**Department of Human Services**
**Bureau of Human Service Licensing**

April 18, 2022

[redacted], OWNER
[redacted]

RE: ABINGTON MANOR AT MORGAN HILL
215 CEDAR PARK BOULEVARD
EASTON, PA, 18042
LICENSE/COC#: 21962

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2021, 10/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

# Department of Human Services
# Bureau of Human Service Licensing
# LICENSING INSPECTION SUMMARY

## Facility Information

**Name:** *ABINGTON MANOR AT MORGAN HILL* **License #:** *21962* **License Expiration:** *11/24/2022*

**Address:** *215 CEDAR PARK BOULEVARD, EASTON, PA 18042*

**County:** *NORTHAMPTON* **Region:** *NORTHEAST*

## Administrator

**Name:** [redacted] **Phone:** [redacted] **Email:** [redacted]

## Legal Entity

[redacted]

## Certificate(s) of Occupancy

**Type:** *I-2* **Date:** *04/18/2011* **Issued By:** *Williams Township*

## Staffing Hours

**Resident Support Staff:** *0* **Total Daily Staff:** *36* **Waking Staff:** *27*

## Inspection Information

**Type:** *Full* **Notice:** *Unannounced* **BHA Docket #:**

**Reason:** *Renewal, Incident* **Exit Conference Date:** *10/14/2021*

## Inspection Dates and Department Representative

*10/14/2021 - On-Site:* [redacted]

*10/21/2021 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *75* **Residents Served:** *35*

### Secured Dementia Care Unit

**In Home:** *No* **Area:** **Capacity:** **Residents Served:**

### Hospice

**Current Residents:** *2*

### Number of Residents Who:

**Receive Supplemental Security Income:** *0* **Are 60 Years of Age or Older:** *35*

**Diagnosed with Mental Illness:** *0* **Diagnosed with Intellectual Disability:** *0*

**Have Mobility Need:** *1* **Have Physical Disability:** *0*

## Inspections / Reviews

**10/14/2021 - Full**

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/24/2022*

**03/02/2022 - POC Submission**

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/12/2022*

**04/18/2022 - Document Submission**

**Reviewer**: [redacted] **Follow-Up Type**: *Not Required*

## 16c - Written Incident Report

**1. Requirements**

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 § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*Resident #1 has an order for [redacted] tablet daily. The resident did not receive the medication from 10/1-10/6/21. The home did not submit and incident report to the Department regarding the medication error.*

*Resident #1 has an order for [redacted] tablet daily. The resident did not receive the medication from 10/1-10/13/21. The home did not submit and incident report to the Department regarding the medication error.*

**Plan of Correction** ***Accept***

*The facility reviewed the circumstances of the incident and reported both errors to DHS 1/28/2022.*

*A meeting is scheduled with all nursing staff that are responsible for administering medication or incident reporting 2/3/2022.*

*Then agenda and training update from the meeting will be submitted to DHS in part 2 of this Plan of Correction.*

*Continuing compliance will be the responsibility of the Director of Resident Care with the Administrators oversite.*
**Completion Date:** *02/11/2022*

**Document Submission** ***Implemented***

*See the attached Agenda sheet and sign in sheets from meeting 2/3/2022 listed as*
** 2-3-2022 staff meeting agenda*
** 2-3-2022 staff meeting*

## 25b - Contract Signatures

**1. Requirements**

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*The resident-home contract for Resident #2, dated [redacted], was not signed by the resident.*

**Plan of Correction** ***Accept***

*The facility is aware of the regulation to have all appropriate parties sign the contract to include the resident. In this incident it was clearly an oversite. The resident has since passed but moving forward all residents will be asked to sign the contract upon review and explanation given.*

*Moving forward the Director of Admissions will review all files to ensure all files are compliant. The Administrator will be responsible to review all new resident's files upon admission and moving forward to ensure there are no missed signatures.*
**Completion Date:** *02/11/2022*

## 25b - Contract Signatures *(continued)*

**Document Submission** ***Implemented***

*The Administrator reviews all files upon admission and updates with the Director of Admissions at twice weekly department head meetings Monday / Thursday to ensure the proper paperwork is obtained.*

*See the attached new "Admission chart checklist" completed on two new admissions and will be followed with each new admission moving forward.*

*IT will be the responsibility of the Administrator to ensure compliance.*

## 63a - First Aid/CPR Training

**1. Requirements**

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*The home currently serves 35 residents. On 10/9 & 10/10/21 no one was certified in First Aid and CPR from 11pm-7am. On 10/11/21 into 10-12/21 no one was certified in First Aid and CPR from 7p-7am.*

