pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
MAILING DATE: December 26, 2018

Ms. Susan Sartoretto
Owner
Cedar Park Assisted Living, LLC
4161 Walter Road
Bethlehem, Pennsylvania 18020

RE: Abington Manor at Morgan Hill
215 Cedar Park Boulevard
Easton, Pennsylvania 18042
License #: 219620

Dear Ms. Sartoretto:

As a result of the Department's Bureau of Human Services Licensing inspection on August 28, 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,

M. Moskalczyk

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ABINGTON MANOR AT MORGAN HILL	**License Number:** 21962
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042	**County:** Northampton
Administrator: Jeanine Lokay	**Region:** NORTHEAST
Legal Entity Name: CEDAR PARK ASSISTED LIVING LLC	
Legal Entity Address: 4161 WALTER ROAD, BETHLEHEM, PA 18020	

Certificate(s) of Occupancy

I-2
04/18/2011
Williams Township

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 16	**Waking Staff:** 12
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

08/28/2018: Deluca, Amy

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: 65	**Number of Residents who:**
Number of Residents Served: 0x 52	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 52
Area:	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disabliity:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 16
Number of Current Hospice Residents: 5	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 8	

Violation Report: 21962 - 08/28/2018 - Deluca, Amy
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 reported on 7/6/2018 that staff person A was verbally abusive to the resident by telling the resident that if he/she didn't stop ringing the call bell pendant the staff person was not going to assist the resident with going to the bathroom anymore. The resident further reported that he/she was afraid of the staff person and was upset about the fact that the staff person would often take water bottles from the resident's nightstand. Resident #1 also reported that Staff person B was sometimes rough with the resident when assisting the resident with undressing and on one occasion staff person B ripped the resident's call bell pendant off with the resident's shirt due to the roughness with which the staff person had removed the resident's shirt.

On 8/3/2018 Resident #3 was noted by staff, who were conducting 2 hour checks on residents, to be missing from the resident's room at approximately 9:30pm. The home's elopement policy states that when a resident is missing a search of all bedrooms is to be completed as well as a grounds search. It was determined through EMS records and notes in the resident's record that the resident was not found until approximately 10:30pm. By then the resident had been lying outside on the ground near the gazebo at the rear of the home for approximately 2 hours in the rain. Staff failed to conduct a full search of the grounds and to notify polilce when the initial search inside the home was completed and the resident wasn't found. Staff found resident #3 outside after Resident #4 learned they were looking for Resident #3 and advised them to look by the gazebo where Resident #4 had last seen resident #3 at approximately 8:30pm. On 8/5/18 it was determined that the resident had suffered a broken ankle as a result of the fall.

On 4/28/2018 Resident #3 was found in resident #5's bedroom with bruising around the eye. After questioning resident #3 it was determined that resident #5 had hit the resident in the face. The residents had been known to spend time alone together. Resident #5 had frequently displayed aggressive and combative behaviors towards staff.

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.

Pg. 2 of 7 see attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Sartoretto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN SARTORETTO / owner **Date** 11/15/2018

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

The above plan of correction is approved as of 11-20-18 (Date)

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

Plan of correction implementation status as of 12-11-18 (Date)

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

Violation Report 21962 8.28.18 Inspection

Plan of Correction 2 of 7

42 (b) – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

(1)In the first violation regarding Resident #1, the facility followed all procedures correctly by reporting the incident to DHS on 7/6/2018, and also reported to Area Agency on Aging. The Ex Director immediately conducted an investigation regarding the resident's concerns and met with the coworker (Employee A) on 7/6/2018 to put her on immediate suspension pending further investigation. The Coworker immediately resigned.

Ex Director will review the facilities policy regarding Resident Abuse and resident's rights with Direct Care Staff on our next Direct Care staff meeting on November 15, 2018.

Moving forward if a resident is frequently asking for toileting assistance beyond a normal routine, the caregiver will be responsible to let the shift supervisor know so that he/she can look into the issue, follow up and address any underlying medical issues. This may include getting a urinalysis done to rule out a UTI, or an incontinence issue. Resident's care can then be addressed appropriately.

(2) Regarding Resident #3 violation, the resident was immediately sent to the ER for evaluation and family was notified regarding the situation. The Ex Dir informed family that the resident would need to be placed in a secured dementia unit to prevent this from happening again. Upon discharge, resident was placed at a secured dementia unit.

POC- Facilities elopement policy has been updated to include the use of flashlights when searching the grounds during evening hours for everyone to understand the seriousness of this violation. This policy including the change will be reviewed with staff of 11/15/18.

(3) Resident #3 was moved to a secure dementia unit and Resident #5 is deceased. Policies regarding elopement and abuse will be reviewed with staff.

The administrator shall monitor and be responsible for ongoing compliance. MM 11-20-18

Susan Sarlette

11/15/2018

Violation Report: 21962 - 08/28/2018 - Deluca, Amy
PCH Name: ABINGTON MANOR AT MORGAN HILL

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

2a. DESCRIPTION OF VIOLATION
Resident #2 requires assistance with transferring from a wheelchair to the toilet. On 8/16/2018 staff person B helped resident #2 to the bathroom and left the resident's room because it was the end of the staff person's shift and reportedly told the resident he/she was going home. Staff person B then left the home without notifying staff that the resident was still sitting on the toilet and would be needing help getting back into the wheelchair. The resident reported to the administrator that he/she was upset about the incident and further reported that staff on the 2nd shift would discourage the resident from drinking water at night to avoid needing to ring the call bell pendant for assistance to the bathroom.

