



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

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' annual licensing inspection on November 15, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE		License Number: 22614
Address: 5 CEDAR PARK BOULEVARD, EASTON, PA 18042		County: Northampton
Administrator: Mary Ann Smolényak		Region: NORTHEAST
Legal Entity Name: MORGAN HILL SENIOR LIVING		
Legal Entity Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042		
Certificate(s) of Occupancy		
(-) 04/08/2015 Williams Township		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 86	Waking Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
11/15/2016: Hummel, Jesse; Novak, Ryan		
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: 43 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Care Facility Secured Dementia Unit Capacity, if Applicable: 50 Number of Residents Served in Secured Dementia Care Unit, if applicable: 43 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 / Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 43 Have a Physical Disability: 0	

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.


2a. DESCRIPTION OF VIOLATION  
 The facility does not have the Licensing Inspection Summary completed as a result of the Renewal inspection conducted on 11/19/15, posted in a public and conspicuous place within 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.

*Mary Ann Smolejch*  
 2011  
 12/27/16  
 (see attached)

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)		Date
Mary Ann Smolejch		12/27/16

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

The above plan of correction is approved as of <u>12-2-17</u> (Date)	Plan of correction implementation status as of <u>12-2-17</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

P2A9 11

Violation Report #22614- 11/15/16

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.3 (c) – The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.
2. Plan of Correction: 2 of 11  
 It is and always will be our intent to ensure that all regulations are followed appropriately. I'm a new Administrator and continue to learn all the details of the RCG. Our current inspection violation report and any other violations received moving forward will be added to the RCG binder that is currently posted in the Lobby.
3. It will be the responsibility of the Administrator be ensure that all violations are posted.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: Mary Ann Smokenyak

Date: 12/27/16

AA. 2-2-17

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

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  
 Resident #1 is prescribed Crestor 10mg. The resident was not administered this medication on 11/9/16 and 11/14/16 at 5:00pm. Resident #1 is also prescribed Quetiapine 25mg. The resident was not administered this medication on 11/14/16 at 9:00pm. These medications were not administered due to the fact the medication was not available at the facility. These medication errors were not reported to the Department 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.

*Mary Ann Swolenski*  
 12/27/16  
 30811 (see attached)

Repeat Violation: Yes	Date(s) of Previous Violation(s) <u>11/09/2016</u>
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Mary Ann Swolenski</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mary Ann Swolenski	12/27/16

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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 #22614- 11/15/16

P3A911

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 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.)
2. The regulation was violated when two medications for resident #1 was not administered when prescribed, and the facility inadvertently missed the allotted timeframe to report the error to the department.

3. Plan of Correction: 3 of 11

It is always our intent to follow the regulations. The Medication Error policy was updated to include the 24 hour required timeframe and all Nurses and Med Techs will be reeducated on the proper policy / procedure. (See attached sign in sheet).


The medication error was reported to the DHS regional office immediately once we were made aware of the error during our annual inspection, with all legal parties notified as well as the PCP.

All incidents will be followed up by the Administrator and Director of Resident Care on a daily basis, the licensed nurses will follow up in their absence to ensure compliance.

4. It will be the responsibility of the Director of Resident care and Administrator be ensure that this process is followed through.

Adm will also ensure that all employees are familiar with and know how to report any of the 19 elements listed in this regulation.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: 

Date: 12/27/16

AK. 2-2-17

Violation Report: 22614 - 11/16/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives reviewed the facility's fire drill records. The fire drill records indicate the facility conducted a fire drill on 5/26/16 at 12:00am. The record indicates that 5 people participated in the evacuation, however based upon interviews with staff, only 4 people participated in the evacuation.

**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.

*(Handwritten signature)*  
 12/27/16  
 4084  
 (see attached)

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      Date  
 (Required on EVERY Page)      *Mary Ann Smolewski*      12/27/16

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

The above plan of correction is approved as of 2-2-17  
 (Date)

Plan of correction implementation status as of 2-2-17  
 (Date)

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

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

Violation Report #22614- 11/15/16

P4A911

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.132 (c) – A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problem's encountered and whether the fire alarm or smoke detector was operated
2. The regulation was violated when the incorrect number of coworkers were listed as participating in the fire drill 5/25/16 at 12:00am

3. Plan of Correction: 4 of 11


It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the Administrator inadvertently added the Maintenance Director by mistake, as he was involved in observing the fire drill with the Administrator to ensure it was done within the 11min timeframe allowed. The Maintenance Director did not assist in the evacuation, there were only 4 coworker's present to assist with the drill.

