

Department of Human Services
Bureau of Human Service Licensing

June 8, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: MORNING GLORY SENIOR LIVING
419 N. QUEEN STREET
LITTLESTOWN, PA, 17340
LICENSE/COC#: 31280

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2022 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 - PUBLIC

Facility Information

Name: *MORNING GLORY SENIOR LIVING* License #: *31280* License Expiration: *03/21/2023*
Address: *419 N. QUEEN STREET, LITTLESTOWN, PA 17340*
County: *ADAMS* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MORNING GLORY SENIOR LIVING INC*
Address: *419 N. QUEEN STREET, LITTLESTOWN, PA, 17340*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/31/2001* Issued By: *Labor and Industry*
Type: *C-2 LP* Date: *12/28/2001* Issued By: *Borough of Littlestown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/20/2022*

Inspection Dates and Department Representative

04/20/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2022*

Inspections / Reviews (*continued*)

05/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/30/2022*

05/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/06/2022*

06/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has three bathrooms but none of them have locks to prevent entrance while they are occupied.

Plan of Correction

Accept

The Locks along with new knobs were installed this past weekend , [redacted] was the person who installed them. A master key was placed on the employee master key holder. All staff , residents were made aware of the locks on the bathroom doors.

Completion Date: 05/21/2022

Document Submission

Implemented

The Locks along with new knobs were installed this past weekend , Cathy Franek was the person who installed them. A master key was placed on the employee master key holder. All staff , residents were made aware of the locks on the bathroom doors.All steps of the plan have been implemented. Sent a copy of the receipt for the purchase of the locks to [redacted] via email.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired [redacted] , did not complete training in the following topics: resident rights and reporting of reportable incidents and conditions.

Plan of Correction

Directed

[redacted] Revised the training manual for all new hires which now includes residents rights and reportable incidents, after the training packets are completed by the new hire [redacted] will be reviewing it before being filing away.

(Directed)

The administrator revised the training manual for all new hires on 5/2/22 which now includes residents rights and reportable incidents. After training is provided to new hires, the training documentation will be reviewed by [redacted] and placed in the staff persons' employment record. JM - 5/26/22

Completion Date: 05/02/2022

Document Submission

Implemented

[redacted] Revised the training manual for all new hires which now includes residents rights and reportable incidents, after the training packets are completed by the new hire [redacted] will be reviewing it before being filing away.

(Directed)

The administrator revised the training manual for all new hires on 5/2/22 which now includes residents rights and

65b - Rights/Abuse 40 Hours (continued)

reportable incidents. AAfter training is provided to new hires, the training documentation will be reviewed by [redacted] and placed in the staff persons' employment record. JM - 5/26/22 All steps of the plan have been implemented.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person A, hired on [redacted], did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept

The training was completed on [redacted] and is in [redacted] employee folder. [redacted] included this into the employee training folders. [redacted] Created a new system for new hires. We now have folders designated and made in advance with a checklist posted on the front of everything that needs to be included in the new hire trainings etc. When a new hire has completed their folder [redacted] and then [redacted] will review to be sure everything has been completed before the first day of work.

Completion Date: 05/02/2022

Document Submission

Implemented

The training was completed on [redacted] and is in [redacted] employee folder. [redacted] included this into the employee training folders. Sharon Immler Created a new system for new hires. We now have folders designated and made in advance with a checklist posted on the front of everything that needs to be included in the new hire trainings etc. When a new hire has completed their folder [redacted] and then [redacted] will review to be sure everything has been completed before the first day of work. All steps of the plan have been implemented.

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted] has not completed and passed the Department-approved direct care training course and passed the competency test.

Plan of Correction

Accept

The online training was completed on 5/2/22 and certificate is located in employees folder. [redacted] along with [redacted] have a new hire system in place. We have created new hire individual folders, located on the front of each folder is a checklist with all of the new hire requirements on it. When the staff person has completed their new hire folder [redacted] will do the first check that everything is completed in the folder and then [redacted] will do a second check of the new hire folder.

Completion Date: 05/02/2022

Document Submission

Implemented

The online training was completed on 5/2/22 and certificate is located in employees folder. [redacted] along

65d - Initial Direct Care Training (continued)

with [REDACTED] have a new hire system in place. We have created new hire individual folders, located on the front of each folder is a checklist with all of the new hire requirements on it. When the staff person has completed their new hire folder [REDACTED] will do the first check that everything is completed in the folder and then [REDACTED] will do a second check of the new hire folder. All steps of the plan have been implemented.

81b - Resident Personal Equipment**1. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 1 has an enabler bar that has an opening that measures 17" by 6". There is a 2" gap between the bar and the mattress. The uncovered opening of the bar and the gap between the bar and mattress poses an entrapment risk to the resident.

Resident 2 has an enabler bar that has an opening that measures 10" by 10". The bar is not rigidly mounted to the bed. The uncovered opening of the bar poses an entrapment risk to the resident.