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.

pg. 3 of 7 see attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Sartoretto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN SARTORETTO /OWNER **Date** 11/15/2018

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

The above plan of correction is approved as of 11-20-18 (Date)

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

Plan of correction implementation status as of 12-11-18 (Date)

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

42 (c) A resident shall be treated with dignity and respect.

Upon being notified of this situation the Ex Director followed all procedures by immediately conducting an internal investigation and filed an incident report with DHS and Area Agency on Aging. As a result of the investigation the Ex Director reassigned this staff member B to another section of the facility so that she didn't have any direct care contact with resident #2. The staff member was then terminated on 8/20/2018 due to another resident complaint.

This violation is coworker specific due to poor performance and therefore no further training or follow up needs to be done as she was terminated.

The administrator shall monitor and be responsible for ongoing compliance. MM 11-20-18

Susan Santrella
11/15/2018

Violation Report: 21962 - 08/28/2018 - Deluca, Amy
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
Through staff interview it was determine that the 2nd shift staff would manually lock the sliding doors leading to the front parking lot at 8pm every night to prevent egress from the building as well as prevent anyone from entering the home after 8pm.

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.

pg 4 of 7 see attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Sartoretto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN SARTORETTO / owner **Date** 11/15/2018

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

The above plan of correction is approved as of 11-20-18 (Date)

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

Plan of correction implementation status as of 12-11-18 (Date)

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

121 (a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

The owner of facility had a discussion with Regional Director, Bob Bisignani, regarding the doors being locked at 8 pm. As result, owner is installing new door locks that will lock from the outside coming in and will not lock from the inside therefore residents will not be prevented from exiting the building. The new lock will be installed on 11/9/2018. Staff will be trained and instructed regarding the new lock.

The administrator shall monitor and be responsible for ongoing compliance. MM 11-20-18

Susan Dantretto
11/15/2018

Violation Report: 21962 - 08/28/2018 - Deluca, Amy
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #3 had several incidents of falls both inside and outside the home on 9/4/17, 11/14/17, 1/23/18, 6/9/18, 7/17/18, 8/3/18, and 8/5/18. On 4/19/18 and 6/14/18 the resident had expressed a desire to leave the home with another resident; on 6/16/18 at 7:30pm and 6/28/18 at 6:00pm the resident had been found outside in the home's parking lot. On 8/3/18 the resident was found at approximately 10:15pm on the ground in the rain near the outdoor gazebo. The resident had also expressed a desire to harm his/herself on 3/15/18 and 4/18/18 as documented in the care notes. The resident has a diagnosis of dementia. Staff interviews indicate the front doors to the facility is locked at 8pm every night. The home failed to use positive interventions to manage the resident's difficult behaviors and effectively prevent and/or minimize harm 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.

pg 5 of 7 pc attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Sartoretto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN SARTORETTO / owner

Date 11/15/2018

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

The above plan of correction is approved as of 11-20-18 (Date)

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

Plan of correction implementation status as of 12-11-18 (Date)

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

201 – The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

The facility acknowledges the concerns with this resident, the facility will address situations as they arise and will be incorporating additional dementia training to educate staff regarding techniques in redirection, conflict resolution, praise, de-escalation techniques.

The administrator shall monitor and be responsible for ongoing compliance. MM 11-20-18

Susan Santrello
11/15/2018

Violation Report: 21962 - 08/28/2018 - Deluca, Amy
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident #2 was admitted to the home on 6/28/2018. A Resident Assessment and Support Plan was not completed until 7/28/2018.

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.

pg 6 of 7 see attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Sartoretto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN SARTORETTO / owner

Date 11/15/18

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

The above plan of correction is approved as of 11-20-18 (Date)

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

Plan of correction implementation status as of 12-11-18 (Date)

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

Violation 21962 8.28.18 Inspection

6 of 7

225 (a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Upon admission to the facility the Administrator or designee will enter the admission date and DME date in the new EMAR system for proper tracking. The new EMAR system provides a calendar for accurate tracking and will alert the Administrator and/or designee of the dates required to maintain compliance. The Administrator or designee will be responsible for overseeing that assessment form is completed within 15 days of admission.

The administrator shall monitor and be responsible for ongoing compliance. MM 11-20-18

Susan Sartorello
11/15/2018

Violation Report: 21962 - 08/28/2018 - Deluca, Amy
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3 had exit seeking behaviors which led to the resident frequently being found and/or falling outside in the home's parking lot. The home did not address the resident's behaviors and a plan to meet the resident's needs in the Resident Assessment and Support Plan (RASP) dated 5/2/2018.
Resident #5 had frequent aggressive and combative behaviors towards staff. On 4/28/2018 it was also determined that the resident had punched resident #3 in the eye and had to be prevented from being alone with the resident with 15 minute to ½ hour checks by staff. These behaviors are not addressed in the resident's RASP dated 7/16/2018.

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.

pg 7 of 7 are attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Sartoretto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN SARTORETTO /owner

Date 11/15/2018

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

The above plan of correction is approved as of 11-20-18 (Date)

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

Plan of correction implementation status as of 12-11-18 (Date)

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

POC-Moving forward the facility has transitioned to a new electronic Health File as of 11/13/2018 which will alert the Director of Resident Care and Ex Director of any resident incident. The Director of Resident Care with oversight by the Exec Director will sign off on the incident and immediately update the RASP addendum which is located in the new electronic health file. This new process will ensure the resident's plan of care is documented, and updated.

The administrator shall monitor and be responsible for ongoing compliance. MM 11-20-18