The drill was completed in the allotted timeframe of 11min, it was completed with 4 staff members on duty in 8 minutes & 8 seconds.

4. It will be the responsibility of the Administrator be ensure that all fire drills are conducted within the time allotted, and all documentation is completed correctly.

Adm will review the home's fire drill logs to monthly to ensure ongoing compliance. Cp. 4-2-2-17

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: 

Date: 12/27/16

at 2-2-17

Violation Report: 22614 - 11/15/2016 - 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  
 The facility conducted a fire drill on 10/31/16 at 11:30am. During this fire drill resident #2 did not evacuate to the designated meeting place outside of 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.

*Jessie Hummel*  
 12/27/16  
 509 11  
 (see attached)

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/20/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessie Hummel*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Mary Ann Mulcaugh*      *12/27/16*

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The above plan of correction is approved as of 2-2-17  
 (Date)

Plan of correction implementation status as of 2-2-17  
 (Date)

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

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

Violation Report #22614- 11/15/16

P5 Ag 11

Abington Manor at Morgan Hill-Memory Care Village

- 1. Regulation: 2600.132 (h) – Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each drill.
- 2. The regulation was violated when resident #2 did not evacuate to the designated meeting place outside the facility during the fire drill 10/31/16 at 11:30am

3. Plan of Correction: 5 of 11

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, resident #2 ambulated to the secured door and refused to go outside the facility. In the event of an actual fire, the resident would have been safely removed out of the facility by the fire department.

- 4. The POA was notified of the event, and was explained the regulation that the resident must evacuate during all fire drills, if [redacted] continues to refuse a 30 day notice would have to be given, with assistance to find other placement.

On 12/21/16 the facility had another fire drill and resident #2 evacuated the facility via ambulation without any issues or complaints.

- 5. It will be the responsibility of the Administrator be ensure that all residents evacuate the facility and have a follow up plan if a resident continues to refuse.

*In the event of repeated instances of refusal to evacuate by the same resident, the home shall call the Regional office to make them aware and work together to ensure the safety of all residents & staff, as well as regulatory compliance. CP 2-2-17*

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: *Mary Ann Smokenyak*

Date: 12/27/16

*Req. 2-2-17*

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 56 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  
 Resident #3 is prescribed Milk of Magnesia as needed. The facility does not have this medication on hand in the event the resident requests the medication.

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.

*[Handwritten signature]*  
 12/27/16  
 leg

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/01/2016

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 12/27/16

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

The above plan of correction is approved as of 12-2-17  
 (Date)

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

Plan of correction implementation status as of 12-2-17  
 (Date)

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

Violation Report #22614- 11/15/16

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Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 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.
2. The regulation was violated when the facility failed to have an as needed (PRN) medication on hand to administer to in the event resident # 3 requested it.

3. Plan of Correction: 6 of 11

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, resident #3 had an order for Milk of Magnesia to administer as needed but the medication was not "on hand".

Moving forward the DRC will initiate a medication and treatment cart audit sheet for the nursing staff to complete monthly. (See attached). This audit will include a section to ensure that all medications are in stock.

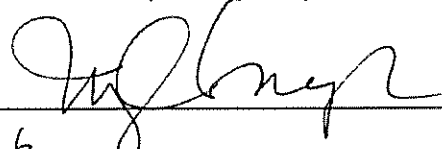
If there are any missing medications or discrepancies, the nursing staff member shall notify the nurse on duty and contact the pharmacy to deliver the needed medications.

This process will be started 12/20/16, for each resident and will continue monthly.

