



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 3 0 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' annual licensing inspection on September 1, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21982 - 09/01/2016 - Hummel, Jessa
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 85 Pa.Code §2800
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the Licensing Inspection Summary (LIS) issued from the on-site inspection completed on 4/16/15. The (LIS) was posted near the elevator on the first floor. The resident privacy coding document was observed attached to the (LIS) revealing confidential health information for each resident.

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.

The privacy and resulting dignity is important for all peoples. Especially the very vulnerable, like our residents. Last year I received this violation and with extreme diligence, so I thought, I personally went through that book and removed all sheets containing a resident's name. As your inspector found, there was one sheet stapled in the middle of a past report that had the resident names on it. The book has been gone through again by myself and my Assistant. In the future, all reports going to that book will have been reviewed by myself and an additional set of eyes to confirm that the resident sheet has been removed.

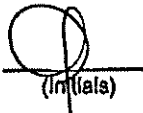
Repeat Violation: Yes Date(s) of Previous Violation(s): 09/24/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Dave Sany*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dave Sany Administrator* Date *10-17-16*

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The above plan of correction is approved as of <u>11-7-16</u> (Date)	Plan of correction implementation status as of <u>11-7-16</u> (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

Violation Report: 21982 - 09/01/2016 - Hummel, Jesse PCH Name: ABINGTON MANOR AT MORGAN HILL	
1. REGULATION 65 Pa.Code §2600 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.	
2a. DESCRIPTION OF VIOLATION On 9/1/16 at 4:09pm Department Representatives measured the hot water temperature at the sink located in the woman's common bathroom located on the first floor. The hot water temperature measured 123.9 degrees Fahrenheit. At 4:18pm Department Representatives measured the hot water temperature at the sink located in the bathroom in resident room #134. The hot water temperature measured 122.5 degrees Fahrenheit. These temperatures pose a risk of resident's scalding themselves.	
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.	
<p><i>It is always important to maintain safe temperatures for the residents. Especially sensitive is the age group to higher temperatures. The water temp stability we always seems to vary greatly throughout the day. Even as they measured these temps, the system showed the water leaving the system at 115°F. In order to insure lower temperatures we will henceforth set and monitor the temperature for 110°F. This should remove the unexplained highs that we experience. The maintenance dept will monitor and adjust and report to the administrator. The Adm will oversee that temperature logs are implemented immediately. That logs are submitted weekly - and any day temps exceed 130° the Adm will take action to correct. These actions will be documented on the temp logs.</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/24/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>David Jung</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>David Jung Administrator</i>	Date <i>10-17-16</i>
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Violation Report: 21082 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the medical evaluation completed on 8/8/16 for resident #1. The section of the medical evaluation that determines whether or not the resident can safely use or avoid poisonous materials was completed by the facility after the medical professional completed and signed the medical evaluation.

Department Representatives observed the medical evaluation completed on 9/19/15 for resident #2. The section that indicates if the resident's immunization are current was completed by the facility after the medical professional completed and signed the medical evaluation.

Department Representatives observed the medical evaluation completed on 4/1/16 for resident #3. The medical evaluation does not contain the resident's weight or immunization history.

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.

The need for the completeness of records speaks for itself. Medical evaluations are certainly at the top of that list. As Administrator, I double check all DMEs & RABs prior to allowing them to go into the resident charts for services. There were my oversights and I will be more aware and review more carefully to not allow "blanks" to pass. A process that includes a double check (the 2nd set of steps described on pg 13 would be a step to add here). Q. 11-7-16

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 Administrator* Date *10-17-16*

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Violation Report: 21882 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa. Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through staff interviews that if a resident leaves the facility, the resident's medications are removed from the pharmacy sealed blister packages. The medications are then placed in separate plastic bags. The directions for each medication is then transcribed onto each plastic bag. The process of removing medication from their original packaging prior to administration for the purpose of the resident leaving the facility is not permitted.

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.

In order for families and residents to properly administer meds while a resident is on LOA, we shall no longer allow families to take only the quantity needed of their meds. We shall pack the meds for them in their original containers only. The crew has already been trained in this. Only the pharmacy may package meds. The home can work w/ the pharmacy to set up a LOA dose(s) if needed for a day or a weekend as indicated by habits of the resident. These doses may be used at the end of the month if no LOA occurred.

11-7-16

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Seng* Date *10-17-16*

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- Not Implemented

Violation Report: 21862 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 56 Pa.Code §2600
 2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Humalog Insulin based on a sliding scale of the resident's blood sugar levels. The insulin container in use was not labeled with the date the container was opened. The medication manufacture's instructions indicate to discard any unused medication 28 days after opening. Because the medication was not dated when opened it can not be determined if the insulin container has expired.

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.

