



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: dianed@abingtonmanor.com
MAILING DATE: July 3, 2019

Ms. Susan Sartoretto
Owner
Cedar Park Assisted Living, LLC
4161 Walter Road
Bethlehem, Pennsylvania 18020

RE: Abington Manor at Morgan Hill
215 Cedar Park Boulevard
Easton, Pennsylvania 18042
License #: 219620

Dear Ms. Sartoretto:

As a result of the Department's Bureau of Human Services Licensing inspection on March 1, 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: 21962 - 03/01/2019 - Novak, Ryan
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 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).

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed aspirin on 2/7/19 and the prescribed celecoxib on 2/11/19. The home did not submit an incident report regarding the medication error.

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 regard to this matter the med tech did not follow proper procedure to ensure that the above medications were given at the time of arrival from the pharmacy. The medication error reports were submitted to DHS as required upon this finding. The staff will continue to be educated and guided by the DRC in all matters regarding medication administration. Going forward the DRC will ensure that all medication error reports will be submitted to DHS in a timely manner

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Dellocono, Executive Director</i>	Date <i>4/8/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-29-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>4-29-19</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: 21962 - 03/01/2019 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The electronic EMARS were left open and unattended at 12:10pm. The EMARS have confidential information of the residents.

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.

It is always the goal of our facility to be in compliance with DHS regulations. In regards to this matter it was an oversight by the med tech assigned to that cart, to click the privacy screen on when she walked away from the medication cart to administer medications. Since this occurrence there has been a staff meeting with all staff that use the computers on the medication carts, to discuss medication administration and computer etiquette and maintaining a residents privacy. To ensure that this does not occur again, the DRC and E. D. will continue to meet with the staff monthly to continue to educate, and train staff on medication administration.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diane Dellocono, Executive Director* Date *4/8/19*

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 (Initials)

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan
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

Resident #1's DME dated 11/19/18 did not include anything for ability to self administer medications.

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.

It is always the goal of our facility to be compliant with DHS regulations. In regard to this matter, the DME did not include information on the residents ability to self administer medications. The DME has since been updated by the residents PCP and an order was written by the PCP that the resident has the ability to self administer her own medications. To ensure that this does not occur again, it will be the responsibility of the DRC and another staff nurse to ensure the DME is completely and accurately filled out upon admission as well as annually and with any status change.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Diane Dellocono, Executive Director

Printed Name and Title of Legal Entity Representative
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Diane Dellocono, Executive Director

Date *4/8/19*

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #1 self administers gabapentin on Tuesdays and Thursdays at noon. The resident has not been assessed to self administer this medication.

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 this residents assessment to self administer the above mentioned medications. The residents DME has since been updated to self administer, and an order from her PCP has been obtained to self administer the above mentioned medications. To ensure this does not occur again the DRG as well as another staff nurse will check the DME for accuracy and completeness.

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 (Required on EVERY Page) *Diane Dellocono, Executive Director*

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan

PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

It has been determined through interviews that Resident #1 self-administers gabapentin at noon on Tuesdays and Thursdays. The home pops the pill out of the blister pack into a medication cup and gives the medication to the resident to take later.

At 12:10pm Resident #2's and 3's noon medication were pre-poured sitting on top of the medication cart while the staff member administered other medications.

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.

It is our facility goal to always maintain compliance with DHS regulations. In regard to resident #1, she was given individual pills that were popped from the blister packs into a medication cup for the resident to take at a later time. To ensure this does not occur again, there was an order obtained along with ACP assessment of the resident to self administer. To ensure this does not occur again the resident will be given the blister packs upon leaving the facility.

Resident #2 and #3's, medications were pre-poured and sitting on top of the medication cart while the staff member administered other medications. We have since had a staff meeting regarding medication administration. To ensure that this does not occur again the DRG and Executive Director will continue to provide training and guidance regarding medication administration.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diane Dellocono, Executive Director

Printed Name and Title of Legal Entity Representative
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Diane Dellocono, Executive Director

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

2 bottles of cough syrup and Resident #2's and #3's noon medications were unlocked and unattended on top of the medication cart near the dining room at 12:10pm.

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 be always in compliance with DHS regulations. In regard to the medications for resident #2 and 3's noon medications were left unlocked and unattended on top of the medication cart. We have since had a staff meeting regarding medication administration. To ensure that this does not occur again, the DRC and Executive Director will continue to provide proper training and guidance with medication administration with staff as needed.

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's atorvastatin and melatonin was not initialed as administered on 2/22/19 at 9pm.

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.

It is always our facilities goal to maintain compliance with DHS regulations. In regard to the above medications not being initialed as administered. We provided a staff meeting that was focused on medication administration, and the importance of proper documentation when administering medications. To ensure this does not occur again the DRC and Executive Director will maintain training and guidance for medication administration and documentation with the staff as needed.

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan
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 #1 did not receive the prescribed aspirin on 2/7/19 and the prescribed celecoxib on 2/11/19.

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.

Our facilities goal is to always maintain compliance with DHS regulations. In regard to the resident #1 the resident did not receive the prescribed medications. We have since provided the staff with a meeting regarding the importance of following a doctors order and medication administration. To ensure this does not occur again the IRC and Executive Director will continue to train and guide the staff and provide instruction for medication administration and documentation, and following orders for prescribed medications.

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Violation Report: 21962 - 03/01/2019 - Novak, Ryan
PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed aspirin on 2/7/19 and the prescribed celecoxib on 2/11/19. The doctor was not notified regarding the medication error.

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 resident #1 not receiving the above mentioned medications and that the doctor was not notified regarding the medication error. We have since implemented a form and educated the staff on how to inform the doctor of a medication error. To ensure this does not occur again the DRC and Executive Director will be directing and guiding staff on how to continue to use our notification forms and proper documentation.

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