

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

April 17, 2024

[REDACTED], ADMINISTRATOR
CEDAR PARK ASSISTED LIVING, LLC
215 CEDAR PARK BOULEVARD
EASTON, PA, 18042

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 02/01/2024 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 **License #:** 21962 **License Expiration:** 11/24/2024
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: CEDAR PARK ASSISTED LIVING, LLC
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA, 18042
Phone: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/01/2024

Inspection Dates and Department Representative

02/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 51

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 51
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 1

Inspections / Reviews

02/01/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/04/2024

03/20/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/12/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/27/2024

Inspections / Reviews *(continued)*

04/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2024

04/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

The enabler bar in Resident #1's room was not securely attached to the bed frame and was held in place only by the weight of the mattress, posing a safety risk to the resident.

Plan of Correction

Accept ([redacted] - 03/20/2024)

The facility Maintenance Director is responsible to complete Bi-weekly checks on all bed enablers and hospital beds on the unit and the direct care staff are responsible to check each residents enabler on each shift to ensure that each bed enabler is secured properly to the bed.

If a bed enabler is found to be loose and not secure the direct care staff are to fill out a work request to be given to the Maintenance Director who will immediately follow up to secure the bed enabler to ensure safety.

In this violation it was a case where the resident loosened it after the caregiver assisted with morning care , therefore wasn't aware. This would have been found during the 3p-11p shift rounds.

Please see attached the bi-weekly check list the Maintenance Director uses when doing his review, the work order sheet and a copy of the caregivers assignment sheet showing where the reminder is located.

2/2/2024 the caregiver assignment sheets were updated to show each resident using a bed enabler, so it will remind and show them each resident that uses one so they can maintain it's security.

All current RASPS of all 14 resident's that have bed canes are updated.

The Maintenance Director and Director of Resident Care are responsible to ensure all bed enablers are safely secure and in good working order, with the Associate Executive Director responsible to oversee compliance.

Licensee's Proposed Overall Completion Date: 03/05/2024

Implemented [redacted] - 04/17/2024)

181d -Storing Medication

2. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers their medications and stores them unlocked on their bedside table. The resident states that they don't lock their door when they leave the room.

181d Storing Medication (continued)

Plan of Correction

Accept (█) - 03/20/2024)

Resident #2 was reminded to keep her door locked and to assist her with that a laminated sign was made and placed on her to remind her.

The caregivers will also be responsible to monitor resident #2 door to ensure it's kept locked when she's out of the room

It will be the over all responsibility of the resident to adhere to this policy with the assistance of the caregivers, and facility staff ensure her room remains locked when she's not in it.

The Associate Executive Director will be responsible to over see compliance.

Unable to upload the attachment of the sign at this time, will attach to Part 2 of POC

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

Implemented (█) - 04/17/2024)

183b - Meds and Syringes Locked

3. 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

A medication cart located on the third floor outside of the nurse's station was unlocked and unattended at the time of inspection.

Plan of Correction

Accept (█) - 03/20/2024)

The staff member was re educated on the importance of keeping the medication cart locked at all times. █ was reviewing and auditing the cart and simply walked away for short time to enter the nurses office and didn't realize she didn't lock it, a clear oversight.

The Director of Resident Care met with all of the nursing staff certified to administer medication and reviewed the 5 rights of Med Administration.

There is a nurses meeting schedule 3/8\2024 for all certified Med Techs and Nurses to review and be re educated on all of the policies and procedures to ensure they understand and follow the 5 rights of Administration and processes that follow.

It will continue to be the Director of Resident Cares responsibility to ensure the staff are educated and updated on all P&P of Medication Administration on a continual basis with the Campus Executive Director over seeing compliance

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented (█) - 04/17/2024)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There was a [redacted] patch in the medication cart for Resident #3. This is not a current order for the resident.

