Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 28, 2023

MORGAN HILL SENIOR LIVING LLC

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2023, 02/08/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ABINGTON MANOR AT MORGAN HILL-MEMORY CARE VILLAGE* **License #**: *22614* **License Expiration**: *02/18/2024*

Address: *5 CEDAR PARK BOULEVARD, EASTON, PA 18042*

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

Administrator

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

Legal Entity

Name: *MORGAN HILL SENIOR LIVING LLC*

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

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *04/08/2015* **Issued By**: *Williams Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *02/08/2023*

Inspection Dates and Department Representative

02/07/2023 - On-Site: [redacted]
02/08/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *39*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire home* **Capacity**: *50* **Residents Served**: *39*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *39*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *39* **Have Physical Disability**: *0*

Inspections / Reviews

02/07/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/06/2023*

Inspections / Reviews *(continued)*

03/10/2023 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/24/2023*

Reviewer: [redacted]
Follow-Up Type: *POC Submission*
Follow-Up Date: *03/16/2023*

03/16/2023 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/24/2023*

Reviewer: [redacted]
Follow-Up Type: *Document Submission*
Follow-Up Date: *03/24/2023*

03/28/2023 - Document Submission

Submitted By: [redacted]
Date Submitted: *03/24/2023*

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

28e - Death of a Resident

1. Requirements

2600.
28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 was discharged from the facility following their passing away on [redacted]. They were entitled a refund beginning 9/10/2022 through 9/30/2022 at $210 per day or $4410 for 21 days. They were only issued a refund for $4200.

Plan of Correction ***Accept (MM - 03/16/2023)***

This was a clear miscalculation and was immediately rectified. The POA was contacted the same day 2/7/2023 and a check was sent out for the difference.

[redacted], Managing Partner is responsible for the refunds and all of the financial aspects of the company with [redacted], Campus Executive Director overseeing compliance.

See attached invoice.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (MM - 03/28/2023)

65e - 12 Hours Annual Training

2. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

The home was only able to verify 2.5 hours of training in 2022 for Direct Care Staff Member A, who was hired 9/17/2021.

Plan of Correction ***Accept (MM - 03/16/2023)***

Staff member A works as a per diem employee and was unable to attend the trainings due to [redacted] full time job. [redacted] was terminated from employment [redacted] with non-compliance with required training.

Moving forward all Annual Trainings are offered / scheduled the 3rd Tuesday of each month to give the staff advance notice so they can attend.

All per diem and regular staff will be tracked monthly by [redacted], Senior Administrative Assistant to ensure they're attending the trainings as a requirement of employment and will be terminated for non-compliance.

[redacted], Senior Administrative Assistant sends an email out to all appropriate staff prior to as well reminding them of the trainings, and [redacted] is also responsible to post the trainings in clear view at the time clock so everyone is aware. Requirements of training is also mentioned in the Onboarding process of new hires.

The 6 hours of Dementia trainings are offered online via [redacted] training program and is set up by [redacted]

65e - 12 Hours Annual Training (continued)

[redacted] HR Associate and tracked for all staff working in the Dementia unit that are required to take them and for their annual dementia requirement.

Each department manager is responsible to ensure their staff members attend the training with [redacted] [redacted], Campus Executive Director overseeing compliance.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (MM - 03/28/2023)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
3. Care for residents with dementia and cognitive impairments.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

There was no verification that Staff Member A was trained in 2022 in the following topics: Care of residents with dementia and cognitive impairments, personal care service needs, or safe management techniques.

Plan of Correction ***Accept (MM - 03/16/2023)***

Staff member A works as a per diem employee and was unable to attend the trainings due to [redacted] full time job. [redacted] was terminated from employment [redacted] with non-compliance with required training.

Moving forward all Annual Trainings are offered / scheduled the 3rd Tuesday of each month to give the staff advance notice so they can attend.

All per diem and regular staff will be tracked monthly by [redacted], Senior Administrative Assistant to ensure they're attending the trainings as a requirement of employment and will be terminated for non-compliance.

[redacted], Senior Administrative Assistant sends an email out to all appropriate staff prior as well reminding them of the trainings, and [redacted]s also responsible to post the trainings in clear view at the time clock so everyone is aware. Requirements of training is also mentioned in the Onboarding process of new hires.

The 6 hours of Dementia trainings are offered online via [redacted] training program and is set up by [redacted] [redacted] HR Associate and tracked for all staff working in the Dementia unit that are required to take them and for their annual dementia requirement.

Each department manager is responsible to ensure their staff members attend the training with [redacted] [redacted], Campus Executive Director overseeing compliance.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented (MM - 03/28/2023)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

There was no verification that Staff Member A was trained in 2022 in the following topics: Fire safety, resident rights, OAPSA, or falls and accident prevention.

Plan of Correction ***Accept (MM - 03/16/2023)***

Staff member A works as a per diem employee and was unable to attend the trainings due to [redacted] full time job. [redacted] was terminated from employment [redacted] with non-compliance with required training.

Moving forward all Annual Trainings are offered / scheduled the 3rd Tuesday of each month to give the staff advance notice so they can attend.

All per diem and regular staff will be tracked monthly by [redacted], Senior Administrative Assistant to ensure they're attending the trainings as a requirement of employment and will be terminated for non-compliance.

[redacted], Senior Administrative Assistant sends an email out to all appropriate staff prior to as well reminding them of the trainings, and [redacted] is also responsible to post the trainings in clear view at the time clock so everyone is aware. Requirements of training is also mentioned in the Onboarding process of new hires.

The 6 hours of Dementia trainings are offered online via [redacted] training program and is set up by [redacted] HR Associate and tracked for all staff working in the Dementia unit that are required to take them and for their annual dementia requirement.

