



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 28 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' (Department) annual licensing inspection on October 31, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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: MARY ANN SMOLENYAK		Region: NORTHEAST
Legal Entity Name: MORGAN HILL SENIOR LIVING LLC		
Legal Entity Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042		
Certificate(s) of Occupancy		
I-1 04/08/2015 WILLIAMS TOWNSHIP		
Staffing Hours		
Resident Support: 44	Total Daily Staff: 132	Waking Staff: 99
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/31/2017: Yellenic, Cindy; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 44 Secured Dementia Care Unit in Home: Yes Area: THE ENTIRE BUILDING. Secured Dementia Unit Capacity, if Applicable: 50 Number of Residents Served in Secured Dementia Care Unit, if applicable: 44 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 44 Have a Physical Disability: 0	

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summary dated 4/21/17 & 3/1/17 posted in the home's lobby contained the resident privacy coding documents. The resident's names were scribbled out with ink but the names were still visible exposing the resident's confidential information.

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 sheet
2 of 19

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARY ANN SMOLENYAK</i>	Date <i>11/28/17</i>
---	----------------------

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</u> (Date)
The above plan of correction was approved by <u><i>m</i></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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.17 – Resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, Staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s POA for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

2. Plan of Correction: 2 of 19

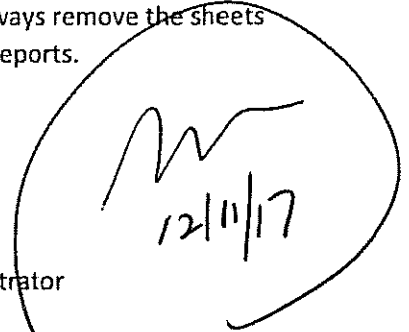
It is always our intent to ensure that the facility is following the regulations correctly. In this violation a typed sheet with resident names was scribbled out but still slightly visible, and was posted in the Regulatory binder in the facility front lobby. This regulation is important to maintain a resident’s privacy at all times.

- The Administrator was made aware of the violation by the DHS inspector and she immediately removed the summary sheets with the residents scribbled out names from the Regulatory binder located in the facility front lobby.
- To ensure accuracy moving forward, the Administrator will always remove the sheets containing the resident names from the inspection summary reports.

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

Signature of Legal Entity: _____

Date: 11/20/17

A handwritten signature and the date "12/11/17" are circled in black ink.

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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 home utilizes a gas fired stove in the kitchen. There is no carbon monoxide detector located at least 15 feet away from the fossil fuel burning device as required by the Care Facilities Standard Carbon Monoxide 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.

All attached sheet
3819

The administrator shall monitor and comply with the Care Facilities Standard Carbon Monoxide Act. The administrator shall be responsible for ongoing compliance.

Repeat Violation: No | Date(s) of Previous Violation(s): *12/11/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY ANN SMOLENOK* | Date *11/28/17*

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

The above plan of correction is approved as of <i>12/11/17</i> (Date)	Plan of correction implementation status as of <i>12/11/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.18 – A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. Plan of Correction: 3 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation the carbon monoxide detector was located at least 15 feet away from the fossil burning device outside the kitchen.

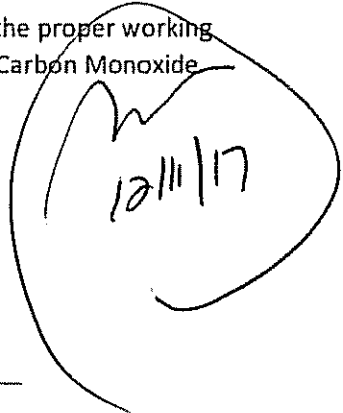
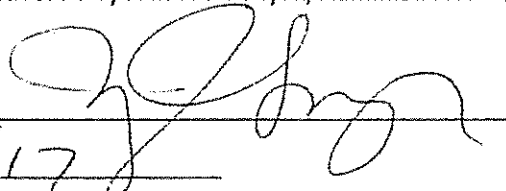
- As per the directions given from Fire Safety Expert during his annual inspection June 13, 2017, the battery operated Carbon Monoxide detector that was located in the Kitchen was removed.
- The Fire Safety Expert's explanation was that the hard wired Carbon Monoxide detector which was located in the Dining Room within 15 feet away was enough. He also stated that a detector is never to be hung within the kitchen closed area.
- Please see the manufacture paperwork that clearly documents that a Carbon Monoxide detector is not be installed in a kitchen.
- It states that a detector can be located outside a room, where our Carbon Monoxide detector was properly located.
- I feel in this violation, the facility was following the proper procedure / regulation, and also the suggestion from the Fire Safety Inspector, and according to what the company suggests as well. (See attached manufacture sheet).
- It will be the responsibility of the Maintenance Director to maintain the proper working order of the fire safety emergency system to include the hard wired Carbon Monoxide detectors. The Administrator will continue to oversee compliance.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Staff Person A, date of hire 1-19-16, whose first day was 2-1-16, did not have the first day orientation completed until 2-2-16.

