



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: September 22, 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 March 1, 2017 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 - 03/01/2017 - Hummel, Jesse
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 Based upon staff interviews it was determined that on 2/25/17 resident #1 reported that "the black girl raped me and beat me up." The facility failed to submit a mandatory abuse report to the local area agency on aging as required under the Older Adult Protective Services Act.

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 attachment
 2 of 4
 [Signature]*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11-15-16 7-28-16

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) MARYANN Smolenski Date 4/18/17

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

The above plan of correction is approved as of <u>4-26-17</u> (Date)	Plan of correction implementation status as of <u>9/22/17</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- 3-31-17

Abington Manor at Morgan Hill-Memory Care Village

P2Ag 4

1. Regulation: 2600.15 (a) – The Home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective services Act 935 P.S. Sections 10225.707) and 6 Pa. Code Sections 15.21-15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
2. The regulation was violated when the facility failed to report a suspected report of abuse.
3. Plan of Correction: 2 of 4
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the facility did file a report involving this resident's accusations involving a male coworker on 2/12/17 and the investigation was found to be unsubstantiated by AAA. During the investigation process with AAA and thereafter, resident #1 continued to make accusations and statement of individuals, but some of [REDACTED] descriptions showed that the described individual wasn't present in the facility. The resident frequently verbalizes [REDACTED] dislike of individuals of color.
4. On 3/9/17 a call was received from DHS regional inspector with questions regarding further accusations made by resident #1, upon [REDACTED] interview with the facilities male staff member which the Administrator was not aware of at the time.
5. 3/9/17, The Administrator immediately interviewed several care givers, once completed on 3/17/17 she forwarded her findings in an email along with the Act 13 report to the DHS regional inspector and AAA. A phone call was also placed to AAA 3/17/17.
6. The resident has a diagnosis of Dementia and was also being treated for a Urinary Tract Infection during this time.
7. The resident was immediately placed on 1:1 ADL care to be completed by female caregivers only and DRC verbally instructed caregivers to always have 2 staff members in the room when assisting resident #1, to ensure safety and security of resident and staff.

[Handwritten Signature] 4/18/17
A.H. 4-26-17

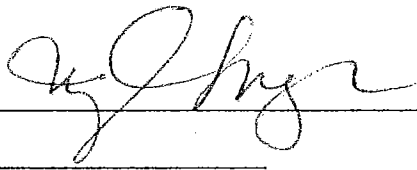
P 2384

8. The DRC & Administrator instructed the staff, moving forward to immediately report any signs, symptoms or accusations to the DRC / ED and to follow up with a written statement. All nursing staff supervisors were also instructed 2/16/17 at the facility nurses meeting the correct process and procedure to follow when filing a report to DHS. The nursing staff was also reeducated verbally again due to the recent violation.

9. Moving forward the DRC/ Administrator will continue to review the reporting process with the nursing staff to ensure accuracy, with the Administrator overseeing its compliance.

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

Signature of Legal Entity: _____



Date: _____

4/18/17

QA 4-26-17

Violation Report: 22614 - 03/01/2017 - Hummel, Jesse
 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

Based upon staff interviews it was determined that on 2/25/17 resident #1 reported that "the black girl raped me and beat me up." The facility failed to submit an incident report to the Department regarding this allegation of abuse.

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
 attachment
 3 of 4
 J. J. Hym*

Repeat Violation: No Yes	Date(s) of Previous Violation(s): 11-15-16	7-28-16
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Smolenski* Date *4/18/17*

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

The above plan of correction is approved as of 4/26/17
 (Date)

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

Plan of correction implementation status as of 4/26/17
 (Date)

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

Violation Report #22614- 3/31-17

P3A 8 Y

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.16 (c) – The home shall report the incident or condition to the Departments 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. Plan of Correction: 3 of 4

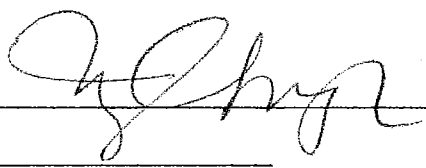
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the facility failed to report an incident report within 24 hours regarding an accusation of abuse by resident # 1.

3. As mentioned in POC "2 of 4", the Administrator was unaware of the accusations at the time but immediately did an investigation and followed the correct process by sending out an Act 13 report and compilation of reporting to AAA & DHS regional office.

4. Moving forward, the DRC and Administrator will follow up with the nursing staff to ensure the policy is followed and all reports are files to DHS within 24 hours. *-this pertains to all 19 elements that are reportable events. Cf.*

5. The Administrator will oversee and ensure compliance.

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

Signature of Legal Entity: 
Date: 4/18/17

OK
4/26/17

Violation Report: 22614 - 03/01/2017 - Hummel, Jesse
PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 56 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

On 2/12/17 resident #1 reported that a week or two ago 'the big black man' came into my room twice to check on me. The resident alleged that the staff person sexually assaulted [redacted]. The resident's assessment and support plan finalized on 12/12/16 does not address the resident's allegations or the facility's response and plan to care for the resident and also to keep the resident safe.

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.

*attachment scanned
3/20/17*

Repeat Violation: *NoYes* Date(s) of Previous Violation(s): *11-15-16*


Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smolenski*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smolenski* Date *5/2/17*

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The above plan of correction is approved as of 5/5/17 (Date)

Plan of correction implementation status as of 5/5/17 (Date)

The above plan of correction was approved by  (Initials)

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

scanned & signed 5/2/17

Violation Report #22614- 3/31-17

Abington Manor at Morgan Hill-Memory Care Village

PYA 8 y

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 services that will be made available to the resident, or referral for the resident to outside services if the resident’s physician, physician’s assistant or certified nurse practitioner determine the necessity of these services.
2. Plan of Correction: 4 of 4
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the RASP was updated but not in full as the accusations weren’t made known to the Administrator until 3/9/17.
3. The RASP was updated 2/12/17 but failed to mention the accusation, the Administrator updated the section on the addendum dated 3/1/17 on 3/9/17. The DRC advised the nursing staff to always have 2 staff members in the room when assisting resident #1 to ensure safety and security for both resident and staff.
4. The RASP was updated to address new accusations 3/9/17. (see attachment 4 of 4)
5. The plan to address the problem and maintain compliance moving forward, we are currently hiring more LPN’s to oversee and assist the nursing staff to allow her time to focus on the mentioned requirements.
6. DRC will be responsible to maintain updates and compliance to all RASPS, DME’s & resident files with the Administrators overseeing compliance.

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

Signature of Legal Entity: _____



Date: 3/20/17

AS
5/5/17