**Plan of Correction** ***Accept***

*The facility had a difficult time setting up FA/CPR classes due to Covid-19. The classes were then set up to train direct care staff to ensure there was one fully certified staff member on duty to ensure compliance of 1 staff member for 50 residents.*

*Please see attached sign in sheet of the class that was set up to bring the facility to compliance.*

*On going FA/CPR classes will be scheduled moving forward with the next class scheduled March.*

*Moving forward it will be the responsibility of the Administrative Assistants to enter all certifications into our electronic staffing program and schedule new classes with the oversite of the DRC and Administrator.*
**Completion Date:** *03/11/2022*

**Document Submission** ***Implemented***

*Compliance is an ongoing process. The facility continues to schedule CPR/FA classes to ensure there is at least one staff member on duty to 50 residents.*

*The facility has a new electronic health file to include staff and the Administrative Assistants will be uploading all certifications which will allow for a better tracking system to ensure compliance.*

*The DRC will ensure all classes are scheduled and work with the Administrative assistants with the Administrator oversite.*

*The facility had a class11/9/21, 3/9/22 - see attachments*
*There is another class scheduled for 3/31/22- at this time there is at least one staff member on each shift who is certified in both CPR/FA.*

## 124 - Notice to Fire Department

**1. Requirements**

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

*The notice to the fire department indicates the home serves 11 residents that would require assistance to evacuate in the event of an emergency. The home currently serves only 1 resident with such a need.*

**Plan of Correction** ***Accept***

*The fire letter was rewritten following the direction of the inspector onsite and the updated letter will be sent to the Fire Department.*

*See attached updated fire letter*

**Completion Date:** *03/01/2022*

**Document Submission** ***Implemented***

*Please see the attached updated * SL_ fire letter.*

## 144c1 - Smoking Area Guidelines

**1. Requirements**

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*At approximately 12:45pm a resident was observed smoking on the side of the building by the door that exits to the smoking area. The home's smoking area is the gazebo.*

**Plan of Correction** ***Accept***

*The facility has a clear written policy of the location set forth for residents that choose to smoke and is signed upon admission.*

*The resident that failed to follow the policy was given notice of the violation and later chose to move out of the facility 12/1/2021.*

*There is only one other resident that smokes and he continues to follow the facilities smoking policy.*

*See "smoking policy" attached.*

*To maintain compliance the Director of Admissions will continue to present the smoking policy upon admission and the Administrator will continue to ensure the policy is followed.*

**Completion Date:** *02/07/2022*

**Document Submission** ***Implemented***

*Please see the attached Smoking Policy - SL*

## 183e - Storing Medications

**1. Requirements**

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*Resident #1's [redacted] does not have the date the pen was opened. The manufacturer's instructions note the medication expires 28 days after opening the pen.*

**Plan of Correction** ***Accept***

*All of the nursing staff licensed and trained to administer medication have been re-educated on the proper process and instructed to complete medicine cart audits daily prior to med administration to ensure all medications that are not on the automatic blister pack refill are within the proper timeframe of expiration.*

*This is to include insulin vials, insulin pens, eye drops, inhalers, creams etc...*

*A monthly audit is done by the pharmacy monthly at the time of the medication auto fill and also by the 11p-7a staff weekly.*

*See med cart audit, pharmacy audit & attached and nurses meeting sign in sheet and agenda sheet*

*All compliance will be the responsibility of the DRC with the Administrator oversite.*
**Completion Date:** *02/07/2022*

**Update:** *03/02/2022*

*Please send in filled in audits and or forms in Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*Please see the attached audits:*
*SL - Emar Glucometer check - This is completed daily on 11p-7a shift and if anything is found to be incorrect it is given to the DRC to immediately address*

*SL - Med Cart Audit - this is to be completed weekly by the 11p-7a Med tech and missing or incorrect items found is give to DRC or Wellness Coordinator to address.*

*SL - Pharmacy Monthly Audit - This is completed by the pharmacy monthly with the pill exchange and all items missing or incorrect will be addressed by the DRC or Wellness Coordinator.*

## 184a - Labeling OTC/CAM

**1. Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

*Resident #1's [redacted] does not have the initials of the staff person who opened the pen.*

**Plan of Correction** ***Accept***

*The licensed and nursing staff trained to administer medication have all attended a meeting and was re-educated in the proper*

## 184a - Labeling OTC/CAM (continued)

*process / policy to follow when caring for and administering OTC/CAM medications.*