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 sheets
 40719

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) <i>MARY ANN SMOLENIAK</i>	Date <i>11/28/17</i>
---	----------------------

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.65(a) – Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness.

2. Plan of Correction: 4 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation coworker A was hired prior to the current Administrator and Human Resource directors' employment, therefore there was no way to fix the violation. This regulation is important to ensure that all staff are immediately trained to respond to an emergency situation.

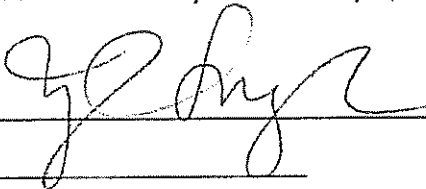
- Currently, all new hires are started on their first day of orientation during On Boarding, which includes all 7 areas in general fire safety & emergency preparedness. (See attached On Boarding checklist).
- The Human Resource director or designee will be responsible for the initial On Boarding trainings with the Administrator overseeing compliance.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to Staff Person(s) A and B did not include the mandated element on instruction on meeting the needs of the resident as described in the preadmission screening form, resident assessment and support plan (RASP), and the medical evaluation (DME).

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 sheets
 5/19

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) *Mary Ann Smolensky* Date *11/28/17*

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

The above plan of correction is approved as of 12/11/17
 (Date)

Plan of correction implementation status as of 12/11/17
 (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 #22614- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.65 (f) – (7) Training topics for the annual training for direct care staff persons.

2. Plan of Correction: 5 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation the annual training to include the instruction & needs of Prescreen, DME & RASP were not provided to staff person A & B.

This regulation is important to ensure that all staff persons receive the necessary training to successfully provide essential resident care services.

- Moving forward, the Administrator will create a training based on the explanation, instruction of use and importance to all direct care staff, and will be completed in the current years training plan which ends 12/31/17.
- The Administrator will hold training a training session 12/14/17 for all caregivers to attend.
- A sign in sheet will be scanned to DHS following this POC once completed.
- The Administrator will be responsible for this training moving forward, with the HR director/ designee tracking attendance and maintaining compliance.



[Handwritten signature]
12/11/17

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

Signature of Legal Entity: _____

Date: _____

11/28/17

[Handwritten signature]

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person B did not receive training in Fire Safety and Emergency Procedures during training year 2016.

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 sheets
6/27/19*

The administrator shall assure that ALL staff + staff person B receives training in the required areas for training year 2016, 2017 + ongoing. The administrator shall be responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): *12/11/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smolenyak* Date *11/28/17*

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.65 (g) – Direct Care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually.

2. Plan of Correction: 6 of 19

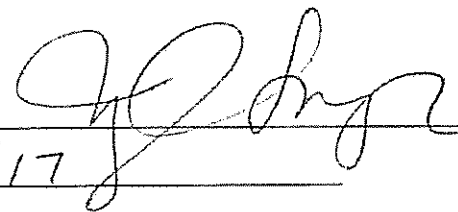
It is always our intent to ensure that the facility is following the regulations correctly. In this violation staff person B did not receive training the Fire Safety Procedures during the 2016 training year.

This regulation is important to allow the administrator to track each staff person's training process throughout the year and provides evidence of successful training completion.

