



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: maryanns@abingtonmanor.com
MAILING DATE: August 8, 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 January 30, 2019 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 that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22614 - 01/30/2019 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 The home did not notify the local area agency on aging of the allegation of sexual assault between resident #1 and #2 that occurred on 1/27/19 until 1/29/19.

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.

See attached document

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/15/2018

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 6/24/19
Mary Ann Smiley, LLC

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

The above plan of correction is approved as of <u>7-18-19</u> (Date) The above plan of correction was approved by <u>ag</u> (Initials)	Plan of correction implementation status as of <u>7-18-19</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
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Violation Report #22614- 1-30-19 Abington Manor at Morgan Hill-Memory Care Village

Specific to the local Area Agency on Aging. 7-18-19

1. Regulation: 2600.15 (a) – The Home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective services Act 935 P.S. Sections 10225.707) and 6 Pa. Code Sections 15.21-15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
2. Regulation: 2600.16(c) – The Home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

Specific to the NE Regional Office in Scranton. 7-18-19

Plan of Correction: 2 of 3 & 3 of 3

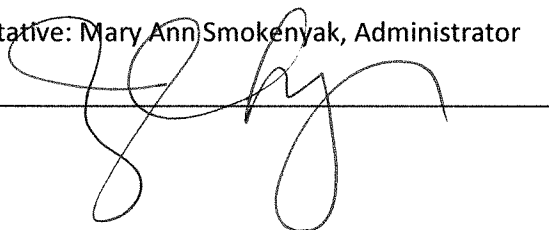
It is always our intent to ensure that the facility is following the regulations correctly. The regulation was violated when the facility failed to report a suspected incident of sexual abuse in 24 hours.

3. The alleged incident took place over the weekend on a Sunday 1/27/19. The DRC instructed the staff to immediately separate both residents for safety and get statements from staff witnesses. They were also instructed to put the residents on 15 minute checks.
4. Upon the arrival to the facility Monday 1/28/19 the DRC immediately interviewed several care givers and obtained statements and contacted both POAs, unfortunately she failed to call the alleged incident into the AAA until 1/29/19 and completed the Act 13 and DHS reportable incident.
5. The DRC was fairly new in her role, she failed to understand the importance of reporting any alleged inappropriate behavior to AAA by phone within 24 hours & DHS by writing a RI.
6. Since the DRC was in contact with both POAs, who agreed to allow the residents to have an intimate relationship of holding hands, kissing in a private area because both residents were seeking each other out, she thought there was no abuse.
7. The DRC was fairly new in her role, she thought that due to the POAs agreeing to the relationship and both residents seeking each other out, there was no abuse observed.
8. The DRC has been reeducated on the regulations, and instructed to file the reports even if the family agrees, to ensure the incident is documented and both agencies are made aware.
9. The Administrator will continue to review the reporting process to ensure accuracy, and oversee compliance.

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

Signature of Legal Entity: _____

Date: 6/24/19



The administrator will send copies of the staff sign in sheets and a copy of the training materials used for both 15a and 16c. This should be received by the NE Regional Office within 15 days of the receipt of this Plan of Correction. 7-18-19

ag

Violation Report: 22614 - 01/30/2019 - Harvey, Jason
PCH Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE

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2a. DESCRIPTION OF VIOLATION
 The home did not notify the Department of the allegation of sexual assault between residents #1 and #2 that occurred on 1/27/19 until 1/29/19.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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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) Date

Mary Ann Smolensyak 8/24/19

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