14 through 9/22/14 due to the medication not being available at the facility. The facility did not submit an incident report to the Department in regards to these medication errors.

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 have always had a policy on Reportable Incidents. Obviously the clarity for properly identifying a Reportable Incident and the follow through from the one who discovers to how it is reported in accordance with DPW regulations is in need of fixing. Our policy has been significantly modified to address these 2 areas as well as others. Please see our attached "Reportable Incidents Policy"; specifically the Reporting & Notification sections on page 1. Also in regards to the med error, please see page #2, item 13 for new clarity on that specific issue. All new employees shall be trained on this policy and at our next "AV staff" training, 12-30-14, the entire crew will be retrained and sign off on that training. Nursing staff is already being informed by our Nurse manager.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sany Administrator* Date *12/10/14*

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

The above plan of correction is approved as of 12-16-14 (Date)
Adm or designee will review incident reports along w/ events going on in the building to ensure ongoing compliance
 The above plan of correction was approved by OP (Initials)

Plan of correction implementation status as of 12-16-14 (Date)

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

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person A was hired on 10/22/12. Staff person A resides in New Jersey and therefore requires an FBI Criminal History check. The facility completed an FBI Criminal History Check on 3/14/13. It was determined that staff person A was not regularly supervised while performing direct care duties prior to having the FBI background check completed. The FBI check was also completed outside the 90 day provisionally hiring period.

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.

Back at that time, as a new Administrator, I missed her timing. Check lists and other follow thru measures have long since been made. With the addition of these double checks between the Administrator and Administrative Assistant no similar situation has occurred. Suspensions are also enforced if need be. Adm or designee will audit all current employees records to insure current compliance. *CP*
 11-21-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Song Administrator* Date *11-1-14*

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

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The above plan of correction was approved by <u><i>CP</i></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

PART 1

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility has 57 residents. 7 residents have a mobility need and would require assistance to evacuate the building in an emergency. Resident #3, #4, #5, #6, #7 and #8 require physical assistance out of a bed and or a chair and physical assistance to ambulate within the resident's wheelchair to the fire safe areas. Resident #9 requires a two person assist to transfer out of a bed and/or chair and also requires physical assistance to ambulate within a wheelchair to the fire safe area. The facility has three floors with residents residing on each floor. There is a fire tower designated as a fire safe area accessible on each floor. It was determined through reviewing the facility's direct care staffing schedule that the facility schedules only three staff to work at the facility from 11:00pm to 7:00am. Based upon the significant mobility needs of the residents, 3 staff is not sufficient to safely evacuate the residents to the fire safe areas, account for the residents in the fire safe areas, and monitor the residents while in the fire safe areas.

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 have always had such a mix of residents needing some mobility assistance and our late night drill timing has always posed. However to further satisfy and improve we are changing our routine. Now, immediately upon the alarm sounding, two aids will together put our 2-person assist woman to the wheelchair and one will line her up for the stairwell, that one aid shall focus on the other transfer residents and line them up the same the two remaining aids shall ~~rotate~~ cycle through the floors ~~and~~ Assuring that the residents are getting up. Approx 2 minutes into the drill the one aid shall go to the stairwell and man the stairwell the other aid shall continue to cycle

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 *11-1-14*

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

The above plan of correction is approved as of _____ (Date) <i>See next page.</i>	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

part 2

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
Department Representatives determined that the facility has 57 residents. 7 residents have a mobility need and would require assistance to evacuate the building in an emergency. Resident #3, #4, #5, #6, #7 and #8 require physical assistance out of a bed and or a chair and physical assistance to ambulate within the resident's wheelchair to the fire safe areas. Resident #9 requires a two person assist to transfer out of a bed and/or chair and also requires physical assistance to ambulate within a wheel chair to the fire safe area. The facility has three floors with residents residing on each floor. There is a fire tower designated as a fire safe area accessible on each floor. It was determined through reviewing the facility's direct care staffing schedule that the facility schedules only three staff to work at the facility from 11:00pm to 7:00am. Based upon the significant mobility needs of the residents, 3 staff is not sufficient to safely evacuate the residents to the fire safe areas, account for the residents in the fire safe areas, and monitor the residents while in the fire safe areas.

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 floors getting the mobile residents to the safe areas. This aid will also push any lined-up immobile to the safe areas. At about 6-7 minutes into the drill the transfers are all complete and the that aid will now cycle the floors with the other aid. Walkies are always used to communicate success of timing. The 3rd aid shall remain in the stairwell. We have just ran a drill on 10/21/14 @ 4:05 am and all went well. We were within our timing with a little to spare. The Administrator shall also increase the amount of sleeping drills to further improve time

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
David Song Administrator 11-1-14

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

The above plan of correction is approved as of 11-21-14
(Date)
The home will monitor, on a monthly basis, all residents w/ mobility or cognitive needs. Based on that, the home will review staffing.
The above plan of correction was approved by: *[Signature]*
(Initials)

Plan of correction implementation status as of 11-21-14
(Date)