Ensuring that a resident receive good crucial meds is vital to their well being. We already have a process in place for dating of opened insulin and trainings always include those steps. The med tech opening the vial is responsible for writing on the date. Now our Director of Wellness is responsible to do daily "Refrigerator checks" to ensure that in-use vials are dated. On her days off, the Alternate Nurse shall check. They will report any missing dates to the Administrator. Adm. will ensure compliance by performing periodic random checks. Q. 11-7-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *David S. J.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David S. J. Administrator* Date *10-17-16*

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Violation Report: 21982 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a purple oval pill, loose, at the bottom of the first floor medication cart drawer and a yellow oval pill, loose, at the bottom of the second floor medication cart drawer. The facility is responsible to store the resident medication in a safe and organized manner.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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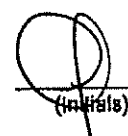
Clean and orderly carts greatly assist in keeping the med system efficient and therefore ensure the safety of the meds for the residents. We routinely go through our carts to keep them clean, but unfortunately pills can and do break free from the carts at random. The cart in question was just gone through as well. Each med tech has been reeducated that is their responsibility to look for any loose pills & remove them. Additionally, we have recently hired a person to be, as well as other duties, directly responsible for weekly cart cleaning/inventory checks. She will report found loose meds to the Adm. Adm will oversee a process to check all med carts at the time monthly or bi-weekly med runs are delivered to the home. set up in carts. 11-7-16

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Seng Administrator Date 10-17-16

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Violation Report: 21862 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 66 Pa.Code §2800

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

Resident #4 is prescribed Procrit Inj 40000/ML - Inject 1 ML every week as needed for HGB below 10.0. This medication is not on hand at the facility.


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.

Keeping all meds needed by a resident is always very important to their well being. This med in question had been ordered by the Dr. but was in negotiation between Doctor, family and Insurance Co. due to the high cost. Ins co refused to fill & pay and family refused to pay. The med has thus been discharged by the Dr. In the future, meds under a similar dispute will be removed from the resident's med list immediately with doctor approval until those responsible parties can come to an agreement. The Director of Wellness shall report immediately to the Adm of any "unfillable" meds

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Violation Report: 21862 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 56 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The assessment of personal care needs completed on 8/28/16 for resident #1, does not include an assessment of the resident's Dental or Dietary 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.

Complete care plans are essential in being able to completely & knowledgeably care for a resident. In this case, we have now gone to an EMAR-RASP computer program. The program did not include the "None" box. We were unaware and when the LPN who made the RASP knew that no needs existed for this resident, she just left it blank. I as, administrator, do review all RASPs, but I didn't catch it either. We are all ~~completely~~ knowledgeable about this now and the crew will write in "None" if appropriate and I will be on the lookout for the writing in where there is not the box

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Seng Administrator* Date *10-17-16*

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Violation Report: 21062 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2800.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The annual assessment of the personal care needs for resident #2 completed on 9/19/15 does not include and assessment of the resident's Bowel Management.

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.


Just as prior page, completeness is key. The LPN missed the item and I as Adm do review all ROSTs and I missed it too. The LPN has been made to understand that she needs to more concersous as do I in my reviews. The actual ROST has been repaired.

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

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

Printed Name and Title of Legal Entity Representative *David Seng Administrator* Date *10-17-16*
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Violation Report: 21062 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The assessment of personal care needs for resident #1 indicates the resident requires some physical assistance with ambulating, however the support plan completed on 8/28/16 does not indicate the description of the service need or the plan to meet the service need. The Summary and Determination Section of the resident's support plan was also not completed.

The support plan completed on 2/5/16 for resident #5 does not include a Summary and Determination of the resident's care needs, which is required to be completed.

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.

Completeness of Rosp's, just as in previous violation is certainly very important. This was another blank left by same LPN and not caught by myself, who reviews all Rosp's. Just as with before, LPN has been made aware & instructed, As I will be more critical in my reviews

Summary and Determination shall be discussed on next sheet.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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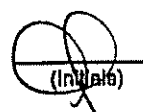
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Sary Administrator	Date 10-17-16
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Violation Report: 21862 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 58 Pa.Code §2800
 2800.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The annual support plan completed on 8/10/16 for resident #3 does not include a Summary and Determination of the resident's care needs, which is required to be completed.

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.


The ~~omission~~ omission of this statement being filled out was my error directly. As a rule, I never instructed the LPNs to fill this out unless there was a significant change, just like the box on the front page. Henceforth, all RASPs will have this summary completed. The LPNs have been instructed and are complying with on all current RASPs already done. I will review for completeness.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Seng Administrator	Date 10-17-16
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Violation Report: 21982 - 09/01/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 65 Pa.Code §2600
 2800.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed correction buld on the Resident Controlled Drug Receipt/ Record/ Disposition Form. The resident's record is required to be permanent.

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.

Legible and traceable records are very important to being able to safely care and view the care history of a resident. All med techs are trained to never use correction fluid and to write "Error" and initial instead. During our regular trainings all med techs have been re-educated and are aware that if anyone ever does do it again they shall be reprimanded. ~~Completed~~ All ~~completed~~ NARC sheets shall go ~~to the~~ to the Administrator for review prior to being filed in resident's chart. The signature sheet for this training topic shall be retained by the home. *DS* 11-7-16

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>David Sany Administrator</i>	Date <i>11-17-16</i>
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