



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 13 2019

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 annual inspection on October 3, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 22614 - 10/03/2018 - Harvey, Jason
 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 Influenza Awareness Act poster was not posted in a public and conspicuous place in the facility as required by the Influenza Awareness Act, May 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.

*POC
 2 of 7
 please see attached
 letter.*

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 Smolenski</i>	Date <i>10/27/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-9-18
 (Date)

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

Plan of correction implementation status as of 11-9-18
 (Date)

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

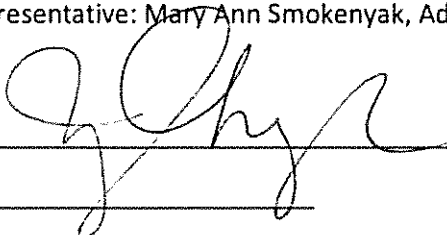
Violation Report #22614- 10/3/18

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. The regulation was violated when the facility failed to post the Influenza Awareness Act poster in a public and conspicuous place.
3. Plan of Correction: 2 of 7
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the Administrator removed the poster from the lobby just prior to the inspection, because it was listed for the previous year, she had difficulty finding the new poster on the DHS website to replace it.
4. The Administrator discussed the violation with the inspector, at which time he forwarded the website to the Administrator, who immediately worked with the website to find the current and correct posting, and immediately laminated it and posted it in the facilities front lobby for the public, and all entering to see. (see attached posting)
5. Moving forward, the Administrator will keep the current Influenza Awareness Act posted in the lobby at all times, and will oversee compliance.

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

Signature of Legal Entity: _____



Date: _____

10/25/18

11-9-18

AG

Violation Report: 22614 - 10/03/2018 - Harvey, Jason
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The landline telephone accessible to residents located in the "A" wing do not have the numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and person care home complaint hotline posted on or near it.

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.

POC
 3/27
 please see attached
 letter

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Ann Smolenskyak	Date 10/27/18
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Violation Report #22614- 10/3/18

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.91 – Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.
2. In this violation the tag that was originally on the landline phone located in A Wing may have been taken off by one of the residents and not replaced.

Plan of Correction: 3 of 7

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

3. Moving forward, to ensure that this violation remains fixed the Administrator will be laminating a tag with the appropriate numbers and attach it permanently to all landline phones in the facility.
4. This has been added to the Maintenance Directors daily checklist, with the Administrator to continue to oversee compliance.

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

Signature of Legal Entity: _____

Date: _____

10/27/18

11-9-18

AG

Violation Report: 22614 - 10/03/2018 - Harvey, Jason
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600 Only Current prescriptions, OTC and CAM may be kept in the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was prescribed 10 mg of Cyclobenzar on 6/8/18 for 21 days as needed, the medication order was not current and the medication was left in medication cart.

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.

*POC
 4/077
 Please see attached
 letter*

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) *Mary Ann Smolenski* Date *10/27/18*

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Violation Report #22614- 10/3/18

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 183(d) – Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.
2. In this violation: Resident #1 was prescribed 10mg of Cyclobenzar on 6/8/18 for 21 days as needed, the medication order was not current and the medication was left in the medication cart.

Plan of Correction: 4 of 7

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

3. Currently, cart audits are completed by the pharmacy on a monthly basis. We recently changed our pharmacy provider and will be set up on a monthly auto exchange that will help to eliminate this problem. The pharmacy reviews all orders and removes any discontinued medication off the carts.
4. Chart audits are completed weekly by our Medication Tech's and overseen by the DRC, unfortunately this was missed.
5. The Administrator & DRC has scheduled a meeting to for all Med Tech's as well as nurses on 11/12/18. All checklists, med administration process as well as cart & office audits will be reviewed and updated
6. We recently hired a Campus Med Tech/ Train the Trainer to assist in training of staff as well as completion of chart audits to assist in keeping the facility in compliance.
7. The Administrator will continue to oversee compliance.

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

Signature of Legal Entity: _____

Date: _____

11-9-18

ag

Violation Report: 22614 - 10/03/2018 - Harvey, Jason
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed Spironolact, to be administered daily, and to be held if resident's systolic blood pressure is under 120. This medication was administered on 10/1/18 and 10/2/18; on both of these dates, the residents' systolic blood pressure was 118 and therefore this medication should have been held.

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.

POC
 5/7
 Please see attached letter

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARY ANN SMOLENYAK</i>	Date <i>10/27/18</i>
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Violation Report #22614- 10/3/18

Abington Manor at Morgan Hill-Memory Care Village

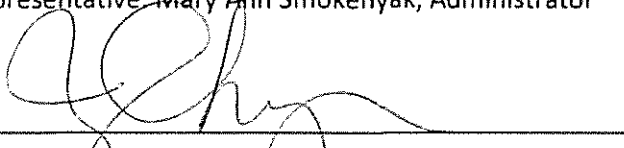
- 1. Regulation: 2600.187 (d) – A home shall follow the directions of the prescriber.
- 2. The regulation was violated: Resident #2 is prescribed Spironolact, to be administered daily, and to be held if resident’s systolic blood pressure is under 120. This medication was administered on 10/1/18 and 10/2/18; both of these dates, the resident’s systolic blood pressure was 118 and therefore this medication should have been held.