*In this violation the staff member didn't have the medication properly labeled and it was addressed at the staff meeting 2-3-2022*

*See the OTC/CAM Policy attached as well as Nurses meeting agenda & sign in sheet.*
**Completion Date:** *02/07/2022*

**Update:** *03/02/2022*

*Please send in filled in audits or forms for Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*Please see the attached audits*
*SL - Med Cart Audit*
*SL - Pharmacy Monthly Audit*

## 184b - Resident's Meds Labeled

**1. Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*Resident #1's OTC* [redacted] *does not include the resident's name.*

*Resident #3's OTC* [redacted] *liquid does not include the resident's name.*

**Plan of Correction** ***Accept***

*All staff have been re-educated and audits are in place to ensure compliance and are to be completed daily prior to medication administration and weekly on the 11p-7a shift.*

*The Director of Resident is responsible to ensure compliance with the Administrators oversite.*
**Completion Date:** *02/07/2022*

**Update:** *03/02/2022*

*Please send in filled out audits and or forms for Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*Please see the attached audits;*
*SL - Med Cart Audit*
*SL - Pharmacy Monthly Audit*

## 184c - Sample Prescription Meds.

**1. Requirements**

2600.
184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

## 184c - Sample Prescription Meds. *(continued)*

**Description of Violation**

*Resident #4's sample medication [redacted] does not have the written directions from the prescriber attached.*

**Plan of Correction** ***Accept***

*All licensed and nursing staff trained to administer medication have been reeducated on the policy of accepting and administering sample medications. There was a staff meeting 2-3-2022 with sign in sheet and agenda sheet sent as an attachment in previous violations in this plan of correction.*

*The facility physician was also at the meeting and made aware of the sample medication process so medication is given to the facility correctly.*

*see the Sample Medication policy attached.*

*It will continue to be the responsibility of the Director of Resident Care to maintain compliance with the Administrators oversite*

**Completion Date:** *02/07/2022*

**Update:** *03/02/2022*

*please send in filled in forms or audits for step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*The audits used have been attached - SL Med Cart Audit & SL - Pharmacy Monthly Audit*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #1's [redacted] were not available.*

*Resident #1's blood glucose monitor was not calibrated to the correct date and time. The reading that occurred on 10/14/21 appeared in the monitor to have occurred on 11/13/21.*

**Plan of Correction** ***Accept***

*The missing PRN medications listed for resident 1 were to be delivered from the family but weren't brought in. Moving forward to ensure compliance if the medication is not delivered or brought into the facility, the medications ordered by the physician will be ordered from the pharmacy.*

*The Administrator is currently working on creating a policy for residents that use VA medication benefits and mail order medication.*

## *185a - Implement Storage Procedures (continued)*

*The DRC will e responsible for maintaining compliance with the Administrators oversite.*

**Completion Date:** *03/01/2022*

**Update:** *03/02/2022*

*Please send in the updated VA policy in Step 2.*
*Please send in copies of filled in forms or audits in Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*see the completed audits attached.*

## 187c - Refusal of Medication

**1. Requirements**

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**

*Resident #1 has an order for [redacted] powder daily. The resident refused the medication from 10/1-10/13/21, however the prescriber was not notified regarding the refusals.*

**Plan of Correction** ***Accept***

*The licensed and nursing staff trained to administer medication have been re-educated in the proper process of handling medication refusals at the staff meeting 2-3-2022.*

*All medication refusals are to be documented properly in the electronic EMAR system and an updated refusal form will be completed and faxed to the physician for further directions.*

*It is the responsibility of the DRC to follow up and maintain compliance with the Administrators oversite.*

*See the attached refusal reporting form.*

**Completion Date:** *03/01/2022*

**Update:** *03/02/2022*

*Please send in filled in forms and any audit forms or check lists in Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*Please see the attached "completed refusal fax"*

*It will be the responsibility of the Director of Resident Care to review and maintain compliance with the Administrators oversite.*

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

## 187d - Follow Prescriber's Orders *(continued)*

**Description of Violation**

*Resident #1 has an order for [redacted] tablet daily. The resident did not receive the medication from 10/1-10/6/21.*

*Resident #1 has an order for [redacted] tablet daily. The resident did not receive the medication from 10/1-10/14/21.*

*Resident #3 has an order for [redacted] .125mg daily, to be held when the resident's heart rate is less than 60. On 10/1/21 the residents heart rate was 56, therefore the medication should have been held, but was administered to the resident erroneously.*

**Plan of Correction** ***Accept***

*The resident's medication's are received from the VA. The family is responsible to bring the medication to the facility to ensure the resident's physician orders are followed.*

