



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: maryanns@abingtonmanor.com
MAILING DATE: August 20, 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 April 30, 2019 and May 6, 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

Facility Information

Name: ABINGTON MANOR AT MORGAN HILL MEMORY CARE VILLAGE
Address: 5 CEDAR PARK BOULEVARD, EASTON, PA 18042
County: NORTHAMPTON

License Number: 226140

Region: NORTHEAST

Administrator

Name: Mary Ann Smolenyak

Phone: 6104389400

Email: MARYANNS@ABINGTONMANOR.COM

Legal Entity

Name: MORGAN HILL SENIOR LIVING LLC

Address: 215 CEDAR PARK BOULEVARD, PA, 18042

Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 80

Waking Staff: 60

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

04/30/2019 - On-Site: Ryan Novak, Kristin DeVries

05/06/2019 - On-Site: Ryan Novak, Kristin DeVries

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 40

Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 50

Residents Served: 40

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 40

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 40

Have Physical Disability: 0

183b - Meds and Syringes Locked

Regulations

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.

Description of Violation

Nursing notes indicated that a bottle of Nitroglycerin was found unlocked and accessible on top of Resident #2's night stand on 4/18/19.

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 attachments 2 of 3

Legal Entity Representative

Signature 

Printed Name and Title Mary Ann Smolensky, CC Date 7/26/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-7-19
(Date)

Plan of correction implementation status as of 8-7-19
(Date)

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

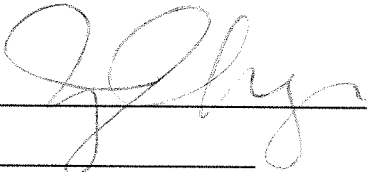
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report #22614- 4/30/19 & 5/6/19

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 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.
2. Plan of Correction: 2 of 3
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, medication was found unlocked in resident #2’s room.
3. Resident #2 was admitted to the facility 3/26/19, all medications ordered were delivered from the pharmacy. Resident #2 carried a purse with her personal belongings. After further investigation, it was found that the Nitroglycerin bottle was in her purse from a previous order prior to her admission to the facility giving her the approval to carry it in her purse to access if needed. The facility was not aware of the previous order.
4. Resident #2 no longer resided at the facility, and was discharged to another facility 6/14/19.
5. Moving forward, if a resident carries a purse all belongings carried will be reviewed to ensure no medication is present. The Nurse/New Admission Checklist was updated to include this review. (see the attached addendum 2 of 3)
6. The DRC or Shift Lead admitting the resident will be responsible with the Administrator over seeing compliance.

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

Signature of Legal Entity: 
Date: 7/20/19

8-7-19 *AG*

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

It was determined through staff interviews that Resident #1 requires some verbal and physical assistance eating; uses a wheelchair for ambulation; and that the resident's falls most frequently occur when she attempts to transfer herself out of her bed. Resident #1's RASP, dated 9-9-2018, does not identify these needs and the home's plan to address these needs.

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 attachments 3 of 3 + 3 of 4 (1) (2)

Legal Entity Representative

Signature 

Printed Name and Title Mary Ann Smedley Date 7/26/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-7-19 (Date)

Plan of correction implementation status as of 8-7-19 (Date)

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

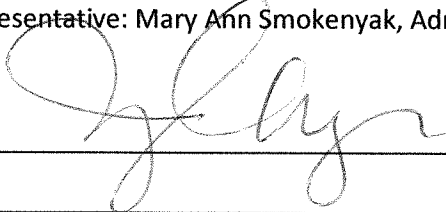
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report #22614- 4/30/19 & 5/6/19

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.234 (d) – The support plan shall be revised at least annually and as the resident’s condition changes.
2. Plan of Correction: 3 of 3
It is always the intent to ensure that the facility is following the regulations correctly. In this violation, the wheelchair use was a nursing measure and was not added to the RASP, but staff were made aware.
3. Upon admission 9/6/19 resident #1 was ambulatory and self-care with eating and did not require the use of a wheelchair or any assistive device, and was able to assist herself in and out of bed.
4. 3/23/19 resident #1 was evaluate for therapy – due to her cognitive decline she was not appropriate to partake in a therapy program.
5. The wheelchair was initiated 3/29/19 only as a nursing measure for safety, due to increased falls.
6. The RASP was updated 3/29/19 to show that staff was assisting and encouraging resident #1 with meals. (see addendum sheet 3 of 3)
7. Resident #1 was also being followed by a Psychiatrist and Psych Registered Nurse which was also clearly identified on the RASP. (see addendum 3 of 4)
8. Resident #1 was discharged from the facility 5/19/19 to a higher level of care due to her decline.
9. The DRC is responsible for all RASP updates and has been in compliance, she missed the nursing measure of the wheelchair but the staff was updated on the use of the wheelchair. The Administrator will continue to oversee compliance.

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

Signature of Legal Entity:  _____

Date: 7/26/19 _____