



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MORGAN HILL SENIOR LIVING LLC**
LEGAL ENTITY

To operate **ABINGTON MANOR AT MORGAN HILL-MEMORY CARE VILLAGE**
NAME OF FACILITY OR AGENCY

Located at **5 CEDAR PARK BOULEVARD, EASTON, PA 18042**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **50**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 50

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 18, 2016** until **February 18, 2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226140

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 19 2016

Ms. Susan Sartoretto, Owner
Morgan Hill Senior Living LLC
215 Cedar Park Boulevard
Easton, Pennsylvania 18042

RE: Abington Manor at Morgan Hill – Memory Care Village
5 Cedar Park Boulevard
Easton, Pennsylvania 18042
License #: 226140

Dear Ms. Sartoretto:

As a result of the Department of Human Services' licensing inspection on November 9, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberl
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 11/1/15, resident #1 wanted to get past resident #2. Rather than ask resident #1 to move, resident #2 ran into resident #1 with their chest and applied their hands around resident #2's neck. Staff person A intervened. The home did not report to the local area agency on aging or the State Department of Aging.
On 11/4/15 resident #3 hit resident #4 in the stomach. It was witnessed by staff person B. The home did not report to the local area agency on aging or the State Department of Aging.

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.

please see attached

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


Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler Administrator* Date *12-1-15*

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

The above plan of correction is approved as of 1-13-16
(Date)

Plan of correction implementation status as of 1-13-16
(Date)

The above plan of correction was approved by 
(Initials)

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

p 2 Ag 17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.15a
- 2. Plan of Correction:

This regulation is important to ensure that abuse or suspected abuse is appropriately reported and investigated. The Department of Aging or Northampton County AAA was not notified when there were resident to resident physical altercations. The following steps were taken to avoid future violations:

- 1. Revised Abuse Policy to include specific language that the PA Dept of Aging and AAA are to be notified for every resident to resident incident, not only when Injury occurs.
- 2. Administer will check DHS website monthly for RCG clarifications and updates.
- 3. Updated current Behavioral Expressions Policy to include reference to Abuse Policy for reporting and resident to resident behaviors.
- 4. Reviewed Reportable Policy with facility staff to further educate on what situations require a report and to whom the reports should go. Reviewed binder that has instructions for reportable events including forms, phone numbers, etc.
- 5. Reviewed Incident Report process with staff to further educate on the importance of each and every behavioral expression or incident.
- 6. Reviewed Reportable and Abuse Policies with Director of Resident Care.

Adm / Designee will review training w/ staff on reportable incidents so all staff are familiar w/ all elements/events that are reportable, and there is a process to communicate info on reportable incidents to the proper authority so reporting may be completed w/in the required timeframe.

Adm / Designee to review incident report process periodically to ensure ongoing compliance. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity:

Michelle Gaugler

1-13-16

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberl
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 65 Pa.Code §2800

2800.16(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 # 5 has an order for Fentanyl 25mcg patch apply 1 patch every 72 hours. On 9/28/15 the patch was not applied because it was not available from the pharmacy. The home did not notify the Department regarding the medication error until 9/28/15.

On 11/1/15 resident #1 wanted to get past resident #2. Rather than ask resident #2 to move, resident #1 ran into resident #2 with their chest and applied their hands around resident #2's neck. Staff person A intervened. The home did not submit an incident report to the Department.

On 11/4/15 resident #3 hit resident #4 in the stomach. It was witnessed by staff person B. The home did not report the incident report to the Department.

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.

