



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 28 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' (Department) annual licensing inspection on September 26, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The facility has not posted the Influenza Awareness Act poster in a public and conspicuous place in the facility as required by the Influenza Awareness Act.
 The facility has a gas stove in the kitchen and did not have a carbon monoxide detector located in the kitchen as required by the care facility Carbon Monoxide Alarms Standards 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.

The safety of the residents, in fact all corners and pores in the building shall always be the priority. The 1st issue, the poster, was an oversight that has been corrected. The poster has been placed and an auto-repeating alarm for "water calendar" entry has been made for future compliance.

As for the CO detector, we had complied with our "Fire Safety" Inspector's rule which ultimately did not satisfy the DHS/CO ASA. A CO detector shall always be present & regularly tested in the kitchen.

The administrator is responsible for monitoring and ongoing compliance. *m* 12/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

David Song

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

David Song Adm

Date 12/5/17

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

The above plan of correction is approved as of

12/5/17
 (Date)

Plan of correction implementation status as of

12/5/17
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
The container, in the kitchen storing two 25 lb. bags of sugar, did not have a lid on it.

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.

Food sanitation shall always be maintained as it is vital to resident safety. The lid was recently broken and a new replacement had not yet been rec'd. If this occurs in the future, the kitchen crew is instructed to always have the box sealed, either by wrap or lid.

The administrator shall monitor and assume ongoing compliance.

[Signature]
12/5/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) David Scarp Admin Date 12-5-17

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The above plan of correction is approved as of 12/5/17 (Date)

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

Plan of correction implementation status as of 12/5/17 (Date)

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

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There were three opened bags of cereal in the dry food storage room: Rice Krispies, Raisin Bran, and Toasted Oats. All three bags were not dated when they were opened.

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.

Again, food sanitation and freshness is vital for resident safety. All dietary staff know, through initial training, that all opened foods must be dated. The crew in this case have been made aware of their omission and have been retrained. Dietary manager routinely goes through all inventory and shall be alerted/on the lookout for any future omissions.

The administrator shall be responsible for ongoing compliance.

[Signature]
 12/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

David Fay Adm

Date

12/5/17

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12/5/17
 (Date)

Plan of correction implementation status as of

12/5/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 21962 - 09/26/2017 - Faulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 The dryer in the third-floor laundry room had an abundance of lint in the lint trap.

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.

Lint and its fire risk is so well known by all staff, as they are also trained on its correct removal. Housekeeping even does an additional daily check that they log. The amount of lint that was on the trap was so small that it really wasn't from left over/buildup but probably from

embedded on old traps. To correct we are replacing the old traps and housekeeping's duty of checking lint traps shall be expanded to daily drum checks as well. They shall report to the administrator with their expanded logs.

The administrator shall monitor and assure ongoing compliance.

12/5/17

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

Signature of Legal Entity Representative (Required on EVERY Page)

David Perry

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

David Perry Admin 12/5/17

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The above plan of correction is approved as of 12/5/17
 (Date)

Plan of correction implementation status as of 12/5/17
 (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: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The letter to the fire department did not state the capacity of 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.

For a fire company to have advance notice on resident size/qty is extremely beneficial for our resident safety. We had always been diligent on our immobile letters to the fire company but simply never re-told them the capacity of our building since opening. We have drafted and mailed a new letter

including that information and a map of our building.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 12/5/17

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) <i>Davis Sup Adm</i>	Date <i>12/5/17</i>
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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 In the boiler room of the home, there were two card board boxes containing mirrors and floor tiles. The boxes were within 2 feet of the hot water heaters with gas pilots.

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.

fire issues severe, rightfully so, everyone and all are trained & retrained on fire safety which includes such storage. The maintenance personnel responsible is so obviously aware of his error and knows to never do again. Additionally, we are taping off the "No Storage Zone" and shall label it such as
 An ongoing reminder.

The administrator shall monitor and be responsible for ongoing compliance.

12/5/17

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) David Sery Adm.	Date 12/5/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/5/17</u> (Date)	Plan of correction implementation status as of <u>12/5/17</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: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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 3/22/17, resident #1 was prescribed Monistat 3 cream with applicator 4% intravaginally once a day at bedtime for three days. This medication was still listed as a current medication on the resident's September 2017 Medication Administration Record (MAR) and staff continued to initial that this medication was administered from 9/1/17 through 9/25/17 at 8am without following the proper steps for medication administration.

