



**Sent via e-mail to: [dianed@abingtonmanor.com](mailto:dianed@abingtonmanor.com)  
MAILING DATE: February 13, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 28, 2019, September 5, 2019 and September 24, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *ABINGTON MANOR AT MORGAN HILL*  
Address: *215 CEDAR PARK BOULEVARD,, EASTON, PA 18042*  
County: *NORTHAMPTON* Region: *NORTHEAST*

License Number: *21962*

## Administrator

Name: *Diane Dellocomo* 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: *1-2* Date: Issued By:

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

## Inspection

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

## Inspection Dates and Department Representative

*08/28/2019 - On-Site: Amy Deluca*  
*09/05/2019 - On-Site: Amy Deluca*  
*09/24/2019 - Off-Site: Amy Deluca*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *75* Residents Served: *48*

### 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: *48*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *14* Have Physical Disability: *1*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 requires assistance transferring from her wheelchair to bed and also requires assistance with toileting regularly. On the following dates and times, the resident rang her call bell for assistance from staff and the documented response time from staff was in excess of 17 minutes:

- 7/9/19 at 6:35am—response time 27 minutes
- 7/10/19 3:27am—response time 17 minutes
- 7/10/19 7:00am—response time 27 minutes
- 7/11/19 5:35am—response time 26 minutes

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.)

As a facility our intention is to always be in compliance with DHS regulations. Our plan to correct the response time for our call system is to hold a staff meeting with our direct care staff to educate them on what is an acceptable response time for the proper care of our residents which is 3-5 minutes. We also have a new Director of Resident Care, who will be tracking the response time for our residents. This education will take place during our orientation process and during shift changes with all direct care staff, beginning this month of October 2019.

Legal Entity Representative

*Diane Dellocono, Executive Director*  
Signature

*Diane Dellocono, Executive Director 10/9/19*  
Printed Name and Title Date

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The above plan of correction is approved as of 10-17-19  
(Date)

Plan of correction implementation status as of 10-17-19  
(Date)

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

- Fully Implemented
- Partially Implemented
- Not Implemented

182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident #2 is not assessed to self-administer medications. On the following dates family members of the resident reported finding medications left in the resident's bedroom:

8/8/19—two pills were found under the resident's nightstand after the nightstand was moved by a family member.

8/11/19—during a phone call with a family member, the resident told a family member that pills and a cup of water were on her bedside table and the resident wasn't sure if she should take them.

8/20/2019—during a visit with the resident, family member observed a blue pill and a white pill on the resident's dresser.

Plan of Correction (POC)

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*It is always our intention as a facility to be in compliance with DHS regulations. After the concerns about Resident #2's medications were brought to my attention, a staff meeting was held on 9/1/19, in which we addressed what to do and for all the med techs to make sure they do not leave medications with a resident to take even if the resident tells them its ok to do so. This resident appeared to be alert and oriented to most people, but was very confused and her cognitive level was declining. The staff was educated that they must visually see and assist the resident when they administer medications to anyone in our facility. Staff educated by DPC and to let him know if a resident is not taking their medications, it can be reported to the PCP for that resident and to ask the PCP for further directions with this matter.*

Legal Entity Representative

*Diane Dellocano, Executive Director*

Signature

*Diane Dellocano, Executive Director*

Printed Name and Title

10/9/19

Date

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~~Not Implemented~~

Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 has an order for Latanoprost eye drops to be administered into each eye daily. From 8/14/19 through 8/23/19 the eye drops were not available in the home. The resident's Medication Administration Record (MAR) indicates staff initialed that the drops were administered on 8/18/19 and 8/19/19 when the drops were not actually available to be administered.

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.)

As a facility it is always our intention to comply with DHS regulations. Staff were, and are continued to be educated about false documentation. The two staff members that documented they gave the eye drops were both cancelled by the DRC, documentation during medication administration and also the importance of reporting to the DRC and our shift leads when a medication has not been received from our pharmacy in a timely manner. It's never acceptable to not have a medication on hand from the pharmacy. Our new DRC and shift lead will be implementing weekly med cart audits to ensure that we have all of our residents medications needs met, this will begin before the end of the month of October, 2019.

Legal Entity Representative

*Diane Belloano, Executive Director*  
Signature

*Diane Belloano, Executive Director*  
Printed Name and Title

*10/9/19*  
Date

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187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On the following dates and times resident #2 refused medications. The refusals were not reported to the prescriber: Docusate sodium refused 8/1/19, 8/2/19, 8/5, 8/6, 8/9, 8/10, 8/15, and 8/23. Metformin, Xarelto, and Valsartan refused on 8/12/19.

Plan of Correction (POC)

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*It is always the intention of our facility to be in compliance with DHS regulations. Resident #2's medication refusals were not reported to the prescriber. Our monthly staff meeting held on Sept. 11, 2019 included this topic and the DDC presented all medication technicians with a medication refusal form, that will be faxed to the residents prescriber upon refusal of any medications at the time of refusal. It is our Medication Administration (Exception) Notification. We have them on all 3 of our medication carts and the staff are and have been using them for refusals since Sept. 11, 2019.*

Legal Entity Representative

*Diane Dellecorno, Executive Director*  
Signature

*Diane Dellecorno, Executive Director 10/9/19*  
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for Latanoprost eye drops to be administered into each eye daily. On the following dates the eyedrops were not administered due to not being available in the home:

8/14 through 8/23/19.

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.)

As a facility Abington Manor always has the intention of following DHS regulations. Resident #2's eye drops were not available to be administered to the resident. We have since September, put into place, a shift lead on each shift to ensure that all residents medications are being ordered and received in a timely manner. Our shift leads are currently listing and tracking medications that get ordered and ensure delivery. It is never acceptable to not have a medication on hand. Our DRC will also be following up to ensure medications are on hand, this will also be tracked with our med cart audits, that will be done weekly starting this month, October 2019. They are also being done monthly by Diamond pharmacy

Legal Entity Representative

*Diane DeLauro, Executive Director*  
Signature

*Diane DeLauro, Executive Director*  
Printed Name and Title

*10/9/19*  
Date

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- ~~Partially Implemented - Adequate Progress~~
- ~~Partially Implemented - Inadequate Progress~~
- Not Implemented

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 #3's care notes dated 6/24/19 indicate that the resident was deemed to be a high elopement risk due to a tendency to wander into other residents' rooms. The resident's support plan dated 4/25/19 was not updated to reflect her increasing supervision needs.

Plan of Correction (POC)

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*It is always our intention as a facility to be in compliance with DHS regulations. Resident #3's wandering behaviors. Resident #3 never wandered outside of the facility but was known to wander into other rooms. This resident was placed on 15 minute safety checks at this time. The DRC and Executive Director will ensure that the residents RASP's are updated with any changes in the residents within 5 days of any changes. Our plan as a facility with our new DRC in place is to have a care conference weekly with the Executive Director, DRC and shift leads to ensure residents RASP's are updated correctly with the most recent information, this process will begin in October 2019.*

Legal Entity Representative

*Diane Dellocono, Executive Director*  
Signature

*Diane Dellocono, Executive Director 10/9/19*  
Printed Name and Title Date

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