



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 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 Human Services' annual licensing inspection on September 24, 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 "Matthew Jones".

Matthew J. Jones
Director ^{SH}

Enclosure
License 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 04/18/2011 Williams Township	Other 02/11/2013 Williams Township	I-1 12/15/2008 Williams Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/24/2015: Foulkes, Kimberli; O'Haire, Anne		
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: 53	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 52	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 8	
Number of Current Hospice Residents: 3	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 11		

Violation Report: 21962 - 09/24/2015 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 9/24/15 the privacy coding documents with resident's names were attached to the Licensing Inspection Summaries dated 4/16/15, 3/3/15, 1/22/15, and 9/22/14 located in the binder to the left of the elevator in the lobby.

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.

Privacy is a very important issue and we make every effort to safeguard against any breach. Leaving the final pages of the summaries attached in a public area was a "Never considered that" type of miss by the person who files that report into said binder. That staff member is me, the Administrator. I will certainly, make sure that this sheet is not attached in the future when I file the report into that binder. We have already removed all of the rear sheets (~~pages~~) containing resident names from the other reports that are in the binder.

The administrator shall monitor and assure ongoing compliance. *[Signature]*
 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature: David Seng]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Seng Administrator* Date *11/18/15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>11/20/15</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 - 09/24/2015 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature in the community rest room on the 2nd floor, next to the activities office, measured 128 degrees Fahrenheit. The water temperature in resident room # 232 measured 129 degrees Fahrenheit. The water temperature in resident room # 217 measured 123 degrees Fahrenheit.

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 ARE VERY AWARE OF THE DANGERS OF HOT WATER, ESPECIALLY ON THE OLDER POPULATION. CURRENTLY WE CHECK OUR TEMPERATURE 4 DAYS PER WEEK AND AT 4 DIFFERENT LOCATIONS EACH TIME. THE TEMP OFTEN FLUCTUATES AND WE ADJUST TO MAINTAIN 120°. DUE TO THE RANDOM FLUCTUATIONS, WE WILL NOW MAINTAIN THE SAME CHECK & TWEAK SCHEDULE BUT WE SHALL SET AND MAINTAIN FOR A TEMPERATURE OF 115°. THIS WILL BEGIN IMMEDIATELY AND SHALL BE COMPLETED BY MAINTENANCE AND THE REPORTS AND FOLLOW-UP SHALL BE DONE BY ADMINISTRATION.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

David Sang

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

DAVID SANG, Administrator

Date 11/10/15

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The above plan of correction is approved as of

11/20/15
 (Date)

Plan of correction implementation status as of

11/20/15
 (Date)

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

The above plan of correction was approved by

MS
 (Initials)

Violation Report: 21962 - 09/24/2015 - Foulkes, Kimberli
 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 Lorazepam Tablets, 0.5 mg to be taken 1-2 tabs by mouth every 4 hours as needed for anxiety. The Controlled Drug Receipt and Record sheet did not reflect that the medication had been administered on 08-02-15 & 08-03-15.

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 incident in violation occurred as the med tech administered 1 tab but recorded as 2. Perhaps the MT started out to give 2 then changed to 1 tab, as was OK via the order, but not properly logged. That MT then crossed out the entire line on the record sheet without any documentation of any correction to the record. That MT was the same for both days and had left our employment even before this inspection. All MTs are initially trained in how to properly log NARC dispensing. During our next monthly classes all med techs will be re-educated and given visit examples. Nurse will report any log book errors to Admin.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/22/2015 04/16/2015

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Jorg Administrator* Date *11/10/15*

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The above plan of correction is approved as of *11/20/15* (Date)

Plan of correction implementation status as of *11/20/15* (Date)

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

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

Violation Report: 21962 - 09/24/2015 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #2, #3, #4, #5, #6, and #7's records do not include identifiable marks.

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.

It has been my error as Administrator, who oversees the Admission process, that I have not been consistent in the retrieval of this piece of information. The item has been added to our Inquiry Sheet and the information will now be taken for all future residents. We have also gone through our current Resident population and after attaching the information on Identifiable Marks for each of them, have now added that to everyone's record via the Face Sheet

The administrator shall monitor and assure ongoing compliance. m, 11/20/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Sang Administrator* Date *11-10-15*

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