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

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 (1) Training that includes a demonstration of job duties, followed by supervised practice.
 (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 (3) Initial direct care staff person training to include the following:
 (i) Safe management techniques.
 (ii) ADLs and IADLs.
 (iii) Personal hygiene.
 (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 (vi) Implementation of the initial assessment, annual assessment and support plan.
 (vii) Nutrition, food handling and sanitation.
 (viii) Recreation, socialization, community resources, social services and activities in the community.
 (ix) Gerontology.
 (x) Staff person supervision, if applicable.
 (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 (xii) Safety management and hazard prevention.
 (xiii) Universal precautions.
 (xiv) The requirements of this chapter.
 (xv) Infection control.
 (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person B was hired on 6/19/14 and began providing direct care to residents without completing the Department approved direct care staff orientation or the competency test. Direct care staff person B completed the orientation and competency test on 8/8/14.

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 employee had the training but not the test. We now require that the test be completed prior to or on the 1st punch in date. The Administrator shall be given the results at that time or the worker can not work

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 Sery Administrator Date 11-1-14

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The above plan of correction was approved by  (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 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 Department Representatives reviewed the facility's fire drill log and determined the facility did not conduct a fire drill for the month of July 2014.

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 ran the drill based on the old regulation book which allowed a 5 day grace period. I shall no longer do so. The Administrator schedules all fire drills.

The Adm or designee will review monthly fire drill logs to insure ongoing compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): <i>David Long Administrator</i>	Date: <i>11-1-14</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>11-21-14</u> (Date)	Plan of correction implementation status as of <u>11-21-14</u> (Date)
The above plan of correction was approved by <u><i>DL</i></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 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility's most recent supervised fire drill conducted by a fire safety expert was on 5/28/14, the previous supervised fire drill conducted by a fire safety expert was conducted on 3/21/13.

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.

Last year (2013) I ran our Inspected drill earlier than our usual May. It is an evening drill so as the fire chief can be present. It was asked if I could move it back to May so I did. The resultant violation is certainly my fault and we will be sticking to our May schedule

going forward. The Adm or designee will review the fire drill logs & any other system used (such as a calendar or "To Do" list) to insure ongoing compliance

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 *11-1-14*

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

The above plan of correction is approved as of 11-21-14 (Date)

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

Plan of correction implementation status as of 11-21-14 (Date)

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

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility held fire drills on the following dates. During the specified drills it was determined that not all residents evacuated during these drills.

- 11/21/13 at 9:05pm : 57 of the 58 residents evacuated
- 10/31/13 at 6:45am : 56 of the 58 residents evacuated
- 1/23/14 at 6:30pm : 55 of the 56 residents evacuated
- 2/17/14 at 3:15pm : 56 of the 58 residents evacuated
- 4/30/14 at 6:35am 55 of the 57 residents evacuated
- 6/30/14 at 3:52pm : 57 of the 58 residents evacuated

Adm or Designee will review monthly fire drill logs in order to insure ongoing compliance.

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 allowed hospice residents (2 in particular) to refuse on particularly bad days; one passed away many months ago & the other has just passed away. I shall no longer allow this option in such a case. Drill shall be re-performed if somehow it were to re-occur.

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 Seag, Administrator Date 11-1-14

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

The above plan of correction is approved as of 11-21-14 (Date)

Plan of correction implementation status as of 11-21-14 (Date)

The above plan of correction was approved by

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

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 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 #10 was prescribed Alendronate 70mg tablets. The order was discontinued on 9/11/14. On 9/22/14 Department Representatives observed the medication present in the medication cart along with the resident's current prescribed 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.

The violation was researched and the Med Tech who processed the DCID order forgot to remove the med from the cart. All med techs know of this important step from training this tech was re-educated. We do perform monthly cart audits and this violation occurred between the last audit & this inspection.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sany Administrator* Date *11-1-14*

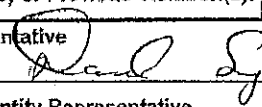
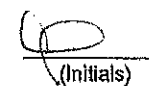
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-21-14
 (Date)

Plan of correction implementation status as of 11-21-14
 (Date)

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

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

Violation Report: 21962 - 09/22/2014 - Hummel, Jesse 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 On 9/22/14 Department Representatives observed 6 loose tablets and 2 half tablets located in the bottom of the medication cart located on the second floor of the facility. Staff was unable to identify these tablets or the residents these medications were prescribed for.	
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.	
<p style="font-family: cursive;">Loose pills can form time to time appear. We already do monthly cart audits to find such things. Just as the carts had been audited a few weeks prior. Now during our audits, all contents must be removed from cart and the empty cart is to be inspected as an entire empty cart not just one area at a time. In addition, the audit will include a determination, where ever possible, to identify the resident(s) whose Rx are involved - and further determine whether or not the resident(s) actually received their medications. Med Errors shall be reported if warranted.</p>	
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 Seay Administrator	Date 11-1-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/19/14 staff person C administered APAP/Codeine Tab 300-15mg to resident #11. Staff person C did not initial the narcotic administration log on 9/19/14 to indicate this medication was administered. The facility's narcotic medication policy is for all staff to indicate on the narcotic log when a narcotic medication is administered to ensure proper accountability for all narcotic 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.

