



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: July 5, 2018

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's Bureau of Human Services Licensing inspection on May 31, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 22614 - 05/31/2018 - Deluca, Amy  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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

**2a. DESCRIPTION OF VIOLATION**  
 On 1/22/2018 Resident #1 was observed grabbing Resident #2's hand and twisting it, which Resident #2 reported to cause him or her pain. The home did not report the incident to the Area Agency on Aging as required by this regulation.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Please see attached sheets for 2 of 5 plan of correction MS*

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 6/25/18

MARY ANN SMOLENYAK

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

The above plan of correction is approved as of 6-28-18  
 (Date)

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

Plan of correction implementation status as of 6/28/18  
 (Date)

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

Violation Report #22614- 5/31/18

Abington Manor at Morgan Hill-Memory Care Village

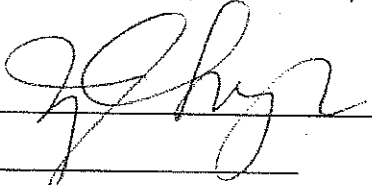
1. Regulation: 2600.15(a) – The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa.Code Sections 15.21-15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
2. The regulation was violated when the facility failed to report the incident to Area of Aging as required by regulation.
3. Plan of Correction: 2 of 5  
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the incident was reported to the Administrator that the incident occurred but there was no injury and that resident #2 denied discomfort.
4. The Administrator reviewed the guidelines in the regulations and based on the injury was not aware that this type of incident was to be reported, both residents have a diagnosis of dementia. Resident #1 wasn't trying to hurt her, resident #2 likes to reach out to hold hands with everyone as a gesture of kindness. Resident #1 holds on and is unaware how to let go at times.
5. Moving forward, the Administrator will ensure that all resident to resident altercations will be immediately reported to AAA for further investigation.
6. The Administrator posted a notice for staff to follow, and created a checklist to follow regarding reportable incidents. (see attachments)
7. Moving forward, the DRC will be responsible to follow up to make sure all reportable incidents are reported to AAA in the allotted timeframe when required, with the Administrator overseeing compliance.

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

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

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

6/25/18

  
6/28/18

Violation Report: 22614 - 05/31/2018 - Deluca, Amy  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 1/22/2018 Resident #1 was observed grabbing Resident #2's hand and twisting it, which Resident #2 reported to cause him or her pain. The home did not report the incident to the Department's Regional office as required by this regulation.

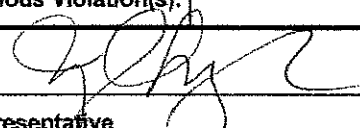
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Please see attached sheet for 3095 POC MS*


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
MARJANN SMOLENSKYAK	6/25/18

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

The above plan of correction is approved as of <u>6/28/18</u> (Date)	Plan of correction implementation status as of <u>6/28/18</u> (Date)
The above plan of correction was approved by  (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- 5/31/18

Abington Manor at Morgan Hill-Memory Care Village

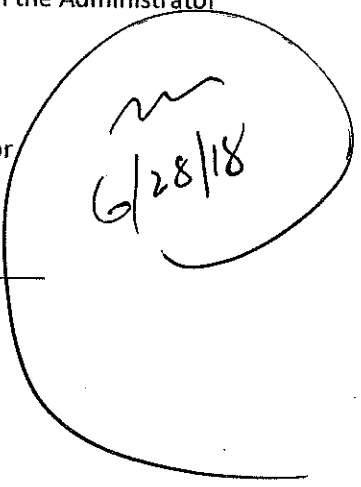
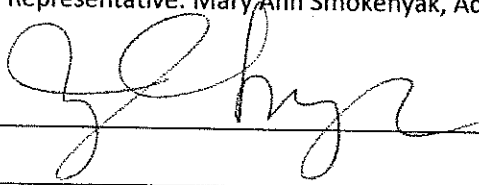
1. Regulation: 2600.16(c) – The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home compliant hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law.)
2. The regulation was violated when the facility failed to report the incident to the Department’s Regional office as required by this regulation.
3. Plan of Correction: 3 of 5  
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the Plan of Correction is the same as for violation 2 of 5. The incident was reported to the Administrator that the incident occurred but there was no injury and that resident #2 denied discomfort.
4. The Administrator reviewed the guidelines in the regulations and based on the injury was not aware that this type of incident was to be reported, both residents have a diagnosis of dementia. Resident #1 wasn’t trying to hurt her, resident #2 likes to reach out to hold hands with everyone as a gesture of kindness. Resident #1 holds on and is unaware how to let go at times.
5. Moving forward, the Administrator will ensure that all resident to resident altercations will be immediately reported to DHS for further investigation.
6. The Administrator posted a notice for staff to follow, and created a checklist to follow regarding reportable incidents. See Attachments.
7. Moving forward, the DRC will be responsible to follow up to make sure all reportable incidents are reported to DHS in the allotted 24 hour timeframe when required, with the Administrator overseeing compliance.

