

Department of Human Services
Bureau of Human Service Licensing

July 18, 2022

Originally completed as a SOLE which did not go through. Posted as Incident & Interim inspection for the current Legal Entity.

[REDACTED]
MOS MORGAN HILL MGT. LLC
[REDACTED]

RE: ABINGTON AT MORGAN HILL
MEMORY VILLAGE
5 CEDAR PARK BLVD
EASTON, PA, 18042
LICENSE/COC#: 22614

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2022, 06/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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 AT MORGAN HILL MEMORY VILLAGE* License #: *22614* License Expiration:
Address: *5 CEDAR PARK BLVD, EASTON, PA 18042*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *610-829-0100* Email: [REDACTED]

Legal Entity

Name: *MOS MORGAN HILL MGT. LLC*
Address: *10 BOURBON CT, LAKEWOOD, NJ, 08701*
Phone: *814-229-7893* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/08/2015* Issued By: *WILLIAMS TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Incident, Interim* Exit Conference Date: *06/28/2022*

Inspection Dates and Department Representative

06/28/2022 - On-Site: [REDACTED]
06/29/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *50* Residents Served: *29*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

06/28/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/17/2022*

07/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/19/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation*The home did not conduct fire drills in the months of December 2021 or February 2022.***Plan of Correction****Accept***The Director of Services was re-educated on the expectation of having a complete fire drill with the evacuation of all residents monthly to maintain full compliance.**A schedule for the entire year is being created to ensure compliance and rotation of drills to include 2 drills/year during the sleeping hours.**This will be the responsibility of the Director of Services with the Campus Executive Director overseeing compliance.***Completion Date:** 07/15/2022**Update:** 07/12/2022*Please send fire drill log for March to current.***Document Submission****Implemented***Please see the attached monthly DHS fire log sheet.*

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation*The home did not have a fire safety inspection or supervised fire drill completed by a fire safety expert by 12/31/2021 as required. The most current fire safety inspection was conducted on 02/07/2022 and the supervised fire drill was conducted on 03/30/22.***Plan of Correction****Accept***The annual inspection was due November 20, 2021. An email was sent to the facilities Fire Safe Expert 9/28/2021 requesting an inspection for November, but [REDACTED] wasn't able to set up the appointment at that time and unfortunately never responded with a date for the inspection until and other email was sent out 2/2/2022 when were given a date for the inspection 2/7/2022.**Unfortunately the facility was just getting over several cases of Covid-19 and our annual inspection 10/13/2021, therefore we missed the cut off time of the Fire Safety inspection.**The Campus Executive Director followed up with a phone call to the Fire Safe expert and scheduled our next annual inspection and witnessed fire drill to take place 1/30/2023 with the time to be determined once it gets closer.**The Director of Services will be responsible to set up the appointment annually with the Campus Executive Director overseeing compliance.***Completion Date:** 07/15/2022

132b - Safety Inspection/Fire Drill *(continued)***Document Submission*****Implemented***

The Campus Executive Director contacted the Fire Safe Expert and was able to schedule the inspection and witnessed fire drill for 2023 - January 30, 2023

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 was admitted to the memory care home on [REDACTED]. Resident #1 had frequent exit seeking behaviors requiring 15 minute safety checks, and at times one to one supervision. Resident #1 frequently tried to open doors leading to the enclosed courtyard of the home. The resident's support plan dated 0 [REDACTED] did not include an assessment of the resident's supervision and mobility needs on page 5. The support plan was also not updated to reflect the need to provide one to one supervision at times due to the resident setting off door alarms and going into other residents' rooms.

Plan of Correction***Accept***

The Director of Resident Care is responsible for the completion and updates to the residents RASP. With the initial RASP to be completed in full within 72 hours of admission.

The facility has a policy of placing all new admissions on 15 minutes checks x72 hours until the residents behaviors and risk of elopement has been assessed.

The RASP was updated regarding the 15 minute checks, and the staff also documented the need for 1:1 care in the residents notes and followed up by initiating it on 6/21/22 due to increase in behavior.

A sign in sheet from the staff training session will be forwarded upon completion.

Completion Date: 07/15/2022

Update: 07/12/2022

Please send current RASP for resident #1.

Document Submission***Implemented***

See the attached completed RASP and Addendums for resident #1

Also, see the attached Staff Training sign in sheet and training agenda.