On 8/25/16, resident #2 was prescribed miconazole topical spray 2%, 1 spray twice a day for 30 days. This medication was still listed as a current medication on the resident's September 2017 Medication Administration Record (MAR) and staff continued to initial that this medication was administered from 9/1/17 through 9/25/17 at 8am without following the proper steps for medication administration.

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.

Medication taking as well as medication dictating are so obviously important to any ones health. In this issue both of these meds were to be DC'd and were not. Our medication population gets done by our pharmacy and this addition was thought to be on auto-pilot. However, going forward our LPN's who do the "confirming" step of this process shall now have an additional observation of the DC date. A report of "Meds added to system" shall be generated monthly and show the installed DC dates for all. This report done bi-weekly shall be monitored by the Admin. The administrator shall be responsible for

Repeat Violation: No Date(s) of Previous Violation(s): *monitoring and ongoing compliance*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David Sarge Admin*

Date: *12-5-17*

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The above plan of correction is approved as of *12/5/17*
 (Date)

Plan of correction implementation status as of *12/5/17*
 (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: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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 #3's Spiriva Cap Handihr expired 4/17.

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.

Expired meds are ineffective and as such can put the user at risk and therefore must be replaced. We have an employee who is tasked with cart audits that are designed to catch this exact issue. This crew member shall now complete the cart audit daily with the Administrator by her side. This will accomplish a double-team effect

and also ensure the accuracy. The Adm's presence will also be the best way to make sure that the Adm is fully aware of any med issues.

• The administrator shall monitor for ongoing compliance

[Signature] 12/5/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/01/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Perry Adm. Date 12/5/17

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 (Date)

Plan of correction implementation status as of 12/5/17
 (Date)

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

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

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Tramadol HCL tab 50 mg, take one tablet by mouth every 12 hours as needed for moderate pain. The medication is labeled, "Tramadol HCL tab 50mg, take 1/2 tablet by mouth twice daily as needed for moderate pain". The label is not current.

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.

Just as previous need for medication correctness, so is the need for correct dosage. The current system of cart audits should have been catching this. As in previous violation, the

- Adm shall now be present daily at the time of cart audits and conduct them with the Medication Manager.
- Adm will therefore have direct and immediate knowledge of any issues.
- The administrator shall be responsible for ongoing compliance.

M 12/5/17

Repeat Violation: Yes

Date(s) of Previous Violation(s)

06/21/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

David Seay

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

David Seay Adm

Date

12/5/17

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The above plan of correction is approved as of

12/5/17
 (Date)

Plan of correction implementation status as of

12/5/17
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli PCH Name: ABINGTON MANOR AT MORGAN HILL	
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 glucometer for Resident #1 was not calibrated to date and time. Resident #3 is prescribed Arthritis Pain Tab 650mg, take one tablet by mouth every 6 hours as needed. This medication was not available in the home. Resident #4 is prescribed Enema Ready-ENE-TO-USE, as needed. This medication was not available in 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.	
<p>Just as in previous mentions, the proper administration of medication is vital to a resident's health. In this case the date & time settings as well as the presence or lack of presence of a med is also an easy fix when daily count audits are completed properly. The fix is the same; the ADU shall complete, daily, the count audits along with the med manager. They shall go through the count and jointly make the report and say needed fixes. The administrator shall monitor and be responsible for ongoing compliance. W/12/5/17</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/01/2016 06/21/2017
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>David Gray</u>	
Date <u>12-5-17</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12/5/17</u> (Date)	Plan of correction implementation status as of <u>12/5/17</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: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

On 3/22/17, resident #1 was prescribed Monistat 3 cream with applicator 4% intravaginally once a day at bedtime for three days. This medication was still listed as a current medication on the resident's September 2017 Medication Administration Record (MAR).

On 8/25/16, resident #2 was prescribed miconazole topical spray 2%, 1 spray twice a day for 30 days. This medication was still listed as a current medication on the resident's September 2017 Medication Administration Record (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.

This is the same violation of medication and resident as on page 8 of 15. Between the DC report from the CPAs and the Administrator Court Audit this issue will be watched for and re-watched for by many parties ending with

the Administrator. Checking for the current-ness of med orders and the removal of the med from the cart are certainly bases of any Court Audit.