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(Required on EVERY Page) *Michelle Gaugler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler* Date *12-1-15*

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(Date)

The above plan of correction was approved by *oo*
(Initials)

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

P3 Ag 17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.16c
- 2. Plan of Correction:

This regulation is important because it allows the Department to respond promptly to serious situations, and offer the facility the opportunity to provide information that may reduce the need for the Department to pursue additional information. Facility failed to report resident on resident physical altercations and one medication error. The facility did not have the clarification that resident on resident altercations was reportable in the absence of injury built into current policy. The medication error was not reported within 24 hours. The following steps were taken to avoid future violations:

- 1. Revised Abuse Policy to include every resident to resident incident, not only when injury occurs.
- 2. Updated Behavioral Expressions Policy to refer to Abuse Policy for instructions on reporting in the event of a resident to resident altercation.
- 3. Reviewed Reportable Policy with facility staff to further educate on what situations require a report and to whom the reports should go. Reviewed binder that has instructions for reportable events including forms, phone numbers, etc.
- 4. Reviewed Incident Report process with staff to further educate on the importance of each and every behavioral expression or incident. - Sign in sheet @ training to be used.
- 5. Reviewed Reportable and Abuse Policies with Director of Resident Care.
- 6. Administrator will check DHS website monthly for clarifications and updates.

Adm/ Designee will perform periodic reviews of the Incident Report Process in order to ensure ongoing compliance. Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity:

Michelle Gaugler
 Q. 1-13-16

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 85 Pa.Code §2600
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
Staff person C, date of hire [redacted] 15, had a criminal back ground check completed on 6/24/16.

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.

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(Required on EVERY Page) *Michelle Gaugler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler* Date *12-1-15*

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Violation Report #22614-11/9/15

P4A g 17

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.52
- 2. Plan of Correction:

This regulation is important because it ensures that employees with prohibitive offenses do not work in personal care homes for the protection and safety of the residents of the home. The following steps were taken to avoid future violations:

- 1. Created New Hire Orientation checklist for administrative assistant to use for new hiring process.
- 2. Files will be reviewed by Administrator when checklist is completed by administrative assistant during hiring process. *- in order to ensure ongoing*

compliance. Qf. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: *Michelle Gaugler*
Qf. 1-13-16

Violation Report: 22614 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
A bottle of scope mouthwash and sparkle fresh mouth wash labeled seek medical attention or contact a poison control center if swallowed was located in the bathroom of room #120. Residents are not able to safely handle and identify poisons.

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.

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mitchell Gaugler

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

Mitchell Gaugler Administrator

Date

1-13-16

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

The above plan of correction is approved as of

1-13-16
(Date)

Plan of correction implementation status as of 1-13-16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

P 5A g 17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.82c
- 2. Plan of Correction:

This regulation is important to protect residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons. A bottle of mouth wash was in the bathroom of two residents that are unable to use poisonous materials. The following steps were taken to avoid future violations:

- 1. Families were educated through monthly newsletter to bring hygiene items to the staff for inspection and not leave in resident room.
- 2. Staff were educated to be aware when working in a room if there are items that were brought in by a family that need to be secured.
- 3. A line item on the housekeeping room-clean checklist was added to include assessment of hygiene items in the bathroom.

Adm Designee will conduct periodic random walk throughs of the home in order to ensure ongoing compliance. *Q* 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler
Q 1-13-16

Violation Report: 22614 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 56 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
2 residents reside in room #100. There was an unlabeled bar of soap located in the bathroom.

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.

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

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

Michelle Gaugler Administrator

Date

12-7-15

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

The above plan of correction is approved as of

1-13-16
(Date)

Plan of correction implementation status as of

1-13-16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

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Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.1021

2. Plan of Correction:

This regulation is important to ensure that personal hygiene is maintained. The bar of soap belonged to a resident who was newly admitted the day before. The following steps were taken to avoid future violations:

1. Families were educated through monthly newsletter to bring hygiene items to the staff for inspection and not leave in resident room.
2. Staff were educated to be aware when working in a room if there are items that were brought in by a family that need to be secured.
3. A line item on the housekeeping room-clean checklist was added to include assessment of hygiene items in the bathroom.

Adm'l Designee will perform periodic random walk throughs of facility bathrooms in order to ensure ongoing compliance.

