



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 13 2019

Ms. Susan Sartoretto
Owner
Cedar Park Assisted Living, LLC
215 Cedar Park Boulevard
Easton, Pennsylvania 18042

RE: Abington Manor at Morgan Hill
License #: 219620

Dear Ms. Sartoretto:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 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
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: Susan Sartorotto		Region: NORTHEAST
Legal Entity Name: CEDAR PARK ASSISTED LIVING LLC		
Legal Entity Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042		
Certificate(s) of Occupancy I-2 04/18/2011 Williams Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 64 Waking Staff: 48		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2018: O'Haire, Anne; Dumas, Gerald		
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: 75 Number of Residents Served: 51 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: 3 Number of Hospice Residents in past year: 17	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0	

Violation Report: 21962 - 11/01/2018 - OHaire, Anne
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit located in the 3rd floor medication room was missing tweezers, a pair of goggles and a thermometer.

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.

The goal of our facility is to always comply with DHS regulations, in regards to this matter, it was an administrative oversight that the referenced items were missing. Since our inspection the first aid kit has been updated with all the items referenced above.

The first aid kit will be kept in the nursing office and the Director of Resident Care will be responsible to examine the contents annually and to maintain the contents anytime the kit needs to be opened in the event of emergency usage.

A list of contents and date DRC inspects kit will be kept on the outside of the box and locked with a zip tie and kept in the nurses office where it's accessible to staff in the event of an emergency

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Diane Dellauro, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Dellauro, ED</i>	Date <i>12/20/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-21-18
 (Date)

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

Plan of correction implementation status as of 12-21-18
 (Date)

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

Violation Report: 21962 - 11/01/2018 - OHaire, Anne
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The initial medical evaluation (D.M.E.) dated 3/22/18, for resident # 1 did not include the resident's health status and cognitive functioning.

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.

Our facilities goal is to always maintain compliance with DHS regulations. In regard to the DME for resident #1 was incomplete and was an administrative oversight. The DME has since been corrected by the resident's Primary Care Physician and the correct boxes referenced above have been checked. To ensure this does not occur again the Director of Resident Care will have the DME also checked by another staff nurse to ensure the DME is completely filled out and correct on admission as well as annually and with any status change.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane Dellano, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Dellano, ED</i>	Date <i>12/20/18</i>
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- Not Implemented

Violation Report: 21962 - 11/01/2018 - OHaire, Anne
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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

2a. DESCRIPTION OF VIOLATION
 Resident # 2's Raberazol 20 mg. tab. to be taken by mouth daily at 8:00 AM for GERD was not available for administration.

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.

Our goal as a facility is to always maintain compliance with DHS regulations. The home will follow the directions of the prescriber. Since our inspection we have a new pharmacy, Diamond Pharmacy, and we now utilize their automatic fill cycle to ensure that all of our medications are available as ordered by the physicians. Diamond pharmacy will also be auditing our medication carts with the automatic refills to ensure all ordered medications are available. It will also be the responsibility of our medication technicians and nurses to perform monthly med cart audits.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/26/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane Dellocuro, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Dellocuro, ED</i>	Date <i>12/20/18</i>
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Violation Report: 21962 - 11/01/2018 - O'Haire, Anne
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

An updated Resident's Assessment and Support Plan (RASP), was not completed for former resident #3, who was admitted to hospice on 3/23/18.

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.

Our goal as a facility is to always be in compliance with DHS regulations. As referenced above this resident's RASP was not updated upon admission to hospice services. This was an administrative oversight and going forward it will be the responsibility of the Director of Resident Care to ensure that each resident RASP is updated according to significant change and admission to hospice.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Diane Bellomo, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diane Bellomo, ED* Date *12/20/18*

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