- The Fire Safety training was scheduled by a certified Train the Trainer for all staff to attend 7/28/17. (see attached fire safety trainer's certificate).
- Staff person B failed to attend this training therefore causing this violation.
- The facility has since certified the Maintenance Director as a Certified Fire Safety Train the Trainer, and will be presenting all trainings moving forward.
- The Administrator has designated the Train the Trainer to present the Fire Safety / Preparedness training quarterly to ensure all staff are properly trained.
- • The Administrator will be responsible to oversee that all staff are attending the annual Fire Safety trainings.

12/11/17

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

Signature of Legal Entity: 
Date: 11/28/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION

The staff training plan for 2017 did not include the following mandated elements: Instruction on meeting the needs of the residents as described in the preadmission screening form, the Resident Assessment and Support Plan, and the medical evaluation; Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert; and, emergency preparedness procedures and recognition and response to arises and emergency situations.

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 sheets

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)	Date
MARY ANN SMOLENYAK	11/28/17

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.66 (a) – (A staff training plan shall be developed annually
2. Plan of Correction: 7 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation the 2017 training plan was completed but was missing the mandated trainings on the instruction and importance of the Prescreen, RASP & DME This regulation is important because it provides the home with an organized plan to ensure all staff persons receive the required training. It ensures residents are given high quality & consistent care by trained staff.

- Moving forward, the Administrator and HR director are revising the current training plan to include the missing mandated training.
- The Administrator will scan the updated/revised training plan to DHS following this POC.
- The Administrator will be responsible to creating a new Annual Training plan each year with the assistance of the HR director to assist in tracking compliance.



[Handwritten signature]
12/11/17

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

Signature of Legal Entity: *[Handwritten signature]*

Date: 11/28/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident #1 had a bed cane that was not covered. The opening was approximately 12" by 6" and could be a potential hazard to the resident.

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 sheets
8/8/19

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smolejok K* Date *11/28/17*

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.81 (b) – Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2. Plan of Correction: 8 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation resident # 1 had a bed cane in use that was not covered. This regulation is important to ensure the safety of our residents, and in this case to prevent a potential hazard.

- All resident's that reside at the facility and require the use of a bed cane for further support have the appropriate cover including the one mentioned in this violation. Unfortunately, in this case the resident who has a diagnosis of dementia removed the cover without the knowledge of the care staff. The cover was in the room next to the bed.
- The violation was immediately resolved by placing the cover over the bed cane.

→ • To ensure compliance, so that this doesn't happen again, it will be the responsibility of the caregiver to make sure that all bed canes are covered during daily care. This task will be added to each caregiver's assignment sheet of residents that use the device, as well as the housekeeping checklist attached to previous violation 2600.81(b).

- The Administrator followed up with a meeting for all staff to review the annual inspection violations and expectations moving forward. (see attached sign in sheet).

- Moving forward, the Administrator will make monthly rounds with the maintenance director to ensure that all regulatory physical site requirements are maintained.

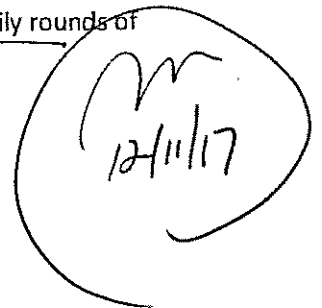
→ • The Administrator will continue to oversee compliance by completing daily rounds of the facility.

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

Signature of Legal Entity: _____

Date: _____

11/28/17


M
12/11/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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
A paper towel and a dryer sheet was located behind the Maytag commercial dryer located in the B wing laundry room, posing a possible fire hazard.

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 sheets

9 of 19

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) Date: 11/28/17

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

The above plan of correction is approved as of 12/11/17
(Date)

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

Plan of correction implementation status as of 12/11/17
(Date)

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

Violation Report #22614- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.125 (a) – Combustible and flammable materials may not be located near heat sources or hot water heater.

2. Plan of Correction: 9 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation a paper towel and dryer sheet fell behind the Maytag commercial dryer in the laundry room. This regulation is important to prevent a possible fire hazard and to ensure the safety of our resident's.

- The Administrator has met with the Director of Housekeeping and DRC to update both the caregiver assignment sheets as well as the housekeeper assignments to check behind all dryers on a routine basis daily to ensure the areas behind the dryers are free of combustible and flammable materials.
- The Administrator met with the staff to discuss all of the inspections violations and expectations moving forward. (See sign in sheets from previous violation 2600.81(b).



