Sent via email to: [redacted]
MAILING DATE: June 18, 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 January 22, 2015 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.

Sincerely,

Anne Graziano

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ABINGTON MANOR AT MORGAN HILL	**License Number:** 21962
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
09/22/2014
Williams Township

Staffing Hours

Resident Support: NM | **Total Daily Staff:** 63 | **Waking Staff:** 47

Type of Inspection: Partial | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

01/22/2015: Hummel, Jesse

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: 75	**Number of Residents who:**
Number of Residents Served: 55	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 54
Area:	**Have Mental Illness:** 1
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:** 8
Number of Current Hospice Residents: 6	**Have a Physical Disability:** 3
Number of Hospice Residents in past year: 13	

Violation Report: 21962 - 01/22/2015 - 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 is prescribed Furosemide 40mg. Take one tablet by mouth two times daily. This medication is not on hand at the facility. It was determined that the facility has Furosemide 20mg tablets at the facility. From 1/1/15 through 1/22/15 resident #1 has not received the proper dose of this prescribed medication. The facility failed to notify the Department of these medication errors 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.

We always know to make a Department report within 24 hours of an error once it is discovered. Unfortunately we didn't discover it, Jesse did.

All staff who deal with meds have been refreshed & Trained on all types of reportables especially med errors.

All occurring reportable Incident currently get reported to the Administrator immediately upon discovery. Administrator shall follow through on each one to ensure they are handled and reported within 24 hours.

-The actual med error shall be discussed on "page 6 of 7" of this report

2-5-15 - Staff

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 Seng Administrator

Date 2/27/15

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

The above plan of correction is approved as of 3-5-15 (Date)
on-site 3-3-15

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

Plan of correction implementation status as of 3-5-15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21962 - 01/22/2015 - Hummel, Jesse
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 is prescribed Humalog Insulin on a sliding scale based on the resident's blood sugar level. The resident's blood sugar is required to be checked twice daily and also at bedtime. Department Representatives observed the glucometer prescribed to the resident and and also labeled with the resident's name. Department Representatives compared the blood sugar readings on the glucometer with the blood sugar readings on the resident's Medication Administration Record (MAR). The readings on the glucometer did not match the readings on the MAR from 1/1/15 through 1/22/15.

Resident #2 is prescribed to have the resident's blood sugar tested four times daily before meals and also at bedtime. Department Representatives observed the glucometer prescribed to the resident and and also labeled with the resident's name. Department Representatives compared the blood sugar readings on the glucometer with the blood sugar readings on the resident's Medication Administration Record (MAR). The readings on the glucometer did not match the readings on the MAR from 1/1/15 through 1/22/15.

Department Representatives reviewed this information with the Director of Resident Care, staff person A. Staff person A confirmed the readings on the glucometers clearly did not match the blood sugar readings on the MAR's for either residents. Staff person A stated that staff may be inadvertently using the incorrect glucometers on the resident's.

Sharing glucometers among residents greatly increases the risk of transmitting blood borne pathogens and is clearly not a sanitary practice.

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.

Gluco meters are never to be shared. We have tried to determine which tech/techs have done so but that has proven difficult.
To ensure future compliance, we have purchased new meters for all of our diabetics. Staff has has a meeting and discussed this situation & that all meter ~~[illegible]~~ memory shall be separately compared to the Resident's MAR every day.
This new Daily Reconcile duty shall be completed during the 11-7a shift with a grid type report for each resident. The administrator shall review the report daily and any violations immediately reported. Also, the violators shall be imm. demoted

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 Seny Administrator — **Date** 2/27/15

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

The above plan of correction is approved as of 3-5-15 (Date)
on-site 3-3-15
ON site 4-16-15
The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 3-5-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [initials] 6-18-15
- ☐ Partially Implemented - Inadequate Progress
- ☒ ~~Not Implemented~~ [initials]

Violation Report: 21962 - 01/22/2015 - Hummel, Jesse
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 completed the initial medication administration training on 10/3/13. Staff person B completed the medication administration annual practicum including four Medication Administration Record reviews as well as two Medication Administration Observations on 10/14/14. This training is required to be completed annually in order to continue administering medications to residents.

Direct care staff person C completed the initial medication administration training on 10/1/13. Staff person C completed the medication administration annual practicum including four Medication Administration Record reviews as well as two Medication Administration Observations on 10/24/14. This training is required to be completed annually in order to continue administering medications to residents.

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 always done the quarterly ([illegible]) Practicum steps within in the month it was due. This included the final quarter as well. I inadvertantly did not consider that the final "Annual Completion" might therefore be a few days late. I have since changed my Practicum Calendar for each Med tech to reflect specifically the ending date that it must be completed by, not just the month. The Administrator shall continue to follow through on all Practicum completion.

