



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: May 22, 2017**

Ms. Sharon L. Immler,  
President  
Morning Glory Senior Living, Inc.  
419 North Queen Street  
Littlestown, Pennsylvania 17340

RE: Morning Glory Senior Living  
Certificate #: 312800

Dear Ms. Immler:

As a result of the Department of Human Services' licensing inspection on May 4, 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, appearing to read "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

Page 1 of 3

<b>PCH Name:</b> MORNING GLORY SENIOR LIVING		<b>License Number:</b> 31280
<b>Address:</b> 419 N QUEEN STREET, LITTLESTOWN, PA 17340		<b>County:</b> Adams
<b>Administrator:</b> Cathy Franek, Sharon Immler		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> MORNING GLORY SENIOR LIVING INC		
<b>Legal Entity Address:</b> 419 N. QUEEN STREET, LITTLESTOWN, PA 17340		
<b>Certificate(s) of Occupancy</b> C-2 LP 12/31/2001 L&I		
<b>Staffing Hours</b> <b>Resident Support:</b> 0		<b>Total Daily Staff:</b> 9
<b>Type of Inspection:</b> Partial		<b>Waking Staff:</b> 7
<b>Reason(s) for Inspection(s)</b> Incident		<b>BHA Docket Number:</b>
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/04/2017: Heemer, Laura		<b>Notice:</b> Unannounced
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> <b>Partial or Full Triggers:</b>		
<b>Random Indicators:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 12	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 9	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit In Home:</b> No	<b>Are 60 Years of Age or Older:</b> 9	
<b>Area:</b>	<b>Have Mental Illness:</b> 0	
<b>Secured Dementia Unit Capacity, if Applicable:</b>	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b>	<b>Have a Mobility Need:</b> 0	
<b>Number of Current Hospice Residents:</b> 0	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 1		

RECEIVED TIME MAY. 19. 12:15PM

Violation Report: 31280 - 05/04/2017 - Heemer, Laura  
PCH Name: MORNING GLORY SENIOR LIVING

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

On 4/11/2017 an allegation of verbal abuse by Staff member A toward Resident 1 was reported to the home's administration. The home reported the abuse to the Department but did not make the required report to the local area agency on aging.

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.

When there is a report of suspected abuse we will notify the Dept of Human Services along with the Dept of Aging Agency, in accordance with the Older Adults Protective Services Act.

With the incident that occurred, that we were in violation, we have notified the Dept of Aging Agency on Friday May 12, 2017.

In the future we will notify both the Dept of Human Services and the Dept of Aging Agency.

We will also address this at our staff meeting on May 24th. [Redacted] Administration will address this.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Sharon L. Immler

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Sharon L. Immler Administrator

Date 5/19/2017

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

The above plan of correction is approved as of

5/22/17  
(Date)

Plan of correction implementation status as of

5/22/17  
(Date)

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

The above plan of correction was approved by

BAIS  
(Initials)

Violation Report: 31280 - 05/04/2017 - Heemer, Laura  
PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 4/11/2017 Staff member A found a medicine cup in the room of Resident 1 that contained an oxycodone tablet that had been provided to Resident A earlier in the day. The staff member who provided the tablet to Resident 1 did not ensure that the resident swallowed the medication.

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 will follow the regulations. Identify the resident, if needed in order to administer the med we will measure the vital signs, remove the med from the container, crush or split if ordered. Put the med in a cup (med cup) and administer to the resident as prescribed - in hand or in the residents mouth. We will not leave the residents room until they have taken their med. We will then document this in the MARS. We are having a staff meeting on May 24th to address this with all of our direct care staff. Admin. will address

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sharon L. Imbler*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Sharon L. Imbler Administrator

Date

5-19-2017

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

The above plan of correction is approved as of

5/22/17  
(Date)

Plan of correction implementation status as of

5/24/17  
(Date)

The above plan of correction was approved by

*BJS*  
(Initials)

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