It will continue to be the Administrators responsibility to oversee compliance.

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

Signature of Legal Entity: _____

Date: _____

11/28/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The homes letter from the fire safety expert dated 6/13/16 notes a safe evacuation time of 11 minutes. The fire drill conducted on 5/19/17 at 4:40am notes an evacuation time of 11 minutes 23 seconds.

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 sheets

→ The administrator shall monitor and be responsible for ongoing compliance
M
 12/11/17

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) *MaryAnn Smolenyak* Date *11/28/17*

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.132 (d) – Residents shall be able to evacuate the entire building to the public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2. Plan of Correction: 10 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation, the home conducted a fire drill at 4:40am in 11minutes 23 seconds, 23 seconds short of the allotted time. This regulation is important to maintain the safety of our resident to ensure that everyone is able to evacuate in a timely manner.

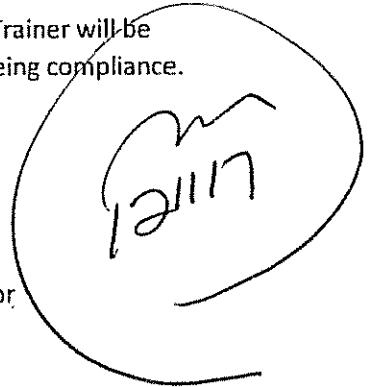
- The facility has made several changes in the schedule over the past year, by adding a housekeeping position on the 11pm-7am shift which adds another person to assist in the evacuation process in the event of a fire.
- During our last inspection 6/13/17 by the fire safe expert, the time of our fire drills have been changed to 12 minutes. (see fire expert letter)
- The Maintenance Director who is a Certified Fire Safety Train the Trainer will be responsible to conduct all fire drills with the Administrator overseeing compliance.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 5/19/17 at 4:40am notes 41 residents present in the building when the alarm was activated however only 36 residents were evacuated.

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 sheet

110719

→ The administrator shall monitor and be responsible for ongoing compliance.

mu-12/11/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/15/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY ANN SMOLENYCZK* Date *11/28/17*

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.132 (h) – Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2. Plan of Correction: 11 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation, 4 residents who reside in our Dementia Secured Unit refused to evacuate during the sleeping hours fire drill. This regulation is important to keep all residents safe in the event of a fire to ensure all resident are evacuated from the facility in the allotted time given by the fire safe expert.

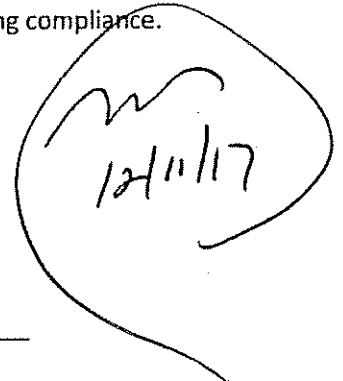
- The plan of correction in this violation are similar to those mentioned in a previous violation regulation 2600.132 (d) where changes were made in the schedule over the past year, by adding a housekeeping position on the 11pm-7am shift which adds another person to assist in the evacuation process in the event of a fire. This also adds assistance and time to be able to redirect and encourage all residents to evacuate.
- • All residents that refused have continued to evacuate during the fire drills that followed over the past year.
- • During our last inspection 6/13/17 by the fire safe expert, the time of our fire drills have been changed to 12 minutes.
- • The Maintenance Director who is a Certified Fire Safety Train the Trainer will be responsible to conduct all fire drills with the Administrator overseeing compliance.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22814 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #2's DME dated 7/20/17 did not include anything for health status and cognitive functioning. The areas were left blank.

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 sheet
 12/8/19*

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/28/17

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

The above plan of correction is approved as of 12/11/17
 (Date)

Plan of correction implementation status as of 12/11/17
 (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 #22614- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.141 (a)(2) – The medical evaluation must include the following: (1) through (10)

2. Plan of Correction: 12 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation resident #2's DME was missing health status & cognitive functioning. This regulation is important to ensure the proper plan of care for each resident is being provided.