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 Song Administrator

Date 2/27/15

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

The above plan of correction is approved as of 3-5-15 (Date)
On-site 3-3-15

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

Plan of correction implementation status as of 3-5-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [initials]
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21962 - 01/22/2015 - Hummel, Jesse
PCH Name: ABINGTON MANOR AT MORGAN HILL

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 the following medications: Docusate Sodium 100mg, Vitamin B-12, and Humalog Insulin - Sliding scale. On 1/20/15 at 8:00am the Medication Administration Record (MAR) for the resident was not initialed to indicate that the Docusate Sodium and or the Vitamin B-12 were administered as prescribed. On 1/20/15 at 6:00am the resident's blood sugar reading was not documented on the MAR to indicate that it was taken and to also record the result 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 MAR shall absolutely be signed for each administering & vital taken. This med tech had failed to do so and upon investigation it was found that the meds were given. We currently do a full MAR/TAR Audit Tally every 3 days to uncover any missed signatures, errors or sloppy tech practices. The med tech in question has been reprimanded and our MAR/TAR Audit Tally system has been extended to daily audit. The Administrator shall be notified of any/all report findings and handle accordingly.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

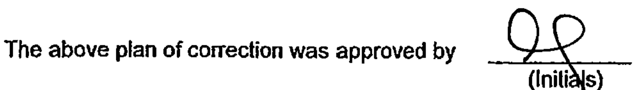
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) David Seng Administrator

Date 2/27/15

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

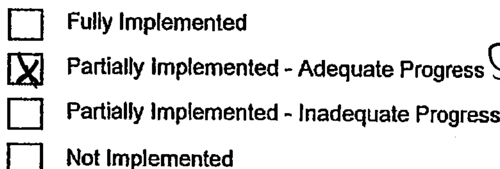
The above plan of correction is approved as of 3-5-15 (Date)
on site 3-3-15

The above plan of correction was approved by



(Initials)

Plan of correction implementation status as of 3-5-15 (Date)



- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21962 - 01/22/2015 - 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 is prescribed Bismatrol Suspension 262/15ml, Oxycodone/APAP 5-325mg, and Glucagon 1mg. These medications are not on hand at the facility.

Resident #1 is prescribed Furosemide 40mg. Take one tablet by mouth two times daily. This medication is not on hand at the facility. It was determined that the facility has Furosemide 20mg tablets at the facility. From 1/1/15 through 1/22/15 resident #1 has not received the proper dose of this prescribed medication. The facility did not follow the orders of the prescribing physician.

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 medications that are prescribed must certainly be on hand. On hand directly as the order states. The best way to ensure this is for Med carts to be in a continuous "Audit" state. There are so many checks that we accomplish for receiving, disposing of, expired meds, reordering etc., that doing an overall continuous Audit seems to be the best way to have an umbrella check over all of the continuous variables. This "Cart per Day" continuous Audit shall be completed by the late night MT. All inventory that does not exactly match a doctor's order and any missing meds shall be quickly discovered and fixed. The Administrator shall receive the nightly report and follow-up & fix any descrepencies.

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 Seng Administrator — Date 2/22/15

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

The above plan of correction is approved as of 3-5-15 (Date)

on-site 3-3-15
on-site 4-16-15 - new violation.

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

Plan of correction implementation status as of 3-5-15 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented [initials]

new violation

Violation Report: 21962 - 01/22/2015 - 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 is prescribed Furosemide 40mg. Take one tablet by mouth two times daily. This medication is not on hand at the facility. It was determined that the facility has Furosemide 20mg tablets at the facility. From 1/1/15 through 1/22/15 resident #1 has not received the proper dose of this prescribed medication. The facility failed to notify the prescribing physician of 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.

Just as on page '2 of 7', we had not discovered our error until Jesse had pointed it out. As the plan indicated on 'page 6 of 7', we shall find our descripencies very quickly. The Administrator shall be given the report daily and fix and report to the physician, family and Department as required. The weekend manager shall also recieve the report on the weekend to ensure timely reporting and fixes. The Administrator shall also receive the weekend reports and follow through on weekend descrepencies to confirm that physician & Dept reporting as well as the correction have occured.

Late night med tech will conduct the audit. Start on 3/3/15?

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 Seng Administrator	Date 2/27/15

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

The above plan of correction is approved as of 3-5-15 (Date)
On-site 3-3-15
on-site 4-16-15
The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 3-5-15 (Date)
- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress 4-16-15 [initials]
- [ ] Partially Implemented - Inadequate Progress
- [x] ~~Not Implemented~~ [initials]

not done yet