

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

March 20, 2024

[REDACTED], ADMINISTRATOR
MORGAN HILL SENIOR LIVING LLC
[REDACTED]

RE: ABINGTON MANOR AT MORGAN
HILL-MEMORY CARE VILLAGE
5 CEDAR PARK BOULEVARD
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 01/09/2024 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,

[REDACTED]
Human Services Licensing Supervisor

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]

Legal Entity

Name: MORGAN HILL SENIOR LIVING LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 04/08/2015 Issued By: Williams Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 77 Waking Staff: 58

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]

Reason: Renewal Exit Conference Date: 01/09/2024

Inspection Dates and Department Representative

01/09/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 38

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 50 Residents Served: 38

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38

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

Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

01/09/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/08/2024

02/23/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/17/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/01/2024

Inspections / Reviews *(continued)*

03/08/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/17/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/13/2024

03/20/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/17/2024

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 on [REDACTED]. Their belongings were removed the same day per facility records. The refund check was issued [REDACTED], which is 31 days.

Repeat violation 2/7/2023

Plan of Correction

Accept [REDACTED] - 02/23/2024)

This violation as a clear oversight, as the month had 31 days and the Managing Partner failed to include the extra day and calculated 30 days, therefore making the refund one day late.

The Managing Partner was made aware of the error and has made adjustments to remind her to always account for the extra day in the month when completing all refunds.

The Campus Executive Director will receiving a notice prior to the refund being sent out to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 03/20/2024)

231g - Non-Dementia Admission

2. Requirements

2600.

231.g.3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

Description of Violation

Resident # 3 resides in the Secured Dementia Care Unit, and does not have a primary diagnosis of dementia or Alzheimer's disease or dementia. The resident has not been shown how to exit the Secured Unit without the assistance of staff.

Plan of Correction

Accept [REDACTED] - 03/08/2024)

Resident #3 was admitted to our secured dementia facility on [REDACTED] without a dementia diagnosis so [REDACTED] could reside with [REDACTED] who does have a diagnosis of dementia requiring the need for a secured unit.

At the time of his admission, resident #3 was given instruction on the secured door and signed the attached form acknowledging it.

Shortly after resident #3s admission, [REDACTED] showed signs of cognitive concerns and was re-evaluated by his physician and was given a new diagnosis of [REDACTED], therefore is not able to freely have access to the door code or to exit the facility unless [REDACTED] is escorted by his family or a staff member.

Resident #3 is offered outside walks when he requests to go outside and is also encouraged to attend all of the Life

231g - Non-Dementia Admission (continued)

Enrichment programming and events.

The Director of Resident Care is responsible for updated documentation to ensure his health file and RASP are completed correctly and in compliance with DHS chapter 2600 regulations, with the Campus Executive Director overseeing compliance.

See attached dementia diagnosis updated doctors notes and secure door policy.

██████████ - Resident #3 was re-evaluated for ██████████ level of dementia and was given a Mini Mental exam and received a score of 9 out of 30 showing his level of dementia has significantly increased.

██████████ - Resident #3 was examined by ██████████ PCP who has determined that ██████████ is an elopement risk and now requires the use of a secured dementia unit, where ██████████ currently resides as a "personal care" resident having full access to exit the facility at his discretion but currently does not remember the code to the secured door or even that he has the free ability to do so.

A meeting with resident #3 POA will be scheduled upon ██████████ return from vacation in the next week to discuss ██████████ fathers change in status and to make ██████████ aware of the change of ██████████ level of care.

At this time, resident #3 will be allowed to exit the facility but will be monitored to ensure ██████████ safety. This writer performed the mini mental exam and discussed the findings with resident #3, it was also discussed with ██████████ that the facility will create projects for resident #3 to do in an attempt to encourage him to play a more active role to in improving his cognitive status. this helping him to feel better about his stay and living status with the facility.

Resident #3 lives in the secured dementia unit with ██████████ wife who was admitted with a diagnosis of ██████████ tia requiring a secured dementia unit. It was residents #3s choice to reside in this unit with ██████████ but who now shows the signs of dementia as well.

Resident #3 will continue to be allowed to exit the facility with his wife to our secured patio areas, weather permitting with the assistance and monitoring of our staff at his request.

Upon the change of status, a new DME, Pre Screen and RASP will be completed and added to ██████████ health file and all staff will be updated / educated on ██████████ new plan of care.

This writer who is the Campus Executive Director is responsible to follow all state regulations and in this violation, the resident was given free access to leave but didn't remember the code to exit and was confused about where ██████████ wanted to go once ██████████ was to leave. The facility is aware of the regulation when admitting a Personal Care resident to a secured dementia unit and will continue to ensure compliance.

It is the responsibility of the Director of Resident Care to train and update all direct care staff and to also update all other staff of the changes in resident #3 health and dementia status moving forward and it will continue to be the responsibility of the Campus Executive Directors responsibilities to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/11/2024

Implemented ██████████ - 03/20/2024)

234b - Support Plan Needs Elements

3. Requirements

2600.

234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

Resident # 2, is known to use a bed cane. The Resident Assessment and Support Plan, (RASP) dated [REDACTED] notes the use of a bed cane, but does not contain the required verbiage: the risks associated with use of a bed cane, the resident’s ability to use the bed cane safely, the identification of the specific device to be used, and if a cover is required by the FDA.

Plan of Correction

Accept ([REDACTED] - 03/08/2024)

During our chapter 2600 DHS - Annual Inspection it was noted that although resident #2 uses a bed cane/enabler and it was clearly documented on the residents RASP, all of the newly required verbiage was not present.

The Campus Executive Director immediately met with the Director of Resident and reviewed the proper verbiage and created the attached Bed Cane Documentation update for all nursing staff to follow when any resident has an order and need for a bed cane/enabler.

The Director of Resident Care is responsible for updated documentation to ensure health file and RASP are completed correctly and in compliance with DHS chapter 2600 regulations, with the Campus Executive Director overseeing compliance.

See attached updated RASP and BED CANE / ENABLER DOCUMENTATION

3/2/2024 Currently the facility has 9 residents that require the use of bed enablers. It is the responsibility of the Director of Resident Care and the Maintenance Director to ensure all devices are properly installed and that each RASP has proper documentation of the required usage and DHS verbiage.

The Maintenance Director does by weekly room checks to ensure all bed enablers and other devices or hospital devices are in good working order, and immediately responds to all work orders requiring his attention.

All RASPS as well as caregiver assignments will be updated to ensure everyone is aware of the bed enablers, and all caregivers will ensure each enabler is secure on each shift to provide safety. If there are any concerns the caregivers have been instructed to report the issue to their shift lead immediately and a work order will be given to the Maintenance Director to properly evaluate and secure the bed enabler.

It will continue to be the responsibility of the Campus Executive Director to follow up to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/11/2024

Implemented ([REDACTED] - 03/20/2024)