Resident 3 has an enabler bar that has an opening that measures 17" by 6". The bar is not rigidly mounted to the bed. The uncovered opening of the bar poses an entrapment risk to the resident.

Plan of Correction**Directed**

All assist bars were removed from the beds. Bed canes were purchased and put on the beds that had assist bars on the as a safe alternative. [REDACTED] will do a weekly bed check to be sure that all equipment is properly paced and being used in the safest/correct manner, This check will be done every monday morning. Check list is located in my mailbox and checked off weekly.

(Directed)

All assist bars were removed from resident beds by 5/2/22. The administrator shall contact the residents' medical professionals by 6/15/22 to determine the need for and use of an assistive device. If the medical professional agrees for the need, a written order will be obtained and placed into the residents' record and the Resident Assessment and Support Plan (RASP) shall be updated to include the use of the device. The administrator shall check resident bedrooms on a monthly basis, beginning 6/1/22, to ensure that the assistive devices are securely attached. JM - 5/26/22

Completion Date: 05/02/2022

Document Submission**Implemented**

All assist bars were removed from the beds. Bed canes were purchased and put on the beds that had assist bars on the as a safe alternative. [REDACTED] will do a weekly bed check to be sure that all equipment is properly paced and being used in the safest/correct manner, This check will be done every monday morning. Check list is located in my mailbox and checked off weekly. All steps of the plan have been implemented

(Directed)

All assist bars were removed from resident beds by 5/2/22. The administrator shall contact the residents' medical

81b - Resident Personal Equipment (continued)

professionals by 6/15/22 to determine the need for and use of an assistive device. If the medical professional agrees for the need, a written order will be obtained and placed into the residents' record and the Resident Assessment and Support Plan (RASP) shall be updated to include the use of the device. The administrator shall check resident bedrooms on a monthly basis, beginning 6/1/22, to ensure that the assistive devices are securely attached. JM - 5/26/22 All steps of the plan have been implemented.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

The emergency preparedness binder was labeled (KEEP ON BOOKSHELF) and placed in the hall on 5/2/22 where all of the other required forms are kept and posted. [REDACTED] is required to check weekly to be sure the binder is still in the specific location. This is included in the weekly check list.

Completion Date: 05/02/2022

Document Submission

The emergency preparedness binder was labeled (KEEP ON BOOKSHELF) and placed in the hall on 5/2/22 where all of the other required forms are kept and posted. [REDACTED] is required to check weekly to be sure the binder is still in the specific location. This is included in the weekly check list. All steps of the plan have been implemented

Accept

Implemented

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluations for Residents 1 and 2 do not include include body positioning and movement stimulation.

Plan of Correction

After DME are completed and before they are filed away into the DME binder the form will be placed in [REDACTED] bin to be looked over [REDACTED] be sure the form is completed after that the form will be placed into [REDACTED] bin to be checked over after that [REDACTED] will file the DME into the proper binder.

Directed

141a 1-10 Medical Evaluation Information (continued)

(Directed)

The administrator shall review all resident records to ensure that the current medical evaluations are complete. The administrator shall review all future medical evaluations to ensure that they are complete. The medical evaluations may also be re-reviewed by Sharon Immler prior to being placed into the residents' record.

Completion Date: 05/02/2022

Document Submission**Implemented**

After DME are completed and before they are filed away into the DME binder the form will be placed in [REDACTED] bin to be looked over. Be sure the form is completed after that the form will be placed into [REDACTED] bin to be checked over after that [REDACTED] will file the DME into the proper binder. All steps of the plan have been implemented

(Directed)

The administrator shall review all resident records to ensure that the current medical evaluations are complete. The administrator shall review all future medical evaluations to ensure that they are complete. The medical evaluations may also be re-reviewed by [REDACTED] prior to being placed into the residents' record. All steps of the plan have been implemented.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menus do not include lunch for 4/30 and 5/1 nor for supper from 4/25 through 5/1/22.

Plan of Correction**Accept**

[REDACTED] & [REDACTED] have implemented a rotation schedule for the menus. We completed 4 weeks worth of menus and we have them on a rotating schedule. Every Monday we pull the new menu and post it. The menu will only change if it is a holiday or if a special request is made.

Completion Date: 05/02/2022

Document Submission**Implemented**

[REDACTED] & [REDACTED] have implemented a rotation schedule for the menus. We completed 4 weeks worth of menus and we have them on a rotating schedule. Every Monday we pull the new menu and post it. The menu will only change if it is a holiday or if a special request is made. All steps of the plan have been implemented

183b - Meds and Syringes Locked

1. Requirements

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

On 4/20/22 at 9:25am, a bottle of [REDACTED] was unlocked, unattended, and accessible in Resident 1's bedroom and an albuterol inhaler was unlocked, unattended, and accessible in Resident 3's bedroom.