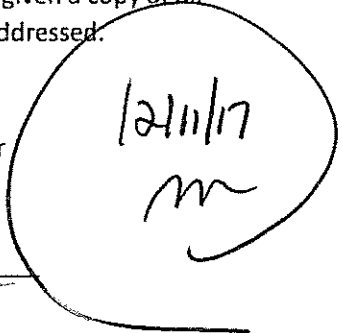
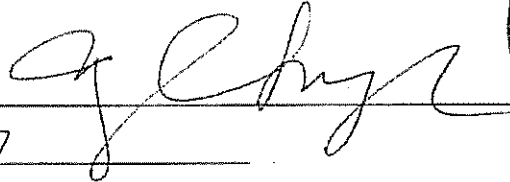
- The DRC is responsible for the tracking & completion of all DME's: Initial, Annual & Significant Change
- The DRC currently has a process for completion and marks the DME on the top right corner with her initial to signify that the DME has been reviewed for compliance.
- In this case the DRC inadvertently missed the completion of section 9, this DME was immediately updated by the DRC and PCP.
- The Administrator will continue to oversee compliance, and will be given a copy of all DME's to review, if any errors are found they will be immediately addressed.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 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 #3's 2.5mg of Warfarin take ½ tablet by mouth on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday was located in the medication cart but is not a current order.
 The home's first aid kit contained triple antibiotic ointment that expired 4/17 and (6) Medi First packets that expired 2/17.

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 sheets

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/08/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smatanyak* Date *11/28/17*

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

The above plan of correction is approved as of *12/11/17*
 (Date)

Plan of correction implementation status as of *12/11/17*
 (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 #22614- 10/31/17

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.

2. Plan of Correction: 13 of 19 #1

It is always our intent to ensure that the facility is following the regulations correctly. In this violation Resident #3's Warafin dosage was previously changed, but there was no change of direction sticker added to the medication blister pack. There was also a violation regarding the first aid kit, which contained an outdated ointment. The regulation is important to ensure the proper/ safe administration of all medications administered to the residents.

- Using the current process, the nurse receives the new order, pulls the medication that has been discontinued. If the medication dose matches the current order, a change of direction sticker is added to the blister care to alert the change.
- This process prompts the medication tech to follow the new order in the EMAR system for that medication and dosage.
- The DRC / Administrator will be meeting with the nursing staff to include the medication techs to review and reeducate them on the process. (See the agenda sheet attached, the sign in sheet will be scanned to DHS once completed).
- It will be the DRC's responsibility to ensure ongoing training with the Administrator overseeing compliance.

Plan of Correction 13 of 19 #2

- The assigned nurse is to audit the first aid kit monthly. To ensure this will be addressed it will be added to the current cart audit which is also completed monthly.
- The DRC will be responsible to ensure the monthly audits are completed with the Administrator overseeing compliance. (see copy of assignment sheet).

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

Signature of Legal Entity: _____

Date: _____

11/28/17

12/11/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The medication cart in the nurses station had 5 1/2 loose pills in the bottom of the 2nd drawer. All six were different medications.

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 sheets

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) *Mary Ann Smolenski* Date *11/28/17*

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

The above plan of correction is approved as of 12/11/17
 (Date)

Plan of correction implementation status as of 12/11/17
 (Date)

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

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

Violation Report #22614- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.183 (e) – Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

2. Plan of Correction: 14 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation there were loose pills in the bottom drawer of the medication cart. This regulation is important ensure that all medication is stored properly.

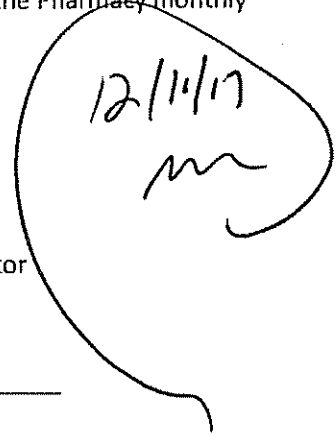
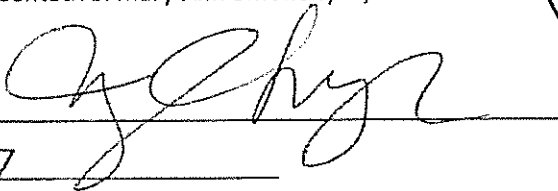
- The DRC will assign the Medication Tech to check all medication cart drawers at the end of each shift to ensure there are no loose pills.
- This will be in addition to the current monthly cart audit that is performed by the Pharmacy monthly, the last audit was done 11/13/17.
- The Administrator will oversee compliance by following up with the Pharmacy monthly to review each medication carts audit.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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

There were 2 bottles of Memantine in the medication cart that did not have a pharmacy label or any resident's name on the bottles.

