



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to:

MAILING DATE: February 23, 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' licensing inspection on December 6, 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: 22614 - 12/06/2016 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 16. Resident #1 has a history of hallucinations. The resident's initial support plan completed on [redacted] 16 does not identify the resident's history of hallucinations.

Resident #2 was admitted to the facility on [redacted] 16. Resident #2 has a history of Agitation. The resident's initial support plan completed on [redacted] 16 does not identify the resident's history of Agitation.

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.

Please see attached sheet. POC 2 of 2

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Smolensky & C</i>	Date <i>2/2/17</i>
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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 <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 #22614- 12/6/16

p2A92

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.234(b) – The Support Plan must identify the resident’s physical, medical, social, cognitive and safety needs.
2. The regulation was violated when the facility failed to update the RASP for resident’s #1 & #2 because it wasn’t updated with the diagnosis: Hx Hallucinations for resident #1 and Hx of Agitation for resident #2

3. Plan of Correction: 2 of 2

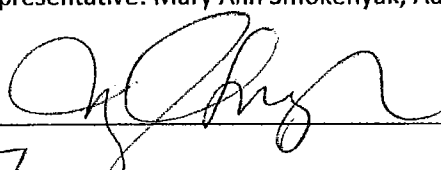
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, there was an oversight from the information obtained in the Prescreen evaluation. This information was brought to our attention by the inspector onsite 12/6/16. It is imperative that the RASP is kept updated so that all staff are properly informed to meet the resident needs.

The Director of Resident Care immediately updated both RASP’s to show the histories mentioned.

4. Resident #1 has since been discharged from our facility to a higher level of care [REDACTED] 17.
5. Resident #2 was initially admitted to the facility on hospice care, [REDACTED] remained on this service until [REDACTED] recent death [REDACTED] 17.
6. 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 will oversee to ensure on going compliance.

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

Signature of Legal Entity: _____



Date: _____

2/2/17

AG 2/22/17