



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 29 2018

Ms. Sharon L. Immler
President
Morning Glory Senior Living, Inc.
419 North Queen Street
Littlestown, Pennsylvania 17340

RE: Morning Glory Senior Living
Certificate #: 312800

Dear Ms. Immler:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 1, 2018 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

| | | |
|---|--|-----------------------|
| PCH Name: MORNING GLORY SENIOR LIVING | | License Number: 31280 |
| Address: 419 N QUEEN STREET, LITTLESTOWN, PA 17340 | | County: Adams |
| Administrator: CATHY FRANEK | | Region: CENTRAL |
| Legal Entity Name: MORNING GLORY SENIOR LIVING INC | | |
| Legal Entity Address: 419 N. QUEEN STREET, LITTLESTOWN, PA 17340 | | |
| Certificate(s) of Occupancy | | |
| C-2 LP 12/29/2001 BOROUGH OF LITTLESTOWN | C-2 LP 12/31/2001 LABOR AND INDUSTRY | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 12 | Waking Staff: 9 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 10/01/2018: OPake, Hope | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| <p align="right">Rec'd 10/26/18 GE</p> | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 12 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 12 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

Violation Report: 31280 - 10/01/2018 - OPake, Hope
 PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

-Resident #1 did not sign the December 2017 support plan.
 -Resident #2 did not sign the April 2018 support plan.

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.

Resident #1 [redacted] is unable to sign her support plan. We checked the unable to sign space on the support plan. I'm sending a copy of this for you.

Resident #2 [redacted] - We had [redacted] sign his copy of the support plan. I'm sending along a copy of this for you.

In the future we will have the direct care staff that takes care of the RASP Leave be presented copy and we will have the resident read and if they have any additions put them and then get them to sign if they are able to and if not check unable to sign.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon L. Traylor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon L. Traylor* Date *10.26.2018*

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

| | |
|--|--|
| The above plan of correction is approved as of <u>11/21/18</u> (Date) The above plan of correction was approved by <u>GE</u> (Initials) | Plan of correction implementation status as of <u>11/21/18</u> (Date) <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 |
|--|--|