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 sheet

15 of 19

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) Date

MARY ANN Smolenyak *11/28/17*

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

The above plan of correction is approved as of 12/11/17 (Date) Plan of correction implementation status as of 12/11/17 (Date)

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

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

Violation Report #22614- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.184 (a) – The original container for prescription medications shall be labeled with a pharmacy label that included the following; resident name, medication, date, dose, instructions & name of prescriber.

2. Plan of Correction: 15 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation there were 2 bottles of medication in the cart that did not have a pharmacy label or proper resident name on them. This regulation is important to ensure accuracy when administering medication to the resident.

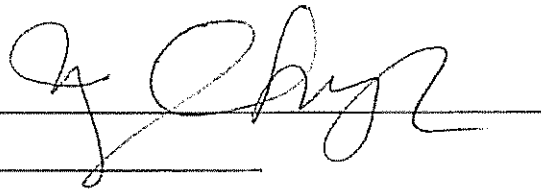
- The facility previously set up monthly cart audits to be performed by the Pharmacy.
- In this violation, and in several other previously mentioned, the cart audit that was scheduled to be completed 10/30/17 was canceled by the Pharmacy, therefore several violations occurred.
- The Pharmacy rescheduled the cart audit and completed it on 11/13/17.
- The DRC has added this audit to the Medication Tech checklist that was attached to violation 2600.183(d)
- The DRC will be responsible to ensure all audits are completed with the Administrator overseeing compliance.

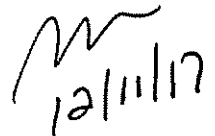
Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: _____

Date: _____

11/28/17




12/11/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 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's medication policy notes the home will count the narcotics on each shift and document it on the narcotic count sheet. On 10/23/17 the count was only completed at 7am. Resident #4's glucometer was not calibrated to the correct date or time.

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 sheets
10/23/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY ANN SMOLENIAK* Date *11/28/17*

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

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.

2. Plan of Correction: 16 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation the nurse failed to comply with the narcotic count policy by documenting that a narcotic count was completed, and the blood glucose meter was not calibrated correctly.

This regulation is important because it reduces the risk that medications and medical equipment will be misplaced, lost or misused.

- • The Administrator will be meeting with all Medication Tech's and Nurses to review each are of concern. (See the attached agenda sheet from violation 2600.183(d)
- • The Checklists and audits are being revised to ensure compliance and each staff member will be held accountable.
- ↳ • The DRC / Administrator will continue to hold Bi-weekly / Monthly nursing staff meeting to maintain compliance and keep updates communicated to all nursing staff.
- ↳ • The Administrator will continue to be responsible to oversee compliance.

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

Signature of Legal Entity: _____

Date: _____

[Handwritten Signature]
11/28/17

[Handwritten Signature]
12/11/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 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 #5 has an order for blood glucose readings per a sliding scale with meals. On 10/28/17 a reading of 166 was noted in the glucometer but was not documented on the MAR. On 10/19/17 the MAR indicated 10 units of insulin being administered for a blood glucose reading of 221. The resident receives a straight order of 8 units of insulin at 4p. The home incorrectly documented the amount of insulin administered for the sliding scale at this time.

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
 sheet
 11/28/17*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/15/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/28/17

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

The above plan of correction is approved as of 12/11/17 (Date) Plan of correction implementation status as of 12/11/17 (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 #22614- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.187 (a) – A medication record shall be kept to for each resident for whom medications are administered.

