pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
MAILING DATE: March 3, 2017

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' licensing inspection on December 20, 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

To: DHS 2/28/17 Pages total = 5

From: Abington

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ABINGTON MANOR AT MORGAN HILL	License Number: 21962
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042	County: Northampton
Administrator: David Seng	Region: NORTHEAST
Legal Entity Name: CEDAR PARK ASSISTED LIVING LLC	
Legal Entity Address: 4161 WALTER ROAD, BETHLEHEM, PA 18020	

Certificate(s) of Occupancy
I-2
04/18/2011
Williams Township

Staffing Hours

Resident Support: NM	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
12/20/2016: Rushin, Julienne; Harvey, Jason

Off-Site Inspection Dates and Inspectors, if Applicable
12/27/2016: Rushin, Julienne
12/28/2016: Rushin, Julienne

Other Details

Partial or Full Triggers:	Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 75	Number of Residents who:
Number of Residents Served: 52	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 52
Area:	Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5
Number of Current Hospice Residents: 7	Have a Physical Disability: 0
Number of Hospice Residents in past year: 7	

David Seng 2/28/17

Violation Report: 21962 - 12/20/2016 - Rushin, Jullenne
PCH Name: ABINGTON MANOR AT MORGAN HILL

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

2a. DESCRIPTION OF VIOLATION
Resident #1 was discharged from a long term care facility on [redacted]6 with orders for an 18" wheelchair and gel cushion do to risk for pressure ulcers. The orders were sent to Abington Manor on 8/16/16 but the home never followed the physician's orders. On 8/27/16, Care Notes indicate that "a quarter size stage II open area between gluteal fold" was noted on resident #1. Two days later, on 8/29/16, staff person "A" faxed resident #1's physician a request for an order for a wound evaluation and a script for a wheelchair and gel cushion. On 8/30/16, Southeastern Home Health received a verbal order from resident #1's physician for wound care to "sacral stage II pressure ulcer" and to "left buttocks unstageable pressure ulcer". Home Health provided wound care to resident #1 on 8/30/16, 9/1/16, 9/4/16 and 9/6/16. Records from Southeastern HH indicate resident #1 was admitted to the hospital on [redacted]16 for a "urinary tract infection" and "wound infection or deterioration". The home failed to provide resident #1 with the medical equipment as originally ordered on 8/16/16. Resident #1 later passed away on [redacted]16 from th efollowing: bradycardia, septic shock, urinary tract infection and sacral wounds.

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.

We are Levels of Care And As Such we need to receive or instructions And directions from those Practitioners Above us. We must carefully read each line of instruction And follow them diligently in order to properly and fully continue that care. This is especially true About the orders/DMEs received from Hospitals and Nursing Homes As their list of instructions can be vast. As in this case, An order was missed And no follow through was in place to follow up And confirm that All orders had been Filled. Henceforth, the Administrator shall meet with the [redacted] Wellness Director on all Admissions and readmissions to discern and confirm each line item of these DMEs/orders. A follow up meeting shall also be set within 48 hours to confirm that All Products have been received And that all orders are completed

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) David Sang Administrator

Date 2/28/17

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

The above plan of correction is approved as of 3/3/17 (Date)

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

Plan of correction implementation status as of 3/3/17 (Date)

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

Violation Report: 21962 - 12/20/2016 - Rushin, Julienne
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
Resident #1 was admitted to the home on [redacted]16. The resident's RASP, (dated 9/6/16), does not indicate that he/she received chemotherapy through a port in his/her upper right chest or how it will be cared for.

Resident #1's RASP was not updated to indicate his/her need for wound care and who would provide it.

Resident #1's RASP was not updated to indicate that he/she was to lay on his/her side for 30 to 60 minutes between meals to promote wound healing.

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 RASP is A very important tool for A "One Stop" Look at the entire care profile of a resident. Although the care may be completed by the staff and they may pass the knowledge between themselves, any new recipient of this resident would not have all the details of care if the RASP was not updated. This duty falls on the D.O.W.(s) To update the RASP. Not only do they always line up the services but they have been instructed that all these additions must be added as updates. Currently the Admin Signs off on all RASPs, the Admin shall now all be given all updates to review And sign off on as well.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Sang, Administrator — **Date** 2/28/17

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