4. It will be the responsibility of the Director of Resident Care be ensure that all prescribed medication orders are "on hand" in the facility at all times to ensure the residents are receiving all medications prescribed. The Administrator is responsible to oversee the process is maintained.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: \_\_\_\_\_

12/27/16

ASA 2-2-17

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed to have the residents Blood Glucose Level (BGL) tested 4 times daily before meals and at bedtime. The resident is prescribed insulin based upon the resident's (BGL). The resident's Medication Administration Record (MAR) indicates the incorrect number of units of insulin administered to the resident for the following days.

On 11/2/16 at 5:00pm - the resident was administered 2 units of insulin, however the (MAR) indicates 4 units were administered.  
 On 11/4/16 at 5:00pm - the resident was administered 3 units of insulin, however the (MAR) indicates 5 units were administered.  
 On 11/7/16 at 5:00pm - the resident was administered 2 units of insulin, however the (MAR) indicates 4 units were administered.  
 On 11/12/16 at 5:00pm - the resident was administered 3 units of insulin, however the (MAR) indicates 5 units were administered.  
 On 11/13/16 at 5:00pm - the resident was administered 2 units of insulin, however the (MAR) indicates 4 units were administered.  
 An interview with staff of the facility determined that the correct number of units of insulin was administered, however documented incorrectly.

Department Representatives completed an audit of the (BGL) measured with the glucometer prescribed to resident #4. On the following dates the facility documented the incorrect (BGL) on the resident's (MAR).  
 11/11/16 at 12:00pm the resident (BGL) was measured at 247, the resident's (MAR) indicates 267.  
 11/13/16 at 5:00pm the resident's (BGL) was measured at 204, the resident's (MAR) indicates 201.

The (MAR) for resident #4 indicates the resident's (BGL) was measured on 11/7/16 at 8:00pm to be 201. This reading was not completed.

*J. Hummel*  
 12/27/16  
 7 of 11  
 See attached

See Page 8 please.

Violation Report #22614- 11/15/16

P7A911

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.187 (a) – A medication record shall be kept to include the following for each resident for whom medications are administered:
2. The regulation was violated when the Med Tech recorded both the sliding scale order for insulin coverage and the routine insulin order together, where as it should have been documented individually in electronic EMAR system.

3. Plan of Correction: 7 of 11

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the Med Tech was who was responsible for the documentation discrepancies was reeducated and counseled to ensure a full understanding and follow through.

The DRC is developing a process to meet with the nursing staff quarterly, to ensure all nursing staff is given updates and reeducation on a routine basis.

This process will start January 12, 2017 with a nurses meeting & will continue every other Thursday. The DRC, will also be meeting with the Med Tech's "monthly" to provide better communication and follow through, this will start 1/17/16

4. It will be the responsibility of the Director of Resident Care be ensure The Administrator to be responsible to oversee the process is maintained.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: \_\_\_\_\_

12/27/16

ag. 2-2-17

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

**1. REGULATION 55 Pa.Code §2600**


2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**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.

*J. Hummel*  
 12/27/16  
 see attached  
 7 Ag 11.

Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>11/09/2015</u>	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Mary Ann Smolensky</i>		<u>12/27/16</u>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>12-2-17</u> (Date)	Plan of correction implementation status as of <u>12-2-17</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 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Crestor 10mg. The resident was not administered this medication on 11/9/16 and 11/14/16 at 5:00pm. Resident #1 is also prescribed Quetiapine 25mg. The resident was not administered this medication on 11/14/16 at 9:00pm. These medications were not administered due to the fact the medication was not available at the facility. The facility is not following the physician orders in regard to the administration of these medications.

Resident #4 is prescribed to have the resident's (BGL) tested four times daily. On 11/7/16 at 8:00pm the resident's (BGL) was not tested.

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.

*(Handwritten signature)*  
 12/29/16  
 (see attached)  
 9811

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/09/2016

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 12/27/16

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

The above plan of correction is approved as of 2-2-17  
 (Date)

Plan of correction implementation status as of 2-2-17  
 (Date)

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

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

Violation Report #22614- 11/15/16

Abington Manor at Morgan Hill-Memory Care Village

P9A811

1. Regulation: 2600.187 (d) – The home shall follow the directions of the prescriber.
2. The regulation was violated when the facility failed to administer prescribed medications to resident #1
3. Plan of Correction: 9 of 11

It is always the intent to ensure that the facility is following the regulations correctly. After further review, it was found that the family supplied the medications until there was need for refills, in which case the facility was then to order the medication from the pharmacy. The pharmacy sent a request to the PCP for refills, but failed to follow up and address the request causing a delay in delivery, therefore causing the medication to run out and ultimately be missed.

