



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 24, 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 inspection on October 29, 2018 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

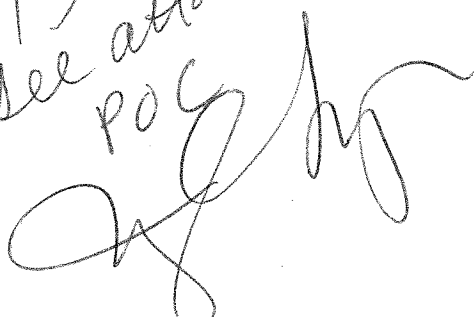
Enclosure
Violation Report

Violation Report: 22614 - 10/29/2018 - Deluca, Amy
 PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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 #1 moved to the home on 9/6/2018 and has suffered injuries relating to altercations with 2 residents on 2 separate occasions and 1 incident in which the resident cut his/her hand with a plastic knife due to being upset about not being able to go home. The incidents occurred on 10/5/18, 10/15/18, and 10/19/18. The home has not initiated positive interventions to effectively manage the resident's behaviors and prevent future altercations and incidents.

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 by 12/27/18


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) *Mary Ann Smolenyak* Date *12/27/18*

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

The above plan of correction is approved as of <u>1-2-19</u> (Date)	Plan of correction implementation status as of <u>1-2-19</u> (Date)
The above plan of correction was approved by <u>MM</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- 10/29/18

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 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 behaviors, redirection, conflict resolution, violence prevention, praise, de-escalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.
2. In this violation, it was felt that the home failed to initiate positive interventions to effectively manage the resident's behaviors and prevent further altercations.

Plan of Correction: 2 of 3

It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the home did follow up to do their best to provide positive interventions to assist in modifying resident #1s behaviors.

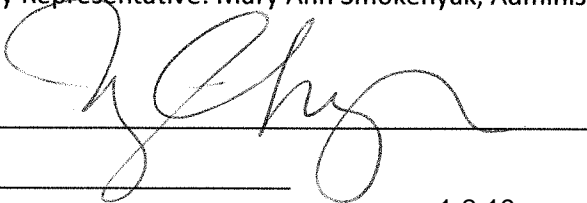
3. Resident #1 was immediately placed on 15 minute checks, as well as 1:1 companionship via staff members due to resident's increased anxiety with new surroundings.
4. She is routinely redirected and involved in daily facility activities, and spends a lot of 1:1 time with several members of the facilities team to keep her engaged and occupied.
5. Resident #1 has a very high anxiety level that was evaluated by her PCP and stated on new medications 10/9/18 & 10/20/18 to help to relieve her anxiety & depression.
6. Resident #1 has a diagnosis of Dementia and frequently wanders into other resident's rooms, staff redirect her and engage her routinely.
7. The Administrator & DRC met with resident's daughter on several different occasions to develop a plan of care which involved having her seen by a psychiatrist, which will take place in January 2019.
8. The Administrator will continue to oversee resident #1s plan of care to be sure it's being followed to ensure her health & wellness are maintained.

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

Signature of Legal Entity: _____

Date: _____

12/27/18



1-2-19

MM

Violation Report: 22614 - 10/29/2018 - 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

According to staff interviews Resident #1 was limited to using a plastic spoon only for eating because the resident had previously taken utensils back to his/her bedroom and because the resident had cut his/her palm using a plastic knife on 10/15/2018. The resident's support plan dated 9/9/2018 was not updated to reflect the need for the resident to be provided with a plastic spoon only for eating and to update the resident's dietary needs to indicate food must be served to the resident in small bite size pieces so that it can be eaten with a spoon.

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 12/27/18
 [Signature]

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) Mary Ann Smolenyak Date 12/27/18

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

The above plan of correction is approved as of 1-2-19
 (Date)

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

Plan of correction implementation status as of 1-2-19
 (Date)

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

Violation Report #22614- 10/29/18

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.234 – The support plan shall be revised at least annually and as the resident's condition changes.
2. In this violation, it was noted that the RASP was not fully updated with dietary needs, documenting the need to use plastic utensils.

Plan of Correction: 3 of 3

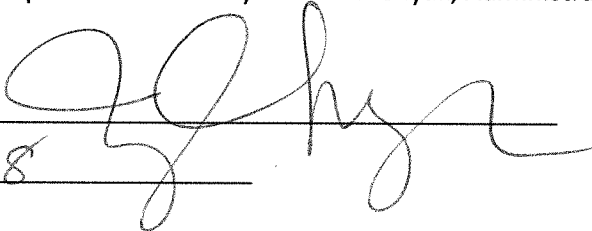
It is always the intent to ensure that the facility is following the regulations correctly.

3. After the inspectors visit the RASP was updated with the need to use plastic utensils.
4. The RASP was also modified to update the dietary needs, and was also added to the Dietary communication board that the dietary staff follows to ensure all resident dietary needs are met and followed.
5. The Administrator will continue to oversee the process, and will work 1:1 with the DRC to ensure that all updates and changes are added to the RASP in a timely manner so that a complete plan of care for each resident is followed up correctly.

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

Signature of Legal Entity: _____

Date: _____



12/27/18

1-2-19

MM