pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]

MAILING DATE: December 16, 2016

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' licensing inspection on June 28, 2016 and June 29, 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	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

Staffing Hours

Resident Support: 57 | Total Daily Staff: 122 | Waking Staff: 92

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

Off-Site Inspection Dates and Inspectors, if Applicable

06/28/2016: Valence, Duane
06/29/2016: Valence, Duane

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 76

Number of Residents Served: 57

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 3

Number of Hospice Residents in past year: 11

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 57

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 8

Have a Physical Disability: 2

David Seng Adm / David Seng 9-1-16

Violation Report: 21962 - 08/28/2016 - Valence, Duane
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.16(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

The provider failed to report medication errors that occurred on Saturday, 5/28/2016 at 7:00 PM involving residents #1 and #2 within 24 hours of the incident occurrence. The Provider's reportable incident report was not received by the Department's Personal Care Regional Office via fax until 5/31/2016. The provider failed to have a system in place for timely submissions of reportable incidents.

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.

Reporting Reportable Incidents in a timly guidline manner is not only important so DHS can be aware of the well being of resident, but almost more importantly, so the staff on hand make sure that all necessary peoples are contacted, allowing proper follow-ups to occur. Staff, all staff but focusing on nursing, shall be fully reeducated on all the details and importance of Reportable Incidents including; what to be on the lookout for, Even if something seems only suspect → who to see, How fast you must report to Supervisors, Weekends and even Holiday Weekends (as in this case) are not exempt, And how anyone may be needed to fill out and follow through and Ultimately may be needed to send in the proper form. The Nursing staff has already been re-told, but this formal education will be in said full detail. Our Training schedule has been modified so this will occur on 9/20/16 and 9/22/16. It will be Taught by Administrator & will also be called for all PRNs.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Seng — Date 9/1/16

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The above plan of correction is approved as of 12-15-16 (Date)
DPH 10/26/16

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

Plan of correction implementation status as of 12-15-16 (Date)

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

Violation Report: 21962 - 08/28/2016 - Valence, Duane
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

(1) Identify the correct resident.
(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
(3) Remove the medication from the original container.
(4) Crush or split the medication as ordered by the prescriber.
(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Citalopram -10 mg, Clonazepam – 0.5mg, and Zolpidem-5mg medications that were to be administered to resident #1 at 8:00 PM on 5/28/2016 were taken off a table by resident #2 who was sitting next to resident #1. Resident #2 then ingested resident #1's medication. Donepezil – 10mg, Escitalopram – 5mg, and Gabapentin-100mg medications that were to be administered to resident #2 at 8PM on 5/28/2016 were taken off a table by resident #1 who was sitting next to resident #2. Resident #1 then ingested resident #2's medication. Staff person "A" failed to administer resident #1 and # 2's medications properly which could have resulted in serious injury to both residents. Staff person "A" pre-poured resident # 2's medication at the same time that he/she had prepared and administered resident #1's medication. Staff person "A" failed to follow proper medication procedure that requires medication staff to prepare one resident's medication at a time; then offer the medication to the individual resident and ensure that the resident has ingested his/her medication. Once the medication staff had observed the resident take his/her medication, the medication tech is to document that specific resident's medication administration record before proceeding to dispense medications to the next resident and once again following the same administration process as noted in this report.

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.

Everyone Knows the dangers of taking the wrong meds, To that end certain procedures are in place to ensure safe administration; As an individual may become very familiar with a task or feel that they don't have enough time to complete said task, they are inclined to take short cuts. These short cuts can have devastating effects. We never want such short cuts or their possible effects. All of our Med techs are alerted to this inducement and our position regarding it. They know that they can ask for assistance from one of our LPN's or another MT. If shortcuts are learned of, that employee will be put on Probation (as this employee was) and possibly Terminated.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Seay — Date 9/1/16

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

The above plan of correction is approved as of 10/25/16 (Date)

Adm will oversee med training and periodic observations of med passes w/ Med Trainer to ensure ongoing adherence w/ med. compliance.

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

Plan of correction implementation status as of 10/25/16 (Date)

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