1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity:

Michelle Gaugler

MP

1-13-16

Violation Report: 22614 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2500
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
2 residents reside in room #'s 100 & 121. 2 sets of towels are located on the towel racks in the bathrooms. The racks are not labeled to identify which towels belong to which resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Foulkes

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


Michelle Gausler Administrator

Date *12/4/15*

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(Date)

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(Date)

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(Initials)

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- Not Implemented

P7Ag17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.102K
- 2. Plan of Correction:

This regulation is important to prevent the spread of disease. The facility provides towels for bathing and the towel holder was not labeled indicating which resident's towels hung there. There are paper towels for handwashing. The following steps were taken to avoid future violations:

- 1. The facility immediately posted labels above the towel rack and shelving to indicate which space was for which resident in each shared room's bathroom.
- 2. A line item on the housekeeping room-clean checklist was added to include assessment of labels in the bathroom.

Adm/Designer will conduct random periodic walk throughs of facility bathrooms in order to ensure ongoing compliance. Cp. 1-13-16.

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler
 Q. 1-13-16

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The exit door in the dining room has a sign posted on it that says "doors temporarily out of use".
The exit doors located in the dining room, near room #111 and the exit door near the Administrator's office will not immediately open when pushed upon, preventing immediate egress in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler Administrator* Date *12/1/15*

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(Date)

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p 8 Ag 17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.121a
- 2. Plan of Correction:

This regulation is important so residents can safely exit the facility in the case of an emergency. There was a sign posted at an exit that the door was out of order as a behavioral management technique. The exit doors did not easily open. The following steps were taken to avoid future violations:

- 1. The locking hardware on all 5 exit doors were replaced with new hardware. Housekeeping director and Administrator tested doors and they are more easily opened.
- 2. The out of use sign was immediately taken down. The staff were educated that this attempt at behavior management is not acceptable.

- See 2600.201 for issues related to managing behavior in a positive manner. Q. 1-13-14*

Adm/ Designer will perform periodic walk-throughs of the entire building in order to ensure ongoing compliance throughout the entire facility. Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: *Michelle Gaugler*

Q. 1-13-16

Violation Report: 22814 - 11/08/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
Resident #2's fish oil, vitamin D and Ibuprofen did not have the resident's name on the medication.
Resident #6's A&D diaper rash cream did not have the resident's name on the medication.

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.

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

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

Michelle Gaugler, Administrator

Date *12-1-15*

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(Date)

Plan of correction implementation status as of 1-13-16
(Date)

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(Initials)

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

P9Ag17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.184b
- 2. Plan of Correction:

This regulation is important so staff is clear as to whom the OTC medication or CAM belongs. The items for Resident #2 had been brought in the day before by the resident's daughter and staff failed to put a label on the OTC. When receiving the cream for resident #6 staff failed to put a label on it. The following steps were taken to avoid future violations:

- 1. Items were labeled immediately by facility.
- 2. Staff were re-educated during staffing meeting on labeled medications, what to do when a medication is received from the family or the pharmacy that is not labeled.
- 3. Medication cart audit system being developed for regular review of medication cart. Implementation to begin December. Unlabeled items is a line item on the audit tool.

Adm | Designee will perform periodic random audits to ensure ongoing compliance.
 Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity:

Michelle Gaugler

Q.

1-13-16

Violation Report: 22614 - 11/09/2015 - Foulkes, Kimberl
 PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 85 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #2's MAR, which is the current order, notes carbamide peroxide 8 drops in each ear twice daily. The pharmacy label on the medication notes 5 drops in both ears twice daily and 3 drops in both ears twice daily.

Resident #7 receives blood sugar checks at 8am, noon, 4pm and 8pm. The resident also receives sliding scale insulin. 150-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-390=8 units. Below 80 or above 391=call MD. On 11/2/15 at 4pm the resident's blood sugar was 411 and the staff person administered 7 units of insulin. On 11/3/15 at noon the resident's blood sugar was 11 and the staff person administered 8 units of insulin. The home had not received a written order from an authorized prescriber and does not have registered nurses authorized to receive verbal orders.

