



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

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 Human Services' licensing inspection on October 16, 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 March 21, 2015 to March 21, 2016 was issued on January 8, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

JH

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: Sharon Imler		Region: CENTRAL
Legal Entity Name: MORNING GLORY SENIOR LIVING INC		
Legal Entity Address: 419 N. QUEEN STREET, LITTLESTOWN, PA 17340		
Certificate(s) of Occupancy C-2 LP 10/16/2014 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/16/2014: Minnich, Ron; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED DEC 02 2014 CENTRAL REGION FIELD OFFICE Human Services Licensing		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 12 Number of Residents Served: 12 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 12 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the payer.

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 called residents #1's son and had him sign the line where the payor signature was required in the future when a resident moves in I will have the payor sign that line.

Understand from the inspectors that this legally should be done.

The administrator takes care of this either Sharon Immler or [REDACTED]

THE ADMINISTRATOR WILL AUDIT ALL RESIDENT RECORDS TO ENSURE THEY ARE SIGNED BY THE RESPECTIVE PAYORS. ANY MISSING SIGNATURES WILL BE OBTAINED. NSC 3/9/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon L. Immler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon L. Immler / Administrator</i>	Date <i>11.26.2014</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>3/9/15</u> (Date)	Plan of correction implementation status as of <u>3/9/15</u> (Date)
The above plan of correction was approved by <u>NSC</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: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home utilizes a baby monitoring device with a camera and microphone located on the home's 2nd floor main hallway. According to staff, the equipment is used to monitor resident #2's bedroom (#10).

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 is not correct. I have enclosed pictures showing where the monitor is pointing (which is to the back 2nd floor exit door). We do not have any monitor system located in bedroom only in common area (hallway) the system does not record all family & residents as well as visitors are aware of the baby monitor. This system (V-tech) has been used by us for the past 3 years.

THE MONITORING DEVICE HAS BEEN REMOVED. AUDIO MONITORING IS PROHIBITED UNDER ALL CIRCUMSTANCES AND VIDEO MONITORING IS PERMITTED ONLY OF ENTRANCES AND EXITS AND CAN NOT BE USED TO SURVEIL RESIDENTS BEDROOM DOORS. NSC 3/9/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cathy M Franek

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

Cathy M Franek Administrator

Date

11-26-14

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The above plan of correction is approved as of

4/6/15
 (Date)

Plan of correction implementation status as of

4/6/15
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED, or active registration status on the Pennsylvania nurse aide registry.

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.

[Redacted] did receive her GED on 8/24/2012. She has been employed with us since 1-27-10. The inspectors looked at her cert. of graduation & said it is not an accredited school & her GED is not valid. I have enclosed a copy of her GED & an article that was on the local news regarding her accomplishment. The staff, residents & family members are signing letters regarding her. Direct Care employment I will be favor on Tues 12-2-14. I have also filled out a waiver but not sure if it is necessary.

STAFF PERON A HAS COMPLETED THE TABE EXAM
 TO DEMONSTRATE HIGH SCHOOL EQUIVALENT EDUCATION. THE ADMINISTRATOR WILL AUDIT ALL STAFF RECORDS TO ENSURE STAFF HAVE REQUIRED QUALIFICATIONS - NSC 3/9/15

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 Administrator* Date *11-26-14*

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Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A received only 4 hours of annual training during the 2013 training year.

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.

[Redacted] was out of work for six months due to her fibromyalgia therefore didn't receive her training for the year - She was only here, and got the four hours, which was all she was able to do.

[Redacted] is back now in 2014 and is current in all of her training.

We will document when training completed for each ^{STAFF PERSON} ~~resident~~ as it is done. Administrator Sharon L. Innaker or [Redacted]

[Redacted] takes care of this THE ADMINISTRATOR WILL AUDIT ALL STAFF TRAINING RECORDS TO ENSURE THE REQUIRED HOURS HAVE BEEN OBTAINED. NSC 3/9/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon L. Innaker / Administrator* Date *11.26.2014*

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The above plan of correction is approved as of 3/9/15 (Date)

Plan of correction implementation status as of 4/6/15 (Date)

The above plan of correction was approved by NSC (Initials)

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

Violation Report: 31280 - 10/16/2014 - Minnich, Ron
PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

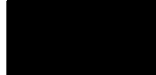
- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION


The annual training provided to direct care staff person A during the 2013 training year included zero hours of training on the topics permitted by the regulation.

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.

 was out for six months due to her health condition this is why she didn't get all of her training. D/c She is currently caught up for all her training for 2014

We will be sure to have all staff current on their training. This will be documented.

Administrators Sharon Imbler or  take care of this. THE ADMINISTRATOR WILL AUDIT ALL STAFF TRAINING RECORDS TO ENSURE THE REQUIRED TOPICS HAVE BEEN COVERED. NSC 3/9/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 11.26.2014
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Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

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

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, resident rights and emergency preparedness procedures during the 2013 training year.

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.

[Redacted] was out due to her health problems - she has fibromyalgia, and for six months she was unable to work. Due to the fact that she missed the six months she didn't get all of her hours.

In 2014 she returned to work and is currently caught up on all her training.

We will be sure to have all staff current in their training. This will be documented.

Administrators [Redacted] or Sharon Immler takes care of this.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon Immler / Administrator* Date *11/26/2014*

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Plan of correction implementation status as of 4/6/15 (Date)

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- Fully Implemented
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- Not Implemented

Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 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 10/16/14, the home had 12 residents, but only 21 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 previously didn't have to have the 36 gallons on hand because we had an emergency contract with Roaring Springs Water Co. This year we were given a violation.

We had Roaring Springs bring us 36 gallons of water which is in cases in our basement.

When this is about to expire it will be replaced with 36 more gallons.

Administrator Cathy Franek on [redacted] [redacted] will take care of this. The water supply will be checked monthly to ensure there is sufficient quantity and it is not expired. *Sharon*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/22/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Sharon L. Franek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon L. Franek / Administrator* Date: *11/26/2014*

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 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 4/6/15
 (Date)

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

Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public 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 placed a copy of our homes emergency procedures in the hallway which the residents and their families walk through so they can all see them.

We will keep them posted there at all times
 Administrator Sharon L. Jumper took care of this
 The administrator checks monthly to ensure that the emergency procedures are posted as required.
 op 4/1/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon L. Jumper / Administrator* Date *11/26/2014*

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Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

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 PRN medication of "Excedrin", was located in the home's medication cart with an expiration date of 5/2014.

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.

We had exp. medication replaced within 24 hrs.

We are doing a daily/shift medication check with exp dates compared to the current medication list. They all meds are now being checked daily & signed off by DC staff person as checked in the MAK notebook

Administrators Cathy Frank and [REDACTED]

[REDACTED] will be overseeing the MARS and the meds to check for expired meds. Weekly medication audits will be completed by the administrator and will be documented. 3/9/15

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 11/26/14

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Plan of correction implementation status as of 4/6/15 (Date)

The above plan of correction was approved by NFC (Initials)

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

Violation Report: 31280 - 10/16/2014 - Minnich, Ron
 PCH Name: MORNING GLORY SENIOR LIVING

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

The home did not have the PRN medication, Zofran 8mg, available for resident #5 at the time of the inspection.

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. baskets will be compared to the MAR notebook on a daily basis & signed off by staff members. This medication was discontinued due to resident not needing it any longer.

Administrators, [redacted] + Cathy Frank will check the med baskets to be sure all meds are in the basket that are listed on the MARs. Weekly medication audits will be completed and documented. @

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy M Frank / Administrator* Date *11-26-14*

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