The administrator shall be responsible for monitoring and ongoing compliance.

[Signature]
 12/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

David Seng Adm.

Date 12/5/17

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Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 9/17/17 at 8am resident #1 refused to take a scheduled dose of Albuterol Neb 0.083%. The home did not report the refusal to the resident's doctor as required.

On 9/20/17 at 2pm resident #1 refused to take a scheduled dose of Saline Mist Spray 0.65% . The home did not report the refusal to the resident's doctor as required.

On 9/25/17 at 8am resident #2 refused to have a weekly weight completed on Monday morning. The home did not report the refusal to the resident's doctor as required.

On 9/17/17 at 8am, resident #3 refused to take a scheduled dose of Polyeth Glyc Pow 3350 NF. The home did not report the refusal to the resident's doctor as required.

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.

It is very important for a physician to be up to date on the compliance of their patients. All med techs have been retrained on the policy/law of calling the doctor on refusals. The nurse does list these residents and the Administrator shall retrieve this list daily and make sure that the LPTs contact the doctor. In the case of a resident who regularly refuses, we shall contact the doctor with particular details on this resident and ask for an order on how often they would wish to be contacted.

The administrator shall be responsible for ongoing compliance.

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 Sarp Adm

Date 12/5/17 12/5/17

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

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 (Date)

Plan of correction implementation status as of 12/5/17
 (Date)

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

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

Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 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 is prescribed Acetaminophen 325 mg, two tablets by mouth twice daily at 7am and 1pm. On 9/2/17, 9/9/17 and 9/20/17 this was not administered to the resident at 1pm. The resident also did not receive Saline Mist Spray 0.65% 2 sprays in each nostril three times a day at 2pm on 9/3/17 and 9/9/17. The resident also has a physician's order to be weighed every other week and the resident was not weighed on 9/5/17.

Resident #3 is prescribed Polyeth Glyc Pow 3350 NF 17 GM by mouth daily at 8am. On 9/26/17 this medication was not available in the home.

Resident #3 has a physician's order, dated 8/26/16, for daily weights at breakfast. The resident did not have daily weights completed on 9/5, 9/6, 9/7, 9/10, 9/17, 9/23, and 9/25/17.

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.

This violation, its importance and the correction will mirror violations "13 of 15" (Referrals) as in the daily 2 EO week weights and "11 of 15" in reference to the med not available. Both POC pages for these items will correct these issues as well. These POCs were for Abington Manor to conduct Caret Audit daily with Med Manager and for them to also watch the Daily Med Delivery Report for any referrals and to ensure there notification to the resident's Dr.

The administrator shall monitor and be responsible for ongoing compliance. 12/5/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/20/2016, 06/21/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Sery Admin Date 12/5/17

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

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Violation Report: 21962 - 09/26/2017 - Foulkes, Kimberli
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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 Resident Assessment and Support Plan (RASP) for Resident #5 stated the resident was on a regular diet with no restrictions. Resident #5 cannot have nuts, corn, seeds and requires thin liquids. The RASP needs to be updated to reflect the resident's restrictions and dietary needs.

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.

Maintaining an accurate care plan is the foundation of good comprehensive care for our residents. To that end, the Administrator currently reviews all RASPs and in that process crosses them with the DME and Med list. Any Annual

RASP is copied from these forms as well as the previous RASP and subsequent Dr's orders. The resident's dietary needs were clearly stated on the DME and Face Sheet but not carried over to the RASP. This is something that I as the Administrator do look for as I review the RASPs & DMEs. I can only explain this as a miss by the LPN who makes the RASP and myself who reviews them. I have spoken and retrained the LPNs and I, the Administrator shall simply become more diligent and slower in my reviews and make acc. corrections.

Repeat Violation: No Date(s) of Previous Violation(s): *Ⓢ The administrator shall be*

Signature of Legal Entity Representative (Required on EVERY Page) *David S. Jay* *responsible for organizing*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date *12/5/17*

compliance in 12/5/17

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

The above plan of correction is approved as of *12/5/17* (Date) Plan of correction implementation status as of *12/5/17* (Date)

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

The above plan of correction was approved by *M* (Initials)