



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 12 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:

On November 7, 2011, the Department of Human Services, Bureau of Human Services Licensing (Department) notified you of the need to remove the term "Assisted Living" from the written materials of your personal care home or apply for licensure as an assisted living residence pursuant to 55 Pa.Code § 2800 (relating to assisted living residences) in order to comply with Act 56 of 2007. On June 30, 2016, the Department received notice that the above personal care home's website identified the facility as an "Assisted Living" residence. As a result, you are in violation of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) as specified on the enclosed Licensing Inspection Summary.

The Department requires that an acceptable plan of correction be submitted in order to continue to operate your personal care home. Complete Section 3 of the attached Licensing Inspection Summary, indicating your plans to correct the violation. Your plan of correction must correct the specific issue cited, as well as include an ongoing, step-by-step plan to assure continued compliance with the regulation over a substantial period of time. Your plan of correction should include: what specific change will be made, who will make the change, when will the change be made, and how the change will be made. Please sign and date the Licensing Inspection Summary where indicated.

Please return your plan of correction within 9 calendar days of the mailing date of this letter. If the plan of correction is not received within the required time period, your license to operate the above personal care home may be revoked. You may, if you wish, submit your plan of correction via electronic mail. If you wish to do so, please send the Licensing Inspection Summary as an attachment to Mr. Kevin Brumbach, Fines Manager, at kbrumbach@pa.gov.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
18	III	53	\$3	\$159	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

I am available to explain any statements on the attached Licensing Inspection Summary and to assist you in the development of an acceptable plan of correction.

Thank you for your cooperation.

Sincerely,



Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
PERSONAL CARE HOMES - 55 Pa.Code §2600

Name of Facility / Type(s) of Service:

Abington Manor at Morgan Hill

Street Address:

215 Cedar Park Boulevard

City:

Easton, Pennsylvania

Zip Code:

18042

License Number:

219620

Type of Inspection: Document Review

Reason(s) for Inspection:

Interim

Notice: No

On-site Inspection Dates and Department Representatives On-Site:

Off-Site Inspection Dates and Inspectors, if Applicable:

June 30, 2016 – Kevin Brumbach

1. REGULATION: 55 Pa.Code § 2600.18

A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. DESCRIPTION OF VIOLATION

Pursuant to Act 56 of 2007 and 62 P.S. § 1057.3(i), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa.Code Chapter 2800 (relating to assisted living residences).

Abington Manor at Morgan Hill advertises assisted living services are provided via <http://abingtonmanor.com/amentities.html>. Abington Manor at Morgan Hill is not a licensed assisted living residence.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated)
Include steps to describe the violation(s) 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.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Date

DEPARTMENT USE ONLY – FACILITIES MAY NOT WRITE BELOW THIS LINE!

Repeated Violation:

Repeated Violation Dates:

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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