



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: April 17, 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 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22614 - 03/10/2017 - Dumas, Gerald
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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 home did not submit an incident report to this Department regarding resident # 1's unresponsiveness and transport to the hospital on 9/18/16. The home is required to submit an incident report to this Department if a resident becomes unresponsive.

On 9/9/16 resident # 1 complained of chest pains. Paramedics were dispatched and resident was admitted to the hospital. The home is required to submit an incident report to this Department involving a suspected serious health event or extreme physical pain (chest pains) or substantial risk of death. The home did not submit an incident 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.

Mary Ann Smolenyak
see attachment
letter 2 of 3

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 07/28/2016 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative
 (Required on EVERY Page)

| | |
|---|--------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Mary Ann Smolenyak | 4/4/17 |

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

The above plan of correction is approved as of 4-13-17
 (Date)

Plan of correction implementation status as of 4-13-17
 (Date)

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

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

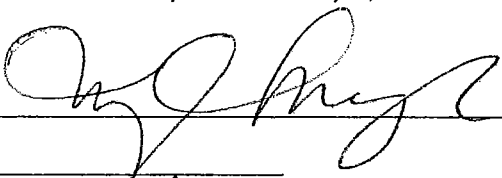
Violation Report #22614- 12/15/16

Abington Manor at Morgan Hill-Memory Care Village

RAJ 3

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 the facility failed to submit an incident report to DHS regarding resident #1’s unresponsiveness and transport to the hospital on 9/18/16. The home is required to submit an incident report to DHS if a resident becomes unresponsive.
3. Plan of Correction: 2 of 3
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the facilities Administrator is new to the role and was unaware that “unresponsiveness” was a reportable violation. The Administrator and Director of Resident Care (DRC) met with the DHS regional inspector on 12/15/16 and spoke with him on the phone 2/6/17 to clarify this regulation.
4. The DRC / Administrator met with the nurses to update them 2/16/17 to review the DHS requirements found in the RCG Appendix B regarding Reportable Incidents, and placed a copy of the “Appendix B” in the Nursing Office for staff reference. (See attachment #1 / 2 of 3)
5. An updated reportable incident report has been completed, (See attachment #2 / 2 of 3)
6. Moving forward, the DRC and Administrator will contact the DHS regional department for further guidance with any uncertainty regarding reportable incidences.
7. It will be the responsibility of the Administrator to oversee and ensure that all reportable incidents are reviewed daily and reported to DHS in the allotted timeframe of 24 hours.

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

Signature of Legal Entity: 

Date: 4/4/17

AG
4-13-17

Violation Report: 22614 - 03/10/2017 - Dumas, Gerald
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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

The home did not update resident Resident # 1's Assessment and Support Plan (R.A.S.P) noting the services of a home health agency, what services the agency was providing and how often the service was scheduled to come into the home.

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.

see attachment letter 3.9.3

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
 (Required on EVERY Page)

Mary Ann Smolenski

Date *4/4/17*

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

The above plan of correction is approved as of 4-13-17
 (Date)

Plan of correction implementation status as of 4-13-17
 (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- 12/15/16

Abington Manor at Morgan Hill-Memory Care Village

P 3A8J

1. Regulation: 2600.227 (d) – Each home shall document in the residents support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or the resident to outside services if the residents 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 noting the services provided by Southeastern Home Health Services.

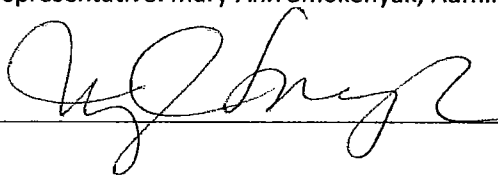
3. Plan of Correction: 3 of 3

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the facility failed to update the RASP for resident #1, regarding the home health agency services that was provided. In this case, the facility changed management of the DRC as of /9/9/16 with the new DRC starting on 9/12/16. The events that followed with resident #1 were during the new DRC training / orientation therefore causing the updates to the RASP to be inadvertently missed.

4. All changes have been updated to the RASP, with 1:1 training with DRC by the facility Administrator. The Administrator and DRC have also been reeducated by the regional onsite inspector for further clarification and answers to several questions regarding this process.
5. Moving forward, the DRC will be responsible for updated all Assessments and Support Plans with the Administrator overseeing its compliance.

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

Signature of Legal Entity: _____



Date: _____

4/4/17

ADH
4-13-17