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.

please see attached

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


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gaugler* Date *12-7-15*

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The above plan of correction was approved by  (Initials)

P 10A g 17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.186c
- 2. Plan of Correction:

This regulation is important in order to ensure that changes in medication are made by a person authorized to do so, and that staff have the most current information available to avoid medication errors. Resident #2's order in EMAR and label on ear drop box did not match. Resident #7 staff failed to follow blood glucose and insulin administration policies. The following steps were taken to avoid future violations:

- 1. Order clarified with physician and "change order-check MAR" labeled put on ear drop box in med cart. MAR updated to reflect current order.
- 2. Administrator sat with each med tech to review the medication administration policy, blood glucose policy and insulin administration policy.
- 3. Staff re-educated that no verbal orders are allowed and a sign was posted in the nursing station.

Adm | Designee will perform periodic, random reviews of the homes MARs & physician orders in order to ensure ongoing compliance.

CC. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler

Violation Report: 22614 - 11/08/2015 - Foulkes, Kimberli
 PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600

2600.167(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 #7 receives blood sugar checks at 8am, noon, 4pm and 8pm. The resident also receives sliding scale insulin: 150-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-390=6 units. Below 80 or above 391=call MD.

On 11/2/15 the 8am reading in the glucometer was 98. This reading was not documented on the medication administration record (MAR).

On 11/3/15 the 8am reading in the glucometer was 401. This reading was not documented on the MAR. It was also not documented if sliding scale insulin was administered.

On 11/4/15 the 8am reading in the glucometer was 112. This reading was not documented on the MAR.

On 11/5/15 the noon reading in the glucometer was 323. This reading was not documented on the MAR. The resident receives sliding scale insulin and should have received 4 units. It was recorded on the MAR that the resident received 5 units. According to staff person D it was a documentation error and the resident did receive the 4 units of insulin.

On 11/6/15 the 8am reading in the glucometer was 174 and 176 was recorded on the MAR. On 11/6/15 the noon reading in the glucometer was 312 and 317 was recorded on the MAR. On 11/6/15 the 8pm reading in the glucometer was 148 and 138 was recorded on the MAR.

On 11/7/15 the 8am reading in the glucometer was 54. This reading was not documented on the MAR.

On 11/8/15 the 8am reading was 43. This reading was not documented on the MAR.

please see p 12, 9, 17.

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.

Violation Report: 22614 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

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.

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

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

Michelle Gaugler Administrator

Date

12-1-15

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

The above plan of correction is approved as of

1-13-16
(Date)

Plan of correction implementation status as of

1-13-16
(Date)

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

The above plan of correction was approved by

oo
(Initials)

P12Ag17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.187a
- 2. Plan of Correction:

This regulation is important so staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed. Staff were not following Blood Glucose and Insulin Administration Policies in addition to Medication Administration Policy. The following steps were taken to avoid future violations:

- 1. Administrator sat with each med-tech and provided re-education on medication administration policy, medication error policy and reportables policy.
- 2. Staff re-educated that they are not allowed to take any verbal orders from any physician.
- 3. Resident #7's family changes physician to medical director to make communication more efficient between facility and physician for insulin management and procuring the corresponding written orders.
- 4. Resident #7's family procured a new glucose monitoring machine and the machine was calibrated to the correct date/time immediately.
- 5. Administrator investigated data entry issues in EHR system. Worked with EHR provider to update software which was found to be the root cause of data entry issues for staff working in EMAR module. Administrator will receive regular notifications when latest updates are available for software so updates can be done in a timelier manner to protect the integrity of the EMAR process.