The staff member had made a clear protocol short-cut. The staff has been disciplined. The MAR log sheets have also now been made a part of our MAR/TAR Daily check system where we review all books for timely completion. The discovery of missing signatures shall be investigated and reported directly to the Administrator

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) <u>David Seng Administrator</u>	Date <u>11-1-14</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-21-14</u> (Date) The above plan of correction was approved by <u>DS</u> (Initials)	Plan of correction implementation status as of <u>11-21-14</u> (Date) <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
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Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #1's prescribed medication Elavil is initialed as given on the medication administration record on 8/29/14 at 12pm. It was determined that this medication was not available at the facility on the above specified date and therefore was not 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 Absence of the med was researched and found to be of same issue as on page 3-16 of this inspection. As for the signature the med-Tech mis-labeled her results and has been disciplined. All know that not available med issues are now to be spotted in advance and followed up with administrator. As for the fix on pg 3 of 16 The Adm/Designer will oversee the monitoring of the MARS in order to insure ongoing compliance.

[Signature]
 11-21-14

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) *David Sang Administrator* Date *11-1-14*

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

Plan of correction implementation status as of 11-21-14 (Date)

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Violation Report: 21962 - 09/22/2014 - Hummel, Jesse
 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 did not receive the prescribed medication Elavil on the following dates and times: 8/29/14 at 5pm & 10pm, 8/30/14 at 5pm & 10pm, and 8/31/14 at 12pm, 5pm & 10pm. The medication was not available at the facility.
 Resident #2 is prescribed Pantoprazole 40 mg. This medication was not administered as prescribed from 9/17/14 through 9/22/14. The medication was not available at the facility.
 Resident #10 is prescribed the following medications: Alprazolam tab .25mg, Polyethylene Glycine Powder, and Delsym Cough Syrup. These prescribed medications were not on hand at the facility.
 Resident #12 is prescribed Kapectolin. This medication was not on hand at the facility.

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 the obvious reproctions of pages 3 of 16 and 13 of 16's violations. The new system of script Refill quantity shall obviously have on it all the meds of the resident. This report shall be crossed with each CART audit monthly and with the Daily MAR/TAR inspection to ensure that all are present. Administrator shall be reported to on any missing meds. Adm or Designee will monitor compliance on a monthly basis in order to insure ongoing compliance. *DP*

Repeat Violation: No Date(s) of Previous Violation(s): 09/25/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sany Administrator* Date *11-1-14*

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

The above plan of correction is approved as of <u>11-21-14</u> (Date)	Plan of correction implementation status as of <u>11-21-14</u> (Date)
The above plan of correction was approved by <i>[Signature]</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 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

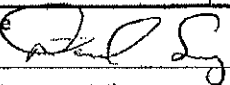
1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed medication Elavil on the following dates and times: 8/29/14 at 5pm & 10pm, 8/30/14 at 5pm & 10pm, and 8/31/14 at 12pm, 5pm & 10pm. The medication was not available at the facility. The home did not notify the physician of these medication errors.
 Resident #2 is prescribed Pantoprazole 40mg. This medication was not administered as prescribed from 9/17/14 through 9/22/14 as this medication was not available at the facility. These medication errors were not reported to the physician as 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.

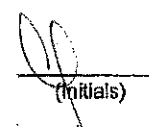
The employee doing the MIA/TAR daily checks was re-educated on all forms of med errors. That staff shall continue to report all med errors to Administrator including these types. At that time the physician shall be called as is the case for any med error, as they are all reportable. Administrator shall review all errors & reportables to confirm physician has been called. Adm Designee will cross check with the home's Incident Reports in order to insure all elements of compliance. CD.

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 Seng Administrator 11-1-14

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

The above plan of correction is approved as of <u>11-21-14</u> (Date)	Plan of correction implementation status as of <u>11-21-14</u> (Date)
The above plan of correction was approved by  (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: 21982 - 09/22/2014 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2800.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed resident #9 reclining in a Broda Chair in the common area. It was determined through staff and resident interviews that resident #9 is not capable of getting out of the chair and is also not capable of making the residents' needs and or desires known. It was also determined that the facility does not have a set plan of supervision in place to monitor the resident while in the chair.

Resident #13 is prescribed Lorazepam .5mg. Take one tablet by mouth twice daily as needed for Agitation. Administering medication to control a behavior is prohibited.

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 #13 had "Agitation" written as a diagnosis from their Doctor. We have had the doctor change this wording to "Anxiety" as it is the correct diagnosis.

As for the administering of such PRN medications, particularly for those who are unable or are having difficulty in articulating their needs or communicating their disposition, we have adopted a multi point (see attached) "Status Change" Assessment tool. This questionnaire/observation tool will enable us to more accurately determine objectively someone's need, thus allowing us to try other techniques 1st and demonstrate need for administering if it was completed.

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 *12/10/14*

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

The above plan of correction is approved as of 12-16-14 (Date) Plan of correction implementation status as of 12-16-14 (Date)

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

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