Moving forward, the facility has instructed the Med Tech's to notify the nurses daily of any refills needed. The Med Tech will also notify the pharmacy with a week's supply of medication left in order to ensure all medication arrives on time. This will allow the pharmacy time to follow up with the PCP if a new order for refills is needed.

The DRC and Administrator met with the pharmacy 12/15/16 to initiate the Pharmacies online portal system, which will allow the facility to have access to all refills needed in advance in hopes that this issue will be resolved.

It will be the responsibility of the Director of Resident Care be ensure that all prescribed medication orders are "on hand" in the facility at all times to ensure the residents are receiving all medications prescribed. The Administrator to be responsible to oversee the process is maintained.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_

Date: \_\_\_\_\_

12/27/16

AS 2-2-17

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.


2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed Crestor 10mg. The resident was not administered this medication on 11/9/16 and 11/14/16 at 5:00pm. Resident #1 is also prescribed Quetiapine 25mg. The resident was not administered this medication on 11/14/16 at 9:00pm. These medications were not administered due to the fact the medication was not available at the facility. The facility failed to report these medication errors to the prescribing physician.

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.

*[Handwritten signature]*  
 12/27/16  
 (see attached)  
 10811

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/09/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Mary Ann Smolenski		12/27/16

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

The above plan of correction is approved as of <u>2-2-17</u> (Date)	Plan of correction implementation status as of <u>2-2-17</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- 11/15/16

P 10 Ag 11

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.188 (b) – The medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.
2. The regulation was violated when the facility failed to report the missed medications for Resident #1 to the proper persons i.e. PCP, POA & resident.

3. Plan of Correction: 10 of 11

Similar to

It is always the intent to ensure that the facility is following the regulations correctly. This violation plan of correction is the ~~same as~~ violation "3 of 11", and was immediately addressed once the error was brought to our attention during our annual inspection, all legal parties were notified as well as the prescriber.

The medication error policy was updated and the proper staff was instructed, moving forward all errors will be reported to the DHS regional department within 24 hours.

4. It will be the responsibility of the DRC and Administrator to ensure this process is followed through.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_

Date: \_\_\_\_\_

12/27/16

AG 2-2-17

Violation Report: 22614 - 11/15/2016 - Hummel, Jesse  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #5 began receiving Hospice services on 9/10/16. The resident assessment and support plan finalized on 2/12/16 does not reflect the resident's current care needs, or the facility's plan to meet the resident's 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.

*(Handwritten signature)*  
 12/27/16  
 (see attached)  
 11/09/11

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/16/2015      11/09/2015

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 *12/27/16*

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

The above plan of correction is approved as of 12-2-17 (Date)

Plan of correction implementation status as of 12-2-17 (Date)

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

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

Violation Report #22614- 11/15/16

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.227 (d) – Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care serviced that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services.
2. The regulation was violated when the facility failed to update the RASP for resident #5 when the resident was placed on hospice 9/10/16

3. Plan of Correction: 11 of 11

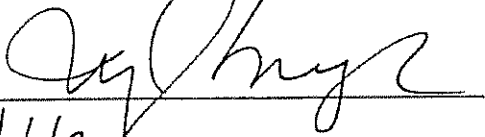
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, there was a change in management 9/9/16, the current Director of Resident Care (DRC) left her position and the new DRC started 9/12/16. This was an unfortunate oversight and has been updated.

4. It will be the responsibility of the Director of Resident Care to ensure that all residents have an updated assessment and support plan. The Administrator is to be responsible to oversee the process is maintained.

*The DRC/Adm will audit all existing resident support plans as well to ensure current compliance. CC, 2-2-17*

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: \_\_\_\_\_

*12/27/16*

*all*

*2-2-17*