



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: November 29, 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 August 15, 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,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



**Violation Report:** 22614 - 08/15/0818 - Novak, Ryan  
**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 6/15/18 at 8 pm Resident #1 was aggressive to the other residents by grabbing and pushing; the home did not contact the local area agency on aging regarding the abuse.

**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 POC 2 of 6*

**Please see added step on Page 2 A of 6.**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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**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 Smolensyak</i>	Date <i>10/20/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10-23-18</u> (Date)	Plan of correction implementation status as of <u>10-23-18</u> (Date)
The above plan of correction was approved by <u>ac</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- 8/15/18

Abington Manor at Morgan Hill-Memory Care Village

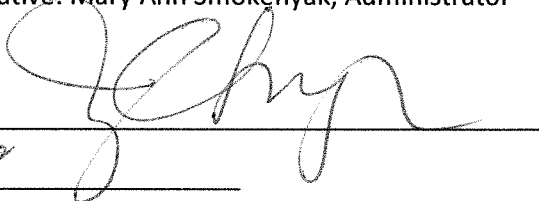
1. Regulation: 2600.15(a) – The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.707) and 6 Pa. Code Sections 15.21 -15-27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
2. In this violation the facility didn't call AAA because the behavior was not harmful in any way to other residents / staff. After further investigation by the DRC, it was an error in documentation. The Facility is a Secured Dementia unit that cares for resident's that have a very difficult time expressing their frustrations. In this case, resident #1 was using hand gestures as if to push someone away, there was no further documentation of any other residents involved, or of being grabbed.
3. The notes shows that a urine specimen was obtained and resident #1 was placed on an Antibiotic for a UTI, which is known to cause a change in behavior, confusion in residents with Dementia.
4. The Administrator placed a call to AAA 10/20/18 to discuss the incident, and was informed that this would not be considered an incident requiring an Act 13, or onsite investigation by them.

Plan of Correction: 2 of 6

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

5. The Administrator will be setting up an onsite training session to be completed by AAA, as well as Crisis Prevention so to better understand the process / procedure regarding proper reporting of the Dementia resident involving altercations.
6. The Administrator will also be reaching out to DHS representative to further discuss the process as there seems to be some confusion.

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

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

Date: 10/20/18

After discussion with the home's Administrator, there will be a training for all staff on understanding and appropriate reporting to the Northeastern Regional Office ANY contact regarding resident-to-resident altercations, even those with no injuries. The Local AAA will be contacted, and if no PS action is required, the Incident Report will note who was the contact at the AAA office for that call. This will be completed within 15 days of the receipt of this Plan of Correction. The home will retain documentation of this training. *ag*

**Violation Report:** 22614 - 08/15/0818 - Novak, Ryan  
**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 6/15/18 at 8 pm Resident #1 was aggressive to the other residents by grabbing and pushing; the home did not submit an incident report to the Department regarding the abuse.

**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 POC  
3076  
A

**A step was added; please see P 3 A of 6.**

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Smolonyak</i>	Date <i>10/20/18</i>
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Violation Report #22614- 8/15/18

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 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.)

PLAN OF CARE: 3 of 6

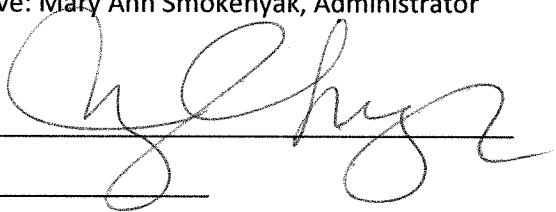
2. This violation’s POC is similar and based on the previous 2600.15(a) violation, in that the facility didn’t find this incident to be a report of need.
3. The notes shows that a urine specimen was obtained and resident #1 was placed on an Antibiotic for a UTI, which is known to cause a change in behavior, confusion in residents with Dementia.
4. The Administrator will be setting up an onsite training session to be completed by AAA, as well as Crisis Prevention so to better understand the process / procedure regarding proper reporting of the Dementia resident involving altercations.
5. The Administrator will also be reaching out to DHS representative to further discuss the process as there seems to be some confusion.

