



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [dianed@abingtonmanor.com](mailto:dianed@abingtonmanor.com)**  
**MAILING DATE: August 23, 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 May 29, 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  
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042  
County: NORTHAMPTON Region: NORTHEAST

License Number: 219620

## Administrator

Name: Diane Dellocono Phone: 6108290100 Email: dianed@abingtonmanor.com

## Legal Entity

Name: CEDAR PARK ASSISTED LIVING LLC  
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA, 18042

## Certificate(s) of Occupancy

Type: I-2 Date: Issued By:

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

## Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint

## Inspection Dates and Department Representative

05/29/2019 - On-Site: Ryan Novak

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 75 Residents Served: 53

### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

### Hospice

Current Residents: 5

### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 16 Have Physical Disability: 7



227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 requires full assistance with ADL's, the RASP dated 7/10/18 notes no problems with toileting and personal hygiene. Resident #1 had falls on 2/8, 4/5, 5/11, 5/17 and 5/22/19. The only RASP update noted for falls is to remind the resident to use pendant. The RASP needs to be updated to reflect how the home is going to meet Resident #1's 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.)

*Our goal as a facility is to always maintain compliance with DHS regulations. Resident #1's RASP has been updated in accordance with the above violation. Resident #1's falls have also been addressed with adding every 2 hour safety checks, for falls prevention. Resident #1 has since been placed on hospice services which will meet the needs of her failing health at this time. To ensure that this does not occur again, the Executive Director and IRC will update the RASP's with any status change or changes in care for the our residents within the 5 day time frame to be in compliance with DHS at all times, and will reflect how we are meeting the needs of our residents. Attached is an updated RASP.*

Legal Entity Representative

*Diane Delloccano, Executive Director*  
Signature

*Diane Delloccano, Executive Director* 7/24/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 8-9-19  
(Date)

Plan of correction implementation status as of 8-9-19  
(Date)

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

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