



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 16, 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 April 16, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21962 - 04/16/2015 - Yellenic, Cindy
 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's blood glucose test on 4/9/15 was 125, but was recorded in the MAR as 134, and on 4/14/15 their blood glucose test was 177 and was recorded in the MAR as 143.

Resident #2's blood glucose test on 4/15/15 was 133, but was recorded in the MAR as 135.

Resident #3's blood glucose test on 4/13/15 was 160, but was recorded in the MAR as 164.

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.

Upon investigation of the violation it was discovered that some Med Techs were writing the results on paper to be then later recorded in the MAR. This resulted in an extra transcription step which allowed for the occurrences of errors in re-copying the readings to the MAR (eg. multiple readings on the same sheet, # Transpositions, sloppy handwriting and thus poor re-copying). To correct we have now prohibited this short cut/step. All readings must be written directly from Meter to MAR. Meter vs MAR reconciliation is also now to be done only by LPNs on staff and they to report directly to Administrator.

Repeat Violation: No Date(s) of Previous Violation(s): *The administrator shall monitor & assure ongoing compliance.*

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 *6-11-15* *6/15/15*

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

The above plan of correction is approved as of <u>6/15/15</u> (Date)	Plan of correction implementation status as of <u>6/15/15</u> (Date)
The above plan of correction was approved by <u><i>m</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 - 04/16/2015 - Yellenic, Cindy
 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 has a physician's order to have a blood glucose test completed 1 x daily. Resident #1 did not have a blood glucose test completed on 3/31/15 and 4/1/15.

Resident #4 has a physician's order to have a blood glucose test administered 4 x daily with the results as a determining factor for the amount of insulin coverage based on a sliding scale. On 4/12/15, Resident #4's blood glucose test was 213 and required 4 units of insulin coverage. The resident was administered 2 units of insulin.

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.

Both instances of the violation have been investigated and the resulted finding is Med Tech carelessness. The med techs in question have been reprimanded and re-educated as necessary. Just as on page 2 of 3 our Reconciliation Procedure is now completed by our LPNs only. This is done daily and will now include sliding scale coverage reconciling. Additionally, we will be changing to Electronic MAR system in July 2015. The new system will facilitate many double checks and be able to be viewed in real time by the Administrator.

The administrator shall monitor and assure ongoing compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/22/2014	03/03/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *David Sary*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sary Administrator* Date *6-11-15*

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