Adm Designee will perform periodic random review of home MARs (electronic version, if applicable) to ensure proper use of the software is congruent w/ 2600 reqs. Adm Designee will also ensure that med training observations are conducted quarterly in order to ensure physician's orders are being followed. These steps will assist the home in ensuring ongoing compliance. *M*

1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler
M 1-13-16

Violation Report: 22614 - 11/09/2015 - Foulkes, Kimberli
 FCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2's Ibuprofen PRN 600mg tablet was not available at the time of the inspection.
 Resident #6 has an order for Fentanyl 25mcg patch apply 1 patch every 72 hours. On 9/26/15 the patch was not applied because it was not available from the pharmacy.
 Resident #7 receives blood sugar checks at 8am, noon, 4pm and 8pm. The resident also receives sliding scale insulin. 150-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-390=6 units. Below 80 or above 391=call MD. On 11/8/15 at 4pm there was no blood sugar reading in the resident's glucometer or recorded on the medication administration record (MAR). The residents blood sugar reading was below 80 on the following dates and times: 11/1/15 at 8am, 11/5/15 at 8am, 11/7/15 at 8am, 11/8/15 at 8am, and 11/9/15 at 8am. The residents blood sugar was above 391 on the following dates and times: 11/3/15 at 8am. The home did not notify the 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.

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Gaugler

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


*Administrator
 Michelle Gaugler*

Date *11/15*

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

The above plan of correction is approved as of 1-13-16
 (Date)

Plan of correction implementation status as of 1-13-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

P13A g 17

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.187d
- 2. Plan of Correction:

This regulation is important to ensure that residents receive medications and treatments as ordered by a physician. Staff failed to notify the physician when a medication was unavailable for Resident #5 and there was no documentation of communication with a physician after Resident #7's blood sugar was high. Resident #2's ibuprofen was unavailable at time of inspection. The following steps were taken to avoid future violations:

- 1. Administrator sat with each med-tech and provided re-education on medication administration policy, medication error policy and reportables policy.
- 2. Staff who failed to call physician for resident #5 was counseled by Director of Resident Care on why the policy is so important to follow.
- 3. Upon investigation Resident #2's daughter will buy ibuprofen on sale rather than have pharmacy provide and it is not always the correct dose and staff failed to alert the Director of Resident Care so this could be remedied. A Medication Cart Audit process was developed and was implemented December 1.

Adm | Designee will ensure that med cart audits are performed at minimum 1 x monthly in order to ensure meds are on hand as ordered.

Adm | Designee will ensure that MAR reviews are conducted at least 1 x monthly in order to ensure meds, doses, directions, etc. are all congruent w/ current dr. orders in order to ensure ongoing compliance

Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

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 #5 has an order for Fentanyl 26mcg patch apply 1 patch every 72 hours. On 9/26/15 the patch was not applied because it was not available from the pharmacy. The home did not notify the prescriber regarding the medication error until 9/28/15.

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.

please see enclosed

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

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

Michelle Gaugler Administrator

Date *12-1-15*

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

The above plan of correction is approved as of *1-2*
(Date)
1-13-16

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

Plan of correction implementation status as of *1-13-16*
(Date)

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

Violation Report #22614-11/9/15

P14A g 17

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.188b
- 2. Plan of Correction:

This regulation is important in order to ensure that medication errors are handled appropriately to avoid resident injury as a result of the error. Staff failed to notify the physician, supervisor and pharmacy when a medication was unavailable. The following steps were taken to avoid future violations:

- 1. Administrator sat with each med-tech and provided re-education on medication administration policy, medication error policy and reportables policy.
- 2. The staffer who failed to notify the physician on this particular incident was counseled by the Director of Resident Care.

