



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 31, 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 March 1, 2016 and March 30, 2016 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: 24962 - 03/01/2016 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL *Memory Care Village*

1. REGULATION 55 Pa.Code §2600
2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION

On 1/10/2016 the home discovered several Percocet belonging to resident #1 were missing. The home contacted the Department as well as the State Police and conducted an internal investigation. The Department conducted an investigation of the missing resident property, at this time no suspects have been found.

On 2/17/2016 the home discovered resident #2's bottle of Morphine was missing from the home's medication room. The home contacted the Department as well as the State Police and conducted an internal investigation. The Department conducted an investigation of the missing resident property, at this time no suspects have been found.

On 2/28/2016 the home discovered that 58 oxycodone belonging to resident #3 were missing. The home contacted the Department as well as the State Police and conducted an internal investigation. The Department conducted an investigation of the missing resident property, at this time no suspects have been found.

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 the attached POC
for regulation 2600.20 (b)(4)*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARY ANN SMOLENYAK* Date *7/21/16*

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

The above plan of correction is approved as of 8/20/16
(Date)

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

Plan of correction implementation status as of 8/20/16
(Date)

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

p. 2 of 8

20 (b)(4) P. 2 of 8

Resident funds and property shall only be used for the resident's benefit.

We understand the complexity of managing a resident's funds, as such the home has a policy that states we will not provide Financial Management of resident's funds nor handle their personal funds in any way.

However, in respect to this violation, when an allegation occurs that a staff member is involved with a resident's loss of property, the home's policy shall be to investigate the accusation and determine if the allegation is true. If so it will be the policy to notify responsible party and determine an acceptable reimbursement arrangement.

~~Under this new policy these 3 effected residents will be reimbursed per the family's request. Administrator will be responsible for conducting any investigations of reported loss.~~

act. 8/20/16

42 (b) P. 3 of 8

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

It is abundantly clear to all staff members, that neglect or abuse is not tolerated by this home. During orientation at the facility, all new staff are trained on DHS's Resident's Rights which address all forms of neglect and abuse as well as the right to refuse medication. In addition, the Medication Administration policy has been updated (see #18 of policy) which addresses additional suggestions as to how to address resident refusals of medication. All staff will be trained on this policy at next monthly education session.

Any staff member that is involved with any neglect or abuse of a resident will be immediately suspended from the facility. Administrator will conduct an investigation as well as report to appropriate authorities the situation. Upon conclusion of the investigation, disciplinary action will be taken including termination of employment as was the case with this employee. *act. 8/20/16*

54 (a) P. 4 of 8

Direct care staff persons shall have the following qualifications. P. 4 of 8

It is the facilities desire to follow all regulations including ensuring all direct care staff provide the appropriate credentials upon hiring proofing their educational background. This particular incident was an oversight by the prior Administrator. As procedure, there is a Checklist for all new employee paperwork which includes checking for Diploma, GED or active registry status. As the new Administrator, I am aware of this policy and will oversee the immediate collection of such documents.

See attached Employee Paperwork List.

act. 8/20/16

*Mary Ann Smolenyak 7/21/16
Mary Ann Smolenyak
Administrator*

226140

Violation Report: ~~24962 - 03/01/2016~~ Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL *Memory Care Village*

1. REGULATION 55 Pa.Code §2600.
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 3/26/16 at 9:30am staff person C witnessed staff person D using force to push crushed medications into resident #4's mouth with a spoonful of applesauce while squeezing the resident's nose closed to make the resident swallow. Resident #4 continued to resist and spit the medications out. Staff person D tried to force the medications in resident #4's mouth 3 more times. Staff person D deliberately caused resident #4 pain and mental anguish by restraining him/her and forcing medications in his/her mouth.

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 the attached POC for regulation 2600.42(b)

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) *Mary Ann Smolenski* Date *7/21/16*

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

The above plan of correction is approved as of 8/20/16
(Date)

Plan of correction implementation status as of 8/26/16
(Date)

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

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

226140

Violation Report: ~~21982~~ - 03/01/2016 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL *Memory Care Village*

1. REGULATION 55 Pa.Code §2600
2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
The home did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for direct care staff person A.

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 POC for regulation 2600.54(a), and employee paperwork list. We need a copy of the HS diploma -

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Ann Smolenski* Date *7/21/16*

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The above plan of correction is approved as of *8/25/16*
(Date)
Pages rec'd 8/25/16
The above plan of correction was approved by *[Handwritten Initials]*
(Initials)

Plan of correction implementation status as of *8/25/16*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: ~~21982~~ - 03/01/2016 - Harvey, Jason
PGH Name: ABINGTON MANOR AT MORGAN HILL *Memory Care Village*

1. REGULATION 55 Pa.Code §2600
2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
(1) Training that includes a demonstration of job duties, followed by supervised practice.
(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
(3) Initial direct care staff person training to include the following:
(i) Safe management techniques.
(ii) ADLs and IADLs.
(iii) Personal hygiene.
(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
(vi) Implementation of the initial assessment, annual assessment and support plan.
(vii) Nutrition, food handling and sanitation.
(viii) Recreation, socialization, community resources, social services and activities in the community.
(ix) Gerontology.
(x) Staff person supervision, if applicable.
(xi) Care and needs of residents with special emphasis on the residents being served in the home.
(xii) Safety management and hazard prevention.
(xiii) Universal precautions.
(xiv) The requirements of this chapter.
(xv) Infection control.
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
The personnel file of staff member A did not contain documentation that staff member A has completed the department-approved direct care training course and competency test.

