



December 11, 2019

Ms. Sharon L. Immler
President
Morning Glory Senior Living, Inc.
419 North Queen Street
Littlestown, Pennsylvania 17340

RE: Morning Glory Senior Living
Certificate #: 312800

Dear Ms. Immler:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 23 and 30, 2019 of the above facility, the violations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: MORNING GLORY SENIOR LIVING

License Number: 31280

Address: 419 N. QUEEN STREET, LITTLESTOWN, PA 17340

County: ADAMS

Region: CENTRAL

Administrator

Name: Cathy Franek

Phone: 7173599990

Email: S.IMMLER@YAHOO.COM

Sharon Immler

Legal Entity

Name: MORNING GLORY SENIOR LIVING INC

Address: 419 N. QUEEN STREET, LITTLESTOWN, PA, 17340

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/31/2001

Issued By: L&I

Type: C-2 LP

Date: 12/28/2001

Issued By: Borough of Littlestown

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 9

Waking Staff: 7

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/23/2019 - On-Site: Douglas Hoover

09/30/2019 - On-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 12

Residents Served: 9

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 9

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

09/23/2019

Rec'd
10/24/19
GE

1 of 4

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff Member A did not receive training in fire safety, emergency preparedness and falls/accident prevention during the 2018 training year.

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.)

We have set up training for staff #A as well as the rest of the Ancillary Staff and the Direct Care staff to have their annual fire safety, Emergency Preparedness, and Falls and Accident Prevention completed - signed and dated, by the end of 2019.

We have made up a binder to keep both the Ancillary and Direct Care trainings in to help us keep up, and keep track of their trainings

Training needs will be included in the home's periodic quality management reviews.-GE, 11/13/19

Legal Entity Representative

Administrator

Sharon L. Inoué Sharon L. Inoué

Signature

Printed Name and Title

Date

10.21.2019

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

The above plan of correction is approved as of

11/13/19 (Date)

Plan of correction Implementation status as of

11/13/19 (Date)

The above plan of correction was approved by

GE (Initials)

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

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Escitalopram, 5 mg. was not given to Resident #1 on 9/22/2019 and 9/23/2019 at 8:00 am because the home did not have the medication.

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.)

Resident #1's family would not bring the residents medication in that was needed until the day before we ran out or the day that we ran out. The residents family was to bring in the med over the weekend. They didn't so we had to go to Kennies, pay for out of our own money, and pick up the med. After our inspection we were told that we would have to give a 30 day notice if this continued. I shared this and the family said that it will not happen again. If it does we will have to give a 30 day notice.

Legal Entity Representative

The Administrator will ensure that prescriptions are obtained in a timely manner, completing monthly audits. The results of the audits will be discussed at the home's periodic quality management reviews. - GE, 11/13/19

Signature: *Sheron L. Tommer* Printed Name and Title: *Sheron L. Tommer, Administrator* Date: *10/21/2019*

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

The above plan of correction is approved as of 11/13/19 (Date) Plan of correction implementation status as of 11/13/19 (Date)

The above plan of correction was approved by GE (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form, dated 6/19/2019, did not indicate whether the home could meet the needs of Resident #2.

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.)

We did check the box on the residents preadmission screening that indicated that our home could meet his needs.

2

We will be sure to double check our pre admission screenings that we have all of the necessary information that is required on the screenings.

Legal Entity Representative

Administrator

Sharon L. Immler

Sharon L. Immler

10.21.2019

Signature

Printed Name and Title

Date

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