Adm Designee will ensure that there is a process in place and that process is implemented in every case a med error occurs. Periodic random reviews of the MARs, dr. orders and pharmacy deliveries will be performed and reviewed in order to ensure ongoing compliance. Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler
Q. 1-13-16

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #8's RASP dated 8/27/15 notes the resident is wheel chair bound and totally immobile. The RASP does not address how the home is going to meet the resident's mobility needs. In addition, Resident #8 started receiving hospice services on 8/4/15, the RASP has not been updated to reflect these care needs.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

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

Michelle Gaugler

Date

12-1-15

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

The above plan of correction is approved as of

11/5/16
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

B.B.
(Initials)

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

~~P16417~~

P154817

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.227d
- 2. Plan of Correction:

This regulation is important to ensure that each resident's needs are met as their needs change, and that accountability for meeting those needs is firmly established. The RASP for Resident #6 had not been updated with start of hospice and did not address mobility needs. The following steps were taken to avoid future violations:

- 1. Facility immediately updated RASP.
- 2. Administrator reviewed regulation and provided counseling to the Director of Resident Care.

Adm Designee will develop and implement a process to review initial RASPs, incorporate updates as needed, and ~~perform~~ complete new RASPs for residents that experience significant change.

Adm Designee will ensure there is a process for direct care staff to report info, changes, concerns, etc. so that residents records accurately reflect residents' needs. Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler
Q. 1-13-16

Violation Report: 22614 - 11/08/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2600
2800.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION
The gates located in the 3 secure dementia courtyards which lead to the parking lot do not immediately reengage when the locking mechanism is disengaged from the key pad inside the courtyard. Since the locks are not reengaging the resident have access to the parking lot, a potentially unsafe area.

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.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Gagne*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gagne Administrator* Date *1-13-16*

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

The above plan of correction is approved as of 1-13-16
(Date)

Plan of correction implementation status as of 1-13-16
(Date)

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

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

Violation Report #22614-11/9/15

p16 Ag 17

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.233d
- 2. Plan of Correction:

This regulation is important so that doors that open onto areas such as parking lots, or other potentially unsafe areas, which are not locked by an electronic or magnetic system can present a dangerous situation to residents who cannot make decisions about their own safety. The facility has 5 exit doors that are locked by an electronic system. Three of those doors lead from the facility onto outdoor patio areas. The patio gates on those three patio areas also have locking mechanisms. The gate locks are observed to be not automatically reengaging the locking mechanism every time the gate is opened. The following steps were taken to avoid future violations:

- 1. The company who provided the locks and the programming of those locks into the monitoring system to inspect the gate locks and function. Inspection scheduled for 12/4/15. Upon the analysis of the issue by Simplex Grinnell the facility will follow their prescription for remedy. It is unknown at this time if the issue is wiring or an issue with the lock mechanism itself. Facility will work with Simplex and electrician to diagnose problem and follow the prescription for fixing the issue.
- 2. Staff are instructed to call Administrator if the patio gates are open so Administrator can be assured the gates are properly closed until the issue is fixed.

Admin Designer will perform periodic checks of all electronic magnetic doors of the home SCRU areas to ensure ongoing compliance. Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: *Michelle Gaugler*
Q. 1-13-16

Violation Report: 22814 - 11/09/2015 - Foulkes, Kimberli
PCH Name: Abington Manor at Morgan Hill-Memory Care Village

1. REGULATION 55 Pa.Code §2800
2800.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION
Resident #8's RASP date 11/5/15, #9's dated 10/2/15 and #8's dated 8/27/15 does not address the dental or dietary needs of the 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.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Gaugler* Date *12-1-15*

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

The above plan of correction is approved as of 1-13-16
(Date)

Plan of correction implementation status as of 1-13-16
(Date)

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

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

Violation Report #22614-11/9/15

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.234d
- 2. Plan of Correction:

This regulation is important to ensure that there is a plan to serve resident's needs appropriately. The RASPs failed to include dental or dietary needs of the residents. The following steps were taken to avoid future violations:

- 1. Facility immediately updated RASPs.
- 2. Director of Resident Care counseled and review of regulation with Administrator.

Adm / Designer will perform random periodic reviews of resident records in order to ensure ongoing compliance. Q. 1-13-16

Name and Title of Legal Entity Representative: Michelle Gaugler, Administrator

Signature of Legal Entity: Michelle Gaugler
Q. 1-13-16