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept

All OTC were taken out of rooms by 5/2/22. Families were notified that they are not able to bring any type of medication (vitamins, supplements,etc.). All Direct Care staff were notified of this violation.Twice a week this will be [redacted] responsibility (included on the weekly checklist) to go through the house and check for any medications etc. that may be left or brought into MG. This check will be completed every Monday and Friday morning.

Completion Date: 05/02/2022

Document Submission

Implemented

All OTC were taken out of rooms by 5/2/22. Families were notified that they are not able to bring any type of medication (vitamins, supplements,etc.). All Direct Care staff were notified of this violation.Twice a week this will be [redacted] responsibility (included on the weekly checklist) to go through the house and check for any medications etc. that may be left or brought into MG. This check will be completed every Monday and Friday morning.All steps of the plan have been implemented

224a - Preadmission Screen Form

1. Requirements

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

Resident 3's preadmission screening form, dated 2/2/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeat Violation: 9/23/19

Plan of Correction

Directed

After the pre-admission screening is completed [redacted] (Direct Care Staff member) will go over the screening to check that everything is filled out on the form date & initial the form [redacted] will then put it into [redacted] bin [redacted] will go over the from a second time after [redacted] sees that it is completed [redacted] will then date & initial the form and file it away in the proper place.

(Directed)

Resident 3's pre-admission screening was completed by 5/2/22 to indicate that the home is able to meet the needs of the resident. The administrator shall audit pre-admission screening forms for current residents to ensure that they are completed. Direct care staff person [redacted] will review the pre-admission screening forms for future residents; [redacted] will re-review the forms prior to placing in the residents' record. JM - 5/26/22

Completion Date: 05/02/2022

Document Submission

Implemented

After the pre-admission screening is completed [redacted] (Direct Care Staff member) will go over the screening to check that everything is filled out on the form date & initial the form [redacted] will then put it into [redacted] bin [redacted] will go over the from a second time after she sees that it is completed [redacted] will then date & initial the form

224a - Preadmission Screen Form (continued)

and file it away in the proper place.

(Directed)

Resident 3's pre-admission screening was completed by 5/2/22 to indicate that the home is able to meet the needs of the resident. The administrator shall audit pre-admission screening forms for current residents to ensure that they are completed. Direct care staff person [REDACTED] will review the pre-admission screening forms for future residents; Sharon Immler will re-review the forms prior to placing in the residents' record. JM - 5/26/22 All steps of the plan have been implemented.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Residents 1, 2, and 3 have enabler bars attached to their beds. The assessments for these residents do not include information about the need for, use of, and ongoing safety evaluation of these devices. Resident 1's assessment was completed 1/25/22. Resident 2's assessment was completed 9/14/21. Resident 3's assessment was completed 3/1/22.

Plan of Correction

Directed

We conducted a meeting, by 5/2/22, in regards to the use and meaning of the RASP form. Explaining that the Rasp needs to change and updated when anything new such as devices etc that may be used by the residents. On a monthly basis [REDACTED] will go through the RASP binder to be sure that everything is up to date. All Direct Care staff are also aware that this is a requirement for them to be aware of too.

(Directed)

The administrator shall contact the residents' medical professionals by 6/15/22 to determine the need for and use of an assistive device. If the medical professional agrees for the need, a written order will be obtained and placed into the residents' record and the Resident Assessment and Support Plan (RASP) shall be updated to include the use of the device. JM - 5/26/22

Completion Date: 05/02/2022

Document Submission

Implemented

We conducted a meeting, by 5/2/22, in regards to the use and meaning of the RASP form. Explaining that the Rasp needs to change and updated when anything new such as devices etc that may be used by the residents. On a monthly basis [REDACTED] will go through the RASP binder to be sure that everything is up to date. All Direct Care staff are also aware that this is a requirement for them to be aware of too. All steps of the plan have been implemented

(Directed)

The administrator shall contact the residents' medical professionals by 6/15/22 to determine the need for and use of an assistive device. If the medical professional agrees for the need, a written order will be obtained and placed into the residents' record and the Resident Assessment and Support Plan (RASP) shall be updated to include the use of the device. JM - 5/26/22

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The records for Residents 1, 2, and 3 do not include current pictures.

Plan of Correction

Accept

Annually [redacted] will be taking new pictures of each resident at the Christmas party, I will be print and replace the old pictures by the first of every year. [redacted] check at the first of every year that this is completed. [redacted] took pictures of all the current residents and replaced the old ones on 5/02/2022.

Completion Date: 05/02/2022

Document Submission

Implemented

Annually [redacted] will be taking new pictures of each resident at the Christmas party, I will be print and replace the old pictures by the first of every year. [redacted] will check at the first of every year that this is completed. [redacted] took pictures of all the current residents and replaced the old ones on 5/02/2022. All steps of the plan have been implemented.