Plan of Correction: 5 of 7

It is always the intent to ensure that the facility is following the regulations correctly. In this violation:

- 3. The Administrator / DRC will be meeting with the nursing staff 11/12/18 as previously mentioned in POC 4 of 7, as well as the Medication Tech’s to review the administration process and EMAR system. The facility recently as of 9/18/18, transitioned to a new pharmacy provider and EMAR system.
- 4. The meeting is to include reviewing:
 - a. Proper process of reading orders in the EMAR system
 - b. The Med Administration process, all checklists, cart & office audits, updates
 - c. How to follow the 5 Rights of Administration & 3 check process
 - d. How to read “Parameter of all vital signs, understanding proper ranges, weights, glucose readings, sliding scales, etc...
- 5. The facility has also recently hired a new campus Med Tech / Train the Trainer to assist with ongoing training of Medication Tech’s in the proper process of safe medication administration to ensure proper knowledge and understanding of safe medication administration.
- 6. The Administrator who is also a Train the Trainer and will continue to oversee compliance.

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

Signature of Legal Entity: 

Date: 10/27/18

11-9-18 *AG*

Violation Report: 22614 - 10/03/2018 - Harvey, Jason
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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 #3 did not sign his/her most recent RASP, dated 12-14-17, and the home did not indicate if the resident refused to sign, was unable to sign, was unable to participate, or declined to participate.

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.

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 Please see the
 attached letter

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) 10/27/18 Mary Ann Smolensky ACC Date 10/27/18

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Violation Report #22614- 10/3/18

Abington Manor at Morgan Hill-Memory Care Village

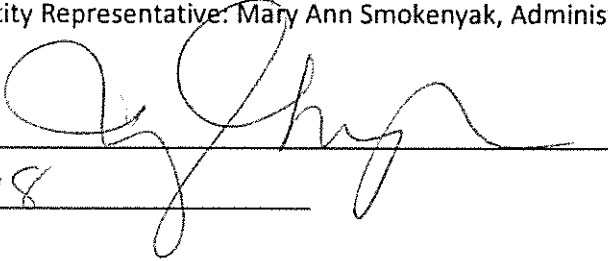
1. Regulation: 2600.227 (g) – Individuals who participate in the development of the support plan shall sign and date the support plan.
2. The regulation was violated : Resident #3 did not sign his/her most recent RASP, dated 12/14/17, and the home did not indicate if the resident refused to sign, was unable to sign, was unable to participate, or declined to participate.

Plan of Correction: 6 of 7

It is always the intent to ensure that the facility is following the regulations correctly. In this violation:

3. This violation was a documentation error from the previous DRC, and all other files were found to be in compliance with the regulations.
4. The current DRC has a regular routine and works with the PCA Coordinator to ensure all RASP's are signed and reviewed with the residents, proper documentation is used if the resident refuses or is unable to participate.
5. The Administrator and DRC are looking into developing a process so that monthly calls are made to families with updates.
6. The Administrator / DRC are also developing a process to schedule an annual onsite "Touch Base" meeting with the family in conjunction with the residents annual medical evaluation review and RASP so that they can be a part of the resident wellness plan of care.
7. The Administrator will continue to oversee all resident files to maintain compliance.

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

Signature of Legal Entity: 

Date: 10/27/18

11-9-18

AG

Violation Report: 22614 - 10/03/2018 - Harvey, Jason
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions located in the home's dining room exit door for operating the home's locking mechanism were not conspicuously posted.

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.

*POC
 7 of 7
 Please see the
 attached letter*

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 Smolentak *10/27/18*

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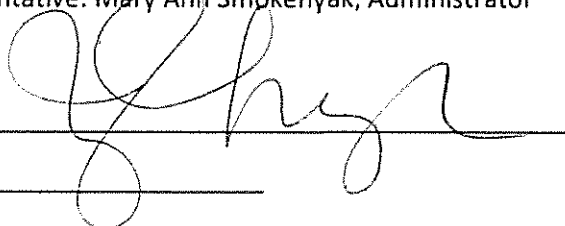
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Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.233(c) – If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.
2. The regulation was violated: The numbers were posted on a large framed picture near the device leading to the outside patio, but 2 of the numbers were faded and not easily readable.
3. Plan of Correction: 7 of 7
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the Administrator removed the picture and darkened the numbers so that it is easy to read.
4. All of the other exit postings were in compliance.
5. The Maintenance Director's checklist has been updated so the exit postings throughout facility are checked on a routine basis with the Administrator overseeing compliance.

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

Signature of Legal Entity: _____



Date: _____

10/27/18

11-9-18

AG