



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [maryanns@abingtonmanor.com](mailto:maryanns@abingtonmanor.com)  
MAILING DATE: August 16, 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 8, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE		License Number: 22614
Address: 5 CEDAR PARK BOULEVARD, EASTON, PA 18042		County: Northampton
Administrator: Maryann Smolenyak		Region: NORTHEAST
Legal Entity Name: MORGAN HILL SENIOR LIVING LLC		
Legal Entity Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042		
<b>Certificate(s) of Occupancy</b>		
I-1 04/18/2005 Williams Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 82	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/08/2017: Foulkes, Kimberli		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
03/10/2017: Foulkes, Kimberli		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 41 Secured Dementia Care Unit in Home: Yes Area: entire home Secured Dementia Unit Capacity, if Applicable: 50 Number of Residents Served in Secured Dementia Care Unit, if applicable: 41 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 41 Have a Physical Disability: 0	

Violation Report: 22614 - 03/08/2017 - Foulkes, Kimberti  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #1's Nasal Decong spray 0.5 was in the home's medication cart on 3/8/17 and it was discontinued on 1/18/17.  
 Resident #1's Ducosate Sodium Cap 100mg was in the home's medication cart on 3/8/17 and it was discontinued on 3/6/17.

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 attached  
 poc 2 of 6

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

*[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mary Ann Smolensky IC	8/8/17

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

The above plan of correction is approved as of <u>8/15/17</u> (Date)	Plan of correction implementation status as of <u>8/15/17</u> (Date)
The above plan of correction was approved by <u>M</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- 3/8-17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.183 (d) – Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

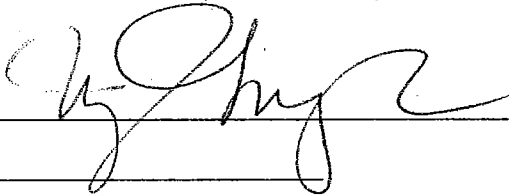
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2. Plan of Correction 2 of 6  
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the nurse on duty didn't follow the correct procedures
3. Upon receiving a discontinued order the nurse on duty will approve the order in the electric EMAR system and ensure all discontinued medication are immediately pulled from the cart / facility by either destroying the medication in the Bio safe container or return them to the pharmacy.
4. As a follow up system currently in place, the 11p-7a nurse on duty is responsible to do monthly audits for each resident to ensure all orders are current with only prescribed medications in the facility, safely stored, secure and accessible for distribution. (See Audit form)
5. DRC will complete weekly spot checks, with the Administrator overseeing compliance.

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

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

Date: 8/8/17



Violation Report: 22614 - 03/08/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 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  
 The home did not implement procedures for the safe use of medications. Resident #1 is prescribed Morphine Sul Sol 100/5ml, take .25ml sublingually every 6 hours for pain/shortness of breath, 12am, 6am, 12pm, and 6pm. The bottle of liquid morphine was a 30ml bottle that was delivered. When it was delivered to the home, the bottle had an excess of 30ml of the medication in it. Due to the fact it was filled above the lines used to measure and count the medication, there was no way for staff to accurately count the remaining amount of medication after it was administered. Staff was also administering the resident's PRN (as needed) morphine out of the bottle that was for the straight order and did not utilize the PRN bottle and narcotic count sheets.

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 attached  
 POC  
 3 of 6*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2016	11/15/2016
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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)	Date
Mary Ann Smolenyak	8/8/17

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Violation Report #22614- 3/8-17

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.

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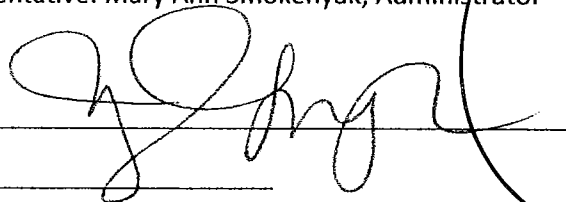
2. Plan of Correction: 3 of 6  
It is always our intent to ensure that the facility is following the regulations correctly. In this violation, there was a discrepancy in the way the medication was packaged and delivered to the facility.
3. The facility has coordinated with the pharmacy and agreed to no longer supply the facility with multi-dose liquid narcotics in bottles. Instead, the pharmacy is currently dispensing single unit dose syringes for narcotics to be administered. This change has made it safer and more accurate to administer and track liquid narcotics.
4. The DRC met with the nursing staff to review the 5 Rights of Administration and had them sign the attached form. (See attached form). This is to ensure compliance of following the written orders on the MAR when administering straight and PRN orders.
5. This change is currently followed and has been successful. The DRC will continue monitor and will review the narcotic counts routinely, all discrepancies are to be reported to the DRC / Administrator immediately. The Administrator will oversee compliance.

