



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 24, 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 May 20, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE		License Number: 22614
Address: 5 CEDAR PARK BLVD, EASTON, PA 18020		County: Northampton
Administrator: Mary Ann Smolenyak		Region: NORTHEAST
Legal Entity Name: Cedar Park Assisted Living, LLC Morgan Hill Senior Living LLC		
Legal Entity Address: 4161 Walter Road, Bethlehem, PA 18020 215 Cedar Park Boulevard Easton, PA 18042		
Certificate(s) of Occupancy I-1 04/18/2015 Williams Township		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
05/20/2016: Hummel, Jesse		
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: 50 Number of Residents Served: 33 Secured Dementia Care Unit in Home: Yes Area: SDCU FACILITY Secured Dementia Unit Capacity, if Applicable: 50 Number of Residents Served in Secured Dementia Care Unit, if applicable: 33 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 0	

Violation Report: 22614 - 05/20/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
 On 4/30/16 the facility served 30 residents. All 30 residents have a diagnosis of Dementia or Alzheimers Disease and have a mobility need and also require assistance to evacuate the facility. The facility is required to provide a minimum of 60 Hours of direct care. On 4/30/16 the facility had only 56.5 Hours of direct care available to 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.

see attached sheet

* Adm will review payroll every 2 weeks as well as census & direct care hours provided on a daily basis. Necessary adjustments will be made to ensure ongoing compliance.
 (Signature) 7-9-16

Repeat Violation: Yes	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) <i>MaryAnn Smolenski, ED</i>	Date <i>7/6/16</i>
---	--------------------

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction implementation status as of <u>7-9-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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
Personal Care Homes - 55 Pa. Code Chapter 2600

page 6

1. 2600.57(c) - Page 2 of 6

The regulation was violated not so much in the volume of direct care workers available, but in how we used their available time, specifically the added duty of doing laundry.

By requiring these direct care coworkers to do non direct care duties this reduced their available direct care coworker time to a non acceptable level.

Obviously, maintaining available care hours for our residents during care times and when evacuation may be necessary is our primary concern.

In order to correct this staffing as well as address the care needs of residents during evacuation as mentioned in the violation of page 3 of 6, we have increased staffing for all shifts.

Currently, our requirement for direct care worker staffing is 27 hours days / evenings, 18 hours on the night shift with 36 residents, which at 7.5 hours breaks down to 3.6 direct care workers for days/evenings and 2.4 direct care workers for night shift. We are increasing our staffing to 5 direct care workers for days / evenings and to 4 direct care workers for night shift.

This will not only make accomodations for additional staff during evacuation as is noted in the violation on page 3 of 6, but will also give ample time for each shift to perform 2 hours of laundry service. The staff coverage at our current census (36) will be 10.5 hours per shift. This staffing duties plan will also cover our needs for when our building would reach it's max resident occupancy of 45, then leaving 3.75 hour overage in direct care worker staffing during days/evenings and 7.5 hour overage in direct care worker staffing during night shift. The administrator will track the shift staffing.

*

2. 2600.60(a) - Page 3 of 6

Maintaining adequate staffing to satisfy the particular needs of our residents is our goal. In times of evacuation where all residents may require some attention in a limited period of time, our staff may have been spread too thin. During sleeping hours is when this could have been a true issue. Our correction for this is the same as mentioned on page 2 of 6 violation, which is to increase our late night staffing. We shall have 4 direct care workers on every night. The administrator shall track the shedule to ensure this is maintained.

*

3. 2600.132(b) - Page 4 of 6

Fire safety is the utmost of importance. At the opening of our facility 5/2015, the facility was inspected by a certified fire inspector. Once the facility admitted new residents to the unit, it was our oversight that we failed to have a witnessed fire drill by a professional fire safety inspector in a timely manner. We immediately scheduled the witnessed fire drill 5/23/16 which was very successful. The administrator has now put a schedule in place to ensure the annual witnessed fire drill will be completed following the time frame of the regulation. We understand the importance of having a professional extra set of eyes witness and critique our evacuations.