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

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

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

10/20/18



10-23-18

**After discussion with the Home's Administrator, there will be a training for all staff on understanding and appropriate reporting to the Northeastern Regional Office ANY contact regarding resident-to-resident altercations, even those with no injuries. The Local AAA will be contacted, and if no PS action is required, the Incident Report will note who was contacted at the AAA Office for that call. This will be completed within 15 days of the receipt of this Plan of Correction. The home will retain documentation of this training. *ag***

**Violation Report:** 22614 - 08/15/0818 - Novak, Ryan  
**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**  
 The bed in Room #118 had two enabler bars attached to the bed. The enabler bars measured 3 feet long with a 5 inch gap in between the bars. The enabler bars were not covered posing a possible limb entrapment risk.

**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 POC  
4/7/6  
A

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

*[Signature]*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Mary Ann Smolenski</i>	<b>Date</b> <i>10/20/18</i>
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Violation Report #22614- 8/15/18

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. In this violation: The bed in room #118 had two enabler bars attached to the bed. The enabler bars measured 3 feet long with a 5 inch gap in between the bars. The enabler bars were not covered posing a possible limb entrapment risk.

Plan of Correction: 4 of 6

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

3. The enablers were set up and delivered to resident in room #118 by the hospice company, and were not the type of enabler that is generally used by the facility. The company was instructed to change the type of enabler sent, but failed to do so in a timely manner and the staff failed to replace the covers on them when they became soiled.
4. The enablers were immediately removed from the bed as the resident no longer needed them for assistance, due to decline in health status.
5. The Administrator will be reaching out to all of the hospice companies to instruct them on the type of enabler required and approved for use by the regulation, to ensure the safety of all resident's.
6. The Maintenance Director, housekeeping staff as well as nursing staff are required to observe all bed enablers to ensure they are the proper type and remain covered at all times, with the Administrator overseeing compliance.

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

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

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

10-23-18

ag

<b>Violation Report:</b> 22614 - 08/15/0818 - Novak, Ryan <b>PCH Name:</b> ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	
<b>2a. DESCRIPTION OF VIOLATION</b> The bathroom of Room #100 contained dove deoderent and aquafresh toothpaste. The bathroom of Room #120 contained right guard deoderent and scope toothpaste. The above noted items were labeled "if swallowed contact a poison control center of get medical help immediately." The residents are not assessed to safely handle and identify posionous materials.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p style="font-size: 2em; font-family: cursive;">Please see attached POC 5 of 6 A</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
<b>Signature of Legal Entity Representative</b> (Required on EVERY Page)	
<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page)	
Mary Ann Smolewycak	Date 10/20/18
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Violation Report #22614- 8/15/18

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.82 (c) – Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.
2. In this violation: The bathroom of room #100 contained dove deodorant / aquafresh toothpaste. The bathroom of room #120 contained right guard deodorant and scope toothpaste. The above noted items were labeled “if swallowed contact a poison control center to get medical help immediately.” The residents are not assessed to safely handle and identify poisonous materials.

Plan of Correction: 5 of 6

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

3. The staff have been instructed to “always” removed all items from resident’s room and return them to each residents plastic container and return it to the locked laundry room.
4. The facility has been gradually adding locked doors to the residents’ bathroom cabinets so that all poisonous materials can be kept safely contained and locked in each resident’s room for easier access by the staff for personal care needs and to maintain safety. This process has been very successful in the rooms that have the locked cabinet doors. The rest of the doors have been ordered, once they arrive they will be installed.
5. The nursing staff is aware of this process and have a checklist to follow to remind them. The PCA Coordinator, Shift Lead on duty, housekeeper & Maintenance Director have all been instructed to follow up to ensure all poisonous items are out of reach of residents and locked up for safety, with the Administrator overseeing compliance.

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

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

Date: 10/20/18

Violation Report: 22614 - 08/15/0818 - Novak, Ryan  
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 # 1's DME dated 5/25/18 does not have anything noted for health status, cognitive functioning or body positioning.

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 POC page 6*

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

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Violation Report #22614- 8/15/18

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. In this violation: Resident #1’s DME dated 5/25/18 does not have anything noted for health status, cognitive functioning or body positioning.

Plan of Correction: 6 of 6

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

3. This violation is clearly an oversight, as all of the other DME’s are filled out correctly.
4. The Administrator and DRC have a process that is followed, including a checklist to ensure all resident paperwork is completed accurately.
5. The Administrator recently hired a new staff member to assist in audits to ensure accuracy of resident files. The Administrator will continue to oversee compliance.

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

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



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

10/20/18