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

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

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

8/8/17



8/15/17



Violation Report: 22614 - 03/08/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**

On 3/5/17 at 4pm and 8pm, the home held Acetaminophen 500mg for resident #1. The home had not received a written order from an authorized prescriber for the change and did not have documentation of a verbal order received by a registered nurse

**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 attached  
 POC  
 4 of 6*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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)	Date
Mary Jane Smolentz	8/8/17

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

The above plan of correction is approved as of 8/15/17  
 (Date)

Plan of correction implementation status as of 8/15/17  
 (Date)

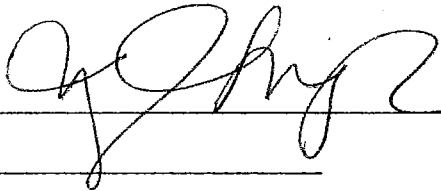
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 (Initials)

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

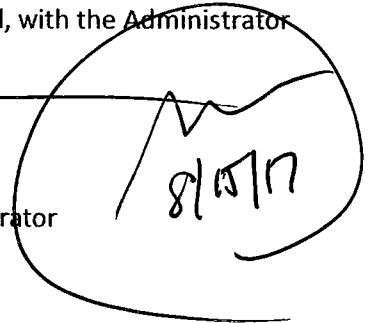
Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.186 (c) – Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, and alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.
2. Plan of Correction: 4 of 6  
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the nurse on duty failed to follow the proper procedure.
3. This violation was due to lack of follow through and understanding of the return from hospital process by the nurse on duty. She failed to reach out to the DRC for guidance and proper direction.
4. The DRC met with the nurse to retain her on the proper process to follow when a resident returns back from the hospital. The nurse was later terminated 4/5/17.
5. The DRC initiated a new check list to ensure that all nursing staff have a clear understanding of the process when receiving a resident back from the hospital so that all new orders are processed correctly. (See attached form)
6. The DRC will follow up on all residents returning back from the hospital, with the Administrator overseeing compliance.

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

Signature of Legal Entity: 

Date: 8/8/17



Violation Report: 22614 - 03/08/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

**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 #1 has a current physician's order for Lorazepam 0.5mg tablet, take one tablet by mouth, under tongue, or rectally every four hours as needed. This medication was in the home's medication cart but was not listed on the resident's current medication administration record (MAR).  
 Resident #1 has a current physician's order for Acetaminophen 500mg take one tablet by mouth every four hours for knee pain. This medication was in the home's medication cart but was not listed on the resident's current MAR.

**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 attached  
 POC  
 5 of 6*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/16/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date 8/8/17

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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:

- Resident's name
- Drug Allergies
- Name of medication.
- Strength
- Dosage form
- Dose
- Route of Administration
- Frequency of Administration
- Administration times
- Duration of therapy, if applicable
- Special precaution, if applicable
- Diagnosis of purpose for the medication including PRN
- Date and time of medication administration
- Name and initials of the staff person administrating the medication

2. Plan of Correction: 5 of 6

It is always the intent to ensure that the facility is following the regulations correctly.

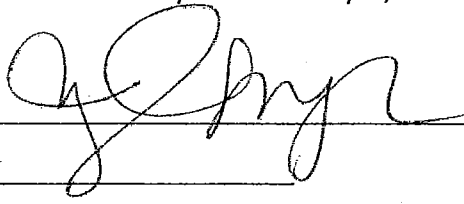
3. After further review and follow up with the pharmacy, resident #1 was never dispensed Lorazepam 0.5mg every 4 hours PRN. The facility received orders for Lorazepam 0.5mg every 6 hours PRN that started 2/17/16. There was also an order for Ativan Liquid 2mg/ml SL 0.25mg ml, every 4 hours PRN, dispensed 3/7/17. No other Lorazepam orders were received or dispensed from the pharmacy. (See attached forms)
4. In regards to the Acetaminophen 500mg, the medication was on hold and as previously stated in Violation 2600.186 (c), the nurse on duty failed to follow the proper procedure, she was retrained but later terminated 4/5/17.
5. The DRC will continue to monitor and follow up on all orders with the Administrator overseeing compliance.

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

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

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

8/8/17



8/15/17  
m

Violation Report: 22614 - 03/08/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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 Acetaminophen 500 mg tablet, take one capsule by mouth every four hours for knee pain, 8am, 12pm, 4pm, and 8pm. The resident was admitted to the hospital and the medications were placed on hold in the medication administration record. When the resident returned from the hospital on 3/4/17 at 3:30 the medications were never taken off hold in the medication administration record and therefore even though the resident had a current physician's order they were not administered on 3/4/17 at 4pm and 8pm and on 3/5/17 at 8am and 12pm.

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.

*All attached  
 POC  
 6076*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2016	07/28/2016
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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)	Date
Mary Anna Smolenski	8/8/17

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Violation Report #22614- 3/8-17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.187 (d) – The home shall follow the directions of the prescriber.
2. Plan of Correction: 6 of 6

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the same nurse failed to follow the proper procedure.

3. This violation was similar to violation 4 of 6, with the nurse not following the correct process when the resident returned back from the hospital therefore, the Plan of Correction is the same.
4. The checklists are currently being used and have been successful. The DRC will continue to follow up on all residents returning from the hospital with the Administrator overseeing compliance.

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

Signature of Legal Entity:

Date:

8/8/17