*

132(b) letter to be submitted, CP

7/6/16

Mary Ann Smolenyak
Executive Director

Violation Report: 22614 - 05/20/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The facility is licensed as a secured dementia care facility and serves residents with a diagnosis of Dementia or Alzheimer's disease. The facility currently has 33 residents. Resident #'s 1, 2, 3, 4, and 5 require physical assistance of two staff to transfer out of bed and also physical assistance to ambulate within each of the resident's wheelchairs. Resident #'s 6, 7, 8, 9, 10, 11, 12, 13, and 14 require physical assistance of one person to transfer out of bed, resident #'s 8, 12, and 13 would also require physical assistance to ambulate in each resident's wheelchair. Residents #'s 15, 16, 17, and 18 require constant verbal cueing to exit the building safely. The facility's designated meeting place is outside of the facility. It was determined that the facility schedules only 3 staff to work the 11:00pm to 7:00am shift. This is not a sufficient amount of staff to safely transfer, evacuate, account for and also supervise the residents at the designated meeting place outside of the facility in the event an emergency evacuation is required.

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.

See attached sheet
 * Adm will review payroll every 2 weeks as well as census & resident mobility needs in order to ensure adequate staffing, particularly on 3rd shift. The Adm will continue to monitor resident mobility needs and actual staffing hours provided in order to ensure resident safety and regulatory compliance. Adm will also review fire drill logs monthly. Op. 7-9-16

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Smolensky, ED</i>	Date <i>7/6/16</i>
--	--------------------

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction implementation status as of <u>7-9-16</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

Violation Report: 22614 - 05/20/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility has not completed a fire drill that was supervised by a fire safety expert as required.

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.

See attached sheet

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Smolensky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Smolensky, ED</i>	Date <i>7/9/16</i>
---	--------------------

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

The above plan of correction is approved as of 8/20/16
 (Date)
132 b letter rec'd 7-11-16

The above plan of correction was approved by *MS*
 (initials)

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

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

Violation Report: 22614 - 05/20/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility last held a fire drill during sleeping hours on 10/22/15 at 6:50am. A fire drill is required to be held at a minimum once every six months.

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.

See attached sheet

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) MaryAnn Smolenski, ED Date 7/6/16

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

The above plan of correction is approved as of 8/20/16
fire drill log rec'd 7-12-16 (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

p5 a 96

4. 2600.132(e) - Page 5 of 6

There is no dispute as to the importance of having fire drills, particularly when it comes to the sleeping hours shift. During our administrator change over during April/ May 2016 we inadvertently missed April as our need for a late night drill. We did do our drill in April as is required monthly, but not at sleeping hours. We had our late night drill 5/26/16 which was successful. I as the new administrator have incorporated these late night drills into my auto calendar and I shall be the only one who will fill in the DHS fire tracking log. * fire drill log to be submitted.

5. 2600.132(h)

We definitely wish to follow the DHS determination that our courtyards are not far enough away from the building to be listed as a safe designated meeting place. We have now designated the North East end of our parking lot as the designated meeting place. Our evacuation maps have been updated and the staff have been trained on this matter. OK - CP, 7-9-16

Mary Ann Smolenyak
Executive Director

Abington Manor MCV
5 Cedar Park Blvd
Easton, PA 18042
610-438-9400
License # 226141

7/16/16 Mary Ann Smolenyak
Executive Director

Violation Report: 22614 - 05/20/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined through staff interviews that during fire drills the residents of the facility are evacuated to the exterior secured courtyards. These courtyards are not listed as the designated meeting place outside of the facility where residents are required to evacuate to during all fire drills.

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.

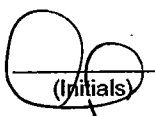
See attached sheet

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Mary Ann Smolenski, ED</u>	Date <u>7/6/16</u>
---	--------------------

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction implementation status as of <u>7-9-16</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