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

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

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

6/25/18



6/28/18

Violation Report: 22614 - 05/31/2018 - Deluca, Amy  
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(c) - A resident shall be treated with dignity and respect.

**2a. DESCRIPTION OF VIOLATION**

On 4/9/2018 at approximately 12:00pm Staff person A became angered when Resident #1 tossed water from a medication cup at the staff person. Staff person A was witnessed by other staff members to then yell "I hate you" at the resident and begin to push the resident in his or her wheelchair by placing one hand at the base of the resident's neck and the other hand on the wheelchair. Staff person A failed to treat Resident # 1 with dignity and respect.  
 On 5/6/2018 at approximately 12:30pm Resident #3 was subjected to teasing from Staff person B who was observed by other staff persons holding the resident's stuffed animal cat and pulling fur from the cat's tail. Staff person B also told the resident that the staff person had eaten his or her cat and that the chicken the resident was going to eat for dinner was actually the resident's cat, causing him or her to become upset.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Please see attached sheets  
 4 of 5  
 POC 6/25/18*

Repeat Violation: Yes      Date(s) of Previous Violation(s) 07/27/2017

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 6/25/18

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

The above plan of correction is approved as of 6/28/18  
 (Date)

Plan of correction implementation status as of 6/28/18  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

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

Violation Report #22614- 5/31/18

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.42(c) – The resident shall be treated with dignity and respect.
2. The regulation was violated when staff members A & B failed to treat residents with dignity and respect.
3. Plan of Correction: 4 of 5  
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, both staff members A & B failed to treat residents with dignity and respect that was introduced to them during the Onboarding & training process.  
(see attached training sheets)
4. On 4/9/18, Staff member "A" failed to follow the proper protocol when caring for a resident, failing to treat resident #1 with dignity & respect.
5. Staff member "A" was immediately suspended 4/9/18 pending further investigation and was terminated, 4/12/18
6. On 5/6/18, Staff member "B" also failed to follow the proper protocol when caring for a resident, failing to treat resident #3 with dignity & respect.
7. Staff member "B" was not on the schedule to return to work until 5/11/18, several attempts were made to reach staff member "B" to suspend her with no success. After further investigation, Staff member "B" was then terminated upon her arrival to the facility 5/11/18.
8. In this violation all regulations were followed correctly. A complete investigation was initiated, both DHS and AAA were notified, and the caregivers were removed from their positions and terminated.
9. The Administrator will continue to oversee compliance regarding resident rights, and reporting policy.

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

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

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

6/25/18

6/28/18

m

Violation Report: 22614 - 05/31/2018 - Deluca, Amy  
 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 #1 displayed aggressive behaviors on 1/22/2018 when the resident grabbed another resident's hand and twisted it. The home documented the incident on the resident's Resident Assessment and Support Plan (RASP) but did not develop and document a plan to address the resident's agitative behaviors.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached sheets  
575 6/25/18

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
---	------

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

The above plan of correction is approved as of <u>6/28/18</u> (Date)	Plan of correction implementation status as of <u>6/28/18</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- 5/31/18

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: 5 of 5

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the RASP was updated with the aggressive behavior but it failed to mention that a conversation was made with the wife, POA to bring in extra 1:1 assistance for [REDACTED] to assist him with morning care and add more 1:1 encouragement.

3. The wife brought in 1:1 care for a few weeks in hopes that it would comfort him while wife was absent. Resident's wife is very hands on and visits daily.

4. Moving forward, the DRC has reviewed her daily routine, and created a new system to review and follow up daily so that she is able to keep a better track of all incidents.

5. Moving forward, the DRC will continue to update each residents RASPS with new information and status changes to ensure that the plan of care is current.

6. The Administrator will oversee for compliance.

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

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

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

6/25/18

6/28/18