*The facility was in contact with the family to make them aware of the medications needed. The family failed to bring the medication to the facility therefore causing the medication error.*

*The licensed staff and staff trained to administer medication was re-educated on the reporting process 2-3-2022*

*See the attached "medication error" that was sent to DHS prior and the sign in sheet that was attached to this plan of correction in a previous violation.*

*The family was made aware that moving forward if any medication is not available the facility will order the medication from the pharmacy and the resident will be charged.*

*The DRC will be responsible to ensure compliance with the Administrators oversite*

**Completion Date:** *02/07/2022*

**Update:** *03/02/2022*

*Please send in filled in forms and med cart audits for Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*All medication was received from the VA for resident number one and the responsible party was made aware of the new policy regarding the use of medication received from the VA Administration.*

*Please see the attached "VA Administration" policy*

## 188b - Medication Error Reporting

**1. Requirements**

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*Resident #1 has an order for [redacted] tablet daily. The resident did not receive the medication from 10/1-10/6/21.*

## 188b - Medication Error Reporting (continued)

*Resident #1 has an order for [redacted] tablet daily. The resident did not receive the medication from 10/1-10/13/21.*

*The resident's prescriber was not notified regarding the aforementioned medication errors.*

**Plan of Correction** ***Accept***

*The nursing staff have been re-educated in the 24 hour reporting time of any reportable incident at the nurses meeting 2/3/2022.*

*In this error the staff were waiting for the delivery of the medication and failed to report the missed administration of medication.*

*The DRC immediately addressed the error and the family brought the proper medications to the facility. The PCP was also made aware with no new orders received.*

*The DRC will be responsible to follow up and maintain compliance with the Administrators oversite.*

**Completion Date:** *02/07/2022*

**Update:** *03/02/2022*

*Please send in filled in examples of forms for Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*The facility created a new VA medication administration policy to ensure the facility can order the VA medications from the facility pharmacy to ensure compliance and therefore all medications will be onsite to administer.*

*see the attached VA Administration policy*

## 227d - Support Plan Medical/Dental

**1. Requirements**

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 #2 is currently on a mechanical soft diet. Resident #2's RASP, dated [redacted] does not include the resident's need for a mechanical soft diet.*

*Resident #6 uses an enabler bar to assist with transfers in/out of bed. The resident's RASP, dated [redacted], does not include the resident's need for an enabler bar.*

**Plan of Correction** ***Accept***

*The resident reported in this violation as resident #2 is not the correct resident listed. After reviewing my notes from my exit meeting it was resident #5 that the diet violation was pertaining to.*

## 227d - Support Plan Medical/Dental (continued)

*After further review of resident #5s file it was found that there was no order for a Mechanical Soft diet, and instead it was a Nursing Measure due to the resident's inability to cut up her food due to right side hemiplegia from a CVA.*

*The management team to include the Director of Wellness, Wellness Coordinator, Dietary Director, Activity Director, Genesis Speech therapist and Admissions/ Marketing Director all met 2/10/2022 to review and be re-educated in the process and regulations of all current and new orders and follow up in the residents RASP of all updates and changes to include bed enablers and devices needed to assist with mobility needs moving forward.*

*In this violation the speech therapist will re-evaluate resident #5 current diet to ensure it's appropriate and any recommendations will be reviewed with the PCP for the correct diet order and texture are being followed, and then the RASP will be updated and sent in Part 2 of the POC, along with an updated Dietary Communication sheet that is updated regularly and given to all departments and posted for staff to follow so they have current updated communication on diets, textures, liquids, allergies and diabetic status.*

*In the violation for resident #6, the RASP was updated to show the need for the bed enabler and is shown in the RASP addendum attached.*

*The "Resident file inspection checklist" will also be completed upon admission and annually to ensure compliance. Also see agenda and sign in sheet of the meeting.*

*Moving forward the management team will be meeting twice weekly Monday & Thursday to review each department for updates and changes and the DRC will ensure the RASP is updated.*

*The Administrator will be responsibility to monitor continued compliance.*
**Completion Date:** *03/01/2022*

**Update:** *03/02/2022*

*please send in a working checklist in Step 2*
*AG, 3-2-22*

**Document Submission** ***Implemented***

*Please see the attached "Admission checklist & Quarterly resident file checklist"*

*The quarterly resident file checks will start taking place in April and updates will be addressed and followed up routinely twice weekly during department heads meetings.*

*It will continue to be the responsibility of the DRC to complete the updates with the Administrators oversite to ensure compliance.*