



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 10, 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 Public Welfare's licensing inspection on March 3, 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: 21962 - 03/03/2015 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

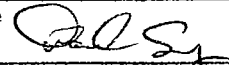
Resident #1 is prescribed Warfarin Tablet 3mg - Take one tablet daily. The prescription medication label incorrectly indicates Warfarin Tablet 3mg - 1 Tablet 5 times per week - Monday, Tuesday, Thursday, Friday and Sunday. Another medication label incorrectly indicates Warfarin Tablet 3mg - 1 Tablet daily except Saturdays.

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 resident's Warfarin order had been changed, not on dosage but on the amount of days administered. The MAR was correct for the updated order and the med was kept due to being same dosage, 3mg. The med label should have been updated by our sticker or by a requested new label from the pharmacy. The alternative would be to receive new med from pharmacy with new label. To prevent such label discrepancies in the future our DON, who already records All Coumadin/Warfarin dosages and APT/INR results in a log book, shall advise the Administrator of any changes and either correct the label if possible or have the pharmacy send a ~~new~~ new medication w/updated label.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Seng Administrator	Date 3/18/15
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The above plan of correction is approved as of 6-9-15 (Date)

✓ Adm or Designee will review periodically for ongoing compliance.

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6-9-15 (Date)

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

Violation Report: 21962 - 03/03/2015 - 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 MAPAP 325mg - 2 tablets by mouth every 4 hours as needed for pain. This medication is 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.

(page 6 of 7)


As per the POC filed on 2/27/15, we had just started our "Cart per Day" Audit. For the late night shift for the Audit progress is very good but was not yet familiar and routine to accomplish a full cart each night. The plan shall be up to the goal of 1 per day and I am confident that these types of errors will found and filled immediately by the Am shift. All discrepancies are reported directly to the DON and Administrator. The Administrator shall follow-up and make sure that no errors exist - The Adm or designee shall also establish protocols to review on a monthly basis to ensure ongoing compliance. CP. 6-9-15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Jeng Administrator	Date 8/18/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-9-15</u> (Date)	Plan of correction implementation status as of <u>6-9-15</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