Each department manager is responsible to ensure their staff members attend the training with [redacted] Campus Executive Director overseeing compliance.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented (MM - 03/28/2023)

85a - Sanitary Conditions

5. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer of Resident 2 was used to take a blood glucose reading for Resident 3.

85a - Sanitary Conditions *(continued)*

Plan of Correction ***Accept (MM - 03/16/2023)***

This error was immediately rectified, 1/6/2023, [redacted], Campus Executive Director purchased a new glucometer at no charge to resident 2.

All safety measures were in place to include the residents name and picture on the meter and supplies, but the Med Tech was pulled away and inadvertently used the incorrect meter.

The [redacted], Med Tech attended a training seminar 2/2/2023 by [redacted], Certified Diabetic Educator. (see attached certifications)

An incident report was sent to DHS, 1/6/2023 and the POA & PCP were both notified,

Blood work was drawn on resident 3 with all results completed and normal 1/13/2023.

Resident was seen by PCP as a follow up on 1/12/2023.

It is the responsibility of each Med Tech to take extra precautions when performing this task. All diabetic residents requiring blood glucose monitoring have their own meter fully labeled.

It is the responsibility of [redacted], Director of Resident Care to ensure all audits are completed and [redacted], Campus Executive Director to oversee compliance.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented (MM - 03/28/2023)

103i - Outdated Food

6. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a dented can of lemon filling found in the kitchen on the canned good storage rack.

Plan of Correction ***Accept (MM - 03/16/2023)***

To ensure compliance canned products must be removed from boxes and inspected for damage prior to putting them into the inventory.

If canned goods are damaged they have to be returned to the delivery driver before leaving the facility and will then receive credit.

The cook scheduled on the day of deliver will now complete the attached checklist every Wednesday upon delivery of products, and [redacted] Associate ED is responsible to maintain compliance with [redacted], Campus Executive Director overseeing compliance.

See attached checklist started 2/15/2023

Licensee's Proposed Overall Completion Date: *03/14/2023*

103i - Outdated Food *(continued)*

Implemented (MM - 03/28/2023)

121a - Unobstructed Egress

7. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit from the secured patio A, B, & D were unable to be freely opened more than 24 inches without use of excessive force due to coil springs that had been added to the gates.

Plan of Correction ***Accept (MM - 03/16/2023)***

The coil springs were immediately removed from all patio doors while the inspector was still at the facility 2/7/2023. [redacted] was then able to open all patio gates freely.

It is the responsibility of the [redacted], Maintenance Director to monitor all doors daily every hours to ensure safety.

[redacted], Campus Executive Director oversees compliance.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (MM - 03/28/2023)

185a - Implement Storage Procedures

8. 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

The MAR for Resident 2 indicates a blood glucose level of 152 on 2/2/2023 at 7:30am but the glucometer indicates a blood glucose level of 151 for the corresponding date and time.

Plan of Correction ***Accept (MM - 03/16/2023)***

This was a clear error of documentation. The Med Tech involved was immediately made aware of the error 2/7/2023.

There will be a 2 person signature required in the electronic EMAR system to ensure all readings enter are double checked for accuracy.

It is the responsibility of [redacted], Director of Resident Care to ensure accuracy and [redacted], Campus Executive Director to oversee compliance.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (MM - 03/28/2023)

233c - Key-Locking Devices

9. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

There was no code or instructions to operate the magnetic lock keypad exiting the building to patio A.

Plan of Correction ***Accept (MM - 03/16/2023)***

This is a dementia facility and the picture code was removed by a resident at some point on the day of inspection 2/7/2023.

The picture code was immediately replaced while the inspector was onsite 2/7/2023.

Moving forward the facility is looking to purchase a different type of picture frame that can safely be attached to the wall to prevent any resident from removing them.

It will be [redacted], Maintenance Directors responsibility to inspect the facility for missing codes and picture during [redacted] daily facility inspections, and [redacted], Campus Executive Director to oversee compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented (MM - 03/28/2023)

234d - Support Plan Revision

10. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The RASP dated [redacted], for Resident 4 was not updated to reflect their use of a hospital bed or their puree diet change that was ordered 1/19/2023.

Repeat Violation - 6/28/2022.

Plan of Correction ***Accept (MM - 03/16/2023)***

The RASP and Addendum was immediately updated [redacted] The family brought in a hospital bed and the Maintenance Director failed to let the Director of Resident Care know.

Moving forward the [redacted], Maintenance Director was made aware and will routinely give [redacted], Director of Resident Care a copy of the tracking sheet [redacted] uses to monitor all hospital beds and bed canes so there is better communication moving forward.
(see tracking sheet with updated hospital bed, bed canes etc...)

see attached RASP - Update and tracking sheet with updates

[redacted], Campus Executive Director will oversee compliance and does monthly facility inspections with [redacted], Maintenance Director

Licensee's Proposed Overall Completion Date: *03/14/2023*

234d - Support Plan Revision *(continued)*

Implemented (MM - 03/28/2023)

236 - Staff Training

11. Requirements

2600.
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

There is no verification that Staff Member A received 6 additional training hours in dementia.

Plan of Correction ***Accept (MM - 03/16/2023)***

Staff member A works as a per diem employee and was unable to attend the trainings due to [redacted] full time job. [redacted] was terminated from employment [redacted] with non-compliance with required training.

The 6 hours of Dementia trainings are offered online via [redacted] training program and is set up by [redacted] HR Associate and tracked for all staff working in the Dementia unit that are required to take them and for their annual dementia requirement.

[redacted], HR Associate is responsible to keep track of all dementia trainings for all new hires and ongoing annual dementia training. Eash department manager is also responsible to ensure their staff members attend the training with [redacted], Campus Executive Director overseeing compliance.

236 - Staff Training (continued)

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented (MM - 03/28/2023)