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 POC for regulation 2600.65(d), and employee paperwork list. We need a copy of the successfully completed competency test certificate.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY ANN SMOLENYAK* Date *7/21/16*

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

The above plan of correction is approved as of 8/25/16 (Date)
faxes rec'd 8/25/16.

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

Plan of correction implementation status as of 8/25/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

P5 a J 8

65(d) P. 5 of 8

As part of the facility's required training as well as DHS's required training all Direct Care Staff is required and will pass DHS's DCW competency test. All employee files will contain a copy of the certificate. As in the last violation, previous Administrator overlooked the completion of this employee's file prior to allowing them to work. Going forward new Administrator will review charts for completion. This piece of information is also included in Employee Paperwork List. (See Attached).

182(b) P. 6 of 8

The facility is committed to providing the appropriate training for the medication administration observation and training. In this particular situation, the Director of Resident Care who is the Medication Administration trainer, did do the observations as required however she failed to document all the observations. Since then she has also been re-educated by the new Administrator who is also a Train the Trainer regarding the appropriate documentation. Administrator will review all new Medication Technicians paperwork for completion. *Q. 8/20/16*

185(a) P. 7 of 8

Maintaining the integrity of the medications and the supplies of the residents is so important to insure that what is needed, is available, when needed and therefore the staff is properly equipped to care for those residents. The same is true when supplies must be removed from a resident's inventory.

As per the facility's policy of medication administration, all controlled substances are double locked and counted daily before and after each shift change. In the case of this violation, the medication was discontinued on 1/27/2016, the medication was not pulled from the cart which is against the facility's policy to promptly remove and destroy discontinued narcotic medications from the cart. Upon investigation of this violation, Medication Technicians told us that their understanding was that while waiting for a discontinued medication to be pulled from the cart by nursing staff and destroyed, they could simply flip the card backwards and stop counting the narcotic. We unfortunately have no knowledge as to how this incorrect information was passed onto the staff. On 2/28/2016, one observant Medication Technician realized that the reversed medication card was missing. He promptly brought it to his shift supervisor's attention who in turn followed protocol and notified the Executive Director who immediately followed the correct reporting process for stolen narcotics.

Two corrections have been put into place due to this violation. The first is that we did not have one particular supervisor in charge of seeing and reviewing, thus ensuring proper follow through of all Dr. orders. Our Director Of Resident Care, or their designated person for when they're out, shall now have a new bin for all "Dr. Orders In Process" that have been received and are being processed. Once the order has been processed, faxed to pharmacy etc., that processed order shall be placed in the Director's bin

MARTIN Smolenski
Administrator
2/21/16

226140

Violation Report: 24962 - 03/01/2016 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL *Memory Care Village*

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 member B completed two of the four medication administration observation and therefore did not complete the required training.

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 POC for regulation 2600.182(b)

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) *MARY ANN SMOLENYAK* Date *7/21/16*

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The above plan of correction is approved as of 8/20/16 (Date) Plan of correction implementation status as of 8/20/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by [Signature] (Initials)

226140

Violation Report: ~~24902~~ - 03/01/2016 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL

Memory Care Village

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

It is the home's policy that two staff persons count the narcotic medication at the beginning and end of each shift. On 2/7/2016 the home did stop counting the narcotics per the home's policy as indicated on the Narcotic Count Sheet until resident #3 medication went missing on 2/28/2016.

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 POC
for regulation 2600.185(a)

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) Mary Ann Smolenski

Date 7/21/16

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(Date)

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(Date)

The above plan of correction was approved by
(Initials)

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

Violation Report: 24962 - 03/01/2016 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL *Memory Care Village*

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 3/26/16 at 9:30am staff person C was asked by staff person B to hold down resident #4's arm while staff person D used his/her knee to hold resident #4's thigh down on the bed. Staff person D then used force to push crushed medications into resident #4's mouth with a spoonful of applesauce while squeezing the resident's nose closed to make the resident swallow. Staff persons C & D used hands-on physical means to restrain and immobilize resident #4 in his/her bed.

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 POC for regulation 2600.202

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARY ANN Smolenski* Date *7/21/16*

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The above plan of correction is approved as of <i>8/20/16</i> (Date)	Plan of correction implementation status as of <i>8/20/16</i> (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


and they shall then confirm that the order has been promptly and fully processed. This, of course, includes the removal of discontinued meds.

The second correction is that of the staff following through with the Narc Counting system. They have been counting the Narcotics and using the Sign Off sheet as instructed. The somehow circulated mis-information about turning medication cards around was completely discussed as wrong to all Med Techs. We reverted back to the original training which indicated so clearly that if the Narc is in the cart-it must be counted and Signed Off on. All staff understand the logic of this and the inherent problem with following hearsay rumors as policy, especially when those rumors are against the training they received.

202 P. 8 of 8

The facility's investigation of this incident shows that only 2 employees were involved in this violation. Staff B person was not even employed at the facility on the date of this occurrence of 3/26/2016. This violation is related to violation (42b) of P. 3 of 8. As with that violation our same plan of correction will be used to correct this violation. Neither of these staff persons are currently employed by the facility. All remaining staff have been educated on the medication pass procedures and resident's refusal of taking medication. As well as being educated on alternative methods of dealing with dementia residents when it comes to medication refusals. Additionally, specific training will occur with staff regarding the prohibited actions of physical or chemical restraints. Facility will also review this procedure at the next monthly education session. _____ date:

July 20, 16 training - included abuse training, and prohibited acts. QM. 8-23-16.

 7/21/16
Administrator
Mary Ann Smolensky