2. Plan of Correction: 17 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation the staff person documented incorrectly in the EMAR electric system. This regulation is important to ensure the 5 rights of administration are followed

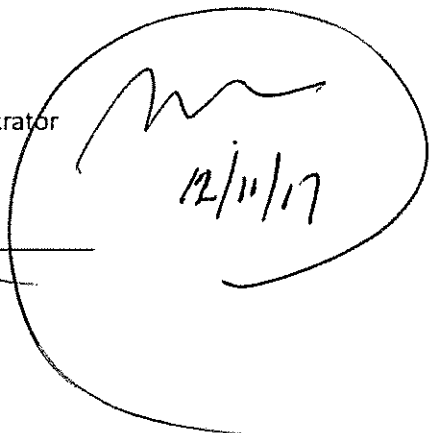
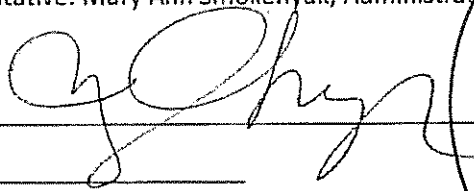
- There was a straight order for insulin and a sliding scale order for resident #5. When the insulin was administered it was the correct amount but it was documented incorrectly.
- ↖ • Instead of documenting the sliding scale units the Medication Tech documented both the sliding scale and sliding scale order together.
- ↖ • The staff members responsible were reeducated and given a written coaching by DRC.
- ↖ • The Administrator and DRC will be meeting with the nursing staff and Medication Tech's to discuss the inspections violations and review the current procedures to ensure compliance. (See agenda sheet from violation 2600.183(d).
- ↖ • The DRC will be responsible to ensure the staff are following the proper process and ongoing training with the Administrator overseeing compliance.

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

Signature of Legal Entity: _____

Date: _____

11/28/17



Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 Resident #2 RASP dated 8/10/17 does not include the residents use for adaptive eating equipment.

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 sheet 180919

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) *MARY ANN SMOLENYAK* Date *11/28/17*

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.234 (d) – The support plan shall be revised at least annually and as the resident's condition changes.

2. Plan of Correction: 18 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation the RASP for resident #2 was not updated to list the use of adaptive equipment.

This regulation is important to ensure that a plan of care is immediately updated to address fire safety issues or changing needs of each resident.

- Resident #2 was using the adaptive eating equipment prior to the current DRS's employment, and the RASP was not initially updated to show the use of the adaptive equipment. It was inadvertently missed by the current DRC during the annual assessment.
- The RASP was immediately updated.
- The DRC has follows a current process by which she reviews each resident's health file and orders when creating and updating a resident's support plan.
- It will continue to be the Administrators responsibility to oversee compliance.



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

Signature of Legal Entity: _____

Date: _____

11/28/17

Violation Report: 22614 - 10/31/2017 - Yellenic, Cindy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #6's record did not include hair color & identifying marks.
 Resident #7's record did not include eye color, hair color & identifying marks.

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 sheet
11/28/17

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)	Date
Mary Ann Smolczyk	11/28/17

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</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- 10/31/17

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.252 – Each resident’s record must include the following information: (1) through (26).


2. Plan of Correction: 19 of 19

It is always our intent to ensure that the facility is following the regulations correctly. In this violation resident #6 & #7 were missing information on their record that are important to properly identify them.

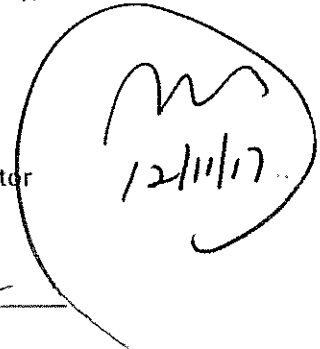
This regulation is important to ensure there is a complete record for each resident to give the home the best possible picture of who the resident is, what the resident’s history is, and what services or needs the resident may have.

- The DRC and Administrator are currently reviewing all files to ensure the resident records are complete and fully identify the resident.
- • Moving forward, it will be added to the Nurse/New Admission checklist to alert the nurse to complete the section in the Emar system of the residents identifying features.
- • This will also be added to the resident health file audits which are currently completed on each resident monthly.
- • The DRC will be responsible to oversee the audits are done monthly, with the Administrator overseeing compliance.

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

Signature of Legal Entity: 

Date: 11/28/17


MS
12/11/17