Plan of Correction

Accept [redacted] - 03/20/2024)

The medication for resident #3 was previously pulled from the medication cart as required and taken to the med room to be sent back to the pharmacy, but another staff member inadvertently returned it to the cart.

[redacted] didn't follow the correct protocol by review the medication label to the order to ensure it was an active order before returning it to the cart, at which time she would have realized it was discontinued.

The Director of Resident Care met with the staff 2/1 and 2/3/2024 to review the 5 rights of administration as well as P&P of administration in an effort to reeducate them and remind them of the procedures currently in place.

The staff were instructed to complete the "discharged medication log" to ensure all d/c's meds are documented and pulled from the med cart and nursing office and either destroyed or sent back to the pharmacy.

The Director of Resident Care and Campus Executive Director will be meeting with all certified Med Techs and nurses on 3/8/2024 to further discuss and reeducated them on Med Administration and all of the other P&P associated with it.

Please see the attached items:

- Discontinued medication log
- staff signed 6 Rights of Administration
- Safety and Medication Management Guidelines

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

Implemented [redacted] - 04/17/2024)

184a - Resident's Meds Labeled

5. 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 #5 is prescribed [redacted] with directions to administer once weekly. The medication label has incorrect directions to administer the medication daily.

REPEAT VIOLATION 11/1/22 et al.

Plan of Correction

Accept [redacted] - 03/20/2024)

In this violation, the medication was missing a change of direction sticker on the medication container, but the

184a - Resident's Meds Labeled (continued)

proper order was followed, and resident #5 was given the right amount of medication at the correct time.

The error was immediately fixed, and the staff were re-educated on the 5 rights of administration as well as the process when doing cart and medication audits.

The pharmacy comes out monthly to do the facilities medication punch card exchange and completes a chart audit at this time, and the 11p-7a med tech does weekly audits but inadvertently missed this medication causing the violation.

The Director of Resident Care and Campus Executive Director will be having a meeting which is schedule 3/8/2024 for all certified Med Techs and Nurses to review and be re-educated on all of the policies and procedures to ensure they understand and follow the 5 rights of Administration and processes that follow.

The continued follow up and updates to the staff will be the responsibility of the Director of Resident Care and he Campus Executive Director will over see compliance.

3/8/2024 - A staff meeting is scheduled for all nurses and med techs to review and re-education all of the procedures for proper medication administration and follow through to ensure all of the orders are maintained and followed properly.

A sign in sheet and agenda will follow in part 2 of this POC

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

Implemented (█) - 04/17/2024)

185a - Implement Storage Procedures

6. 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 #4's glucometer not calibrated with the correct date and time. At time of review on █ at █, the glucometer read that it was █

Staff are not following the home's controlled substance policy. Staff Person A signed the Narcotic Count Sheet on 2/1/24 as the off-going Med Tech before completing a count of controlled substances with the oncoming Med Tech. On 1/30/24 and 1/31/24, there are no signatures in the Evening slot of the Narcotic Count Sheet to indicate that the count was completed.

Plan of Correction

Accept (█) - 04/04/2024)

The narcotic sheet that was given to the staff to sign that shows the count is being done between shifts or if the med tech leaves the cart was reviewed with all of the certified Med Techs / Nurses to ensure they fully understand how to correctly do the narcotic count.

185a - Implement Storage Procedures (continued)

All staff were monitored doing a narcotic count to ensure they're following the correct process and completed/signing it at the correct times.

There is a nurses meeting schedule 3/8/2024 for all certified Med Techs and Nurses to review and be re-educated on all of the policies and procedures to ensure they understand and follow the 5 rights of Administration and processes that follow.

The continued follow up and updates to the staff will be the responsibility of the Director of Resident Care and the Campus Executive Director will over see compliance.

See attached current sign narcotic count sign in sheet from shift to shift, and also the sign in sheet of the review with the DRC labeled locking the med cart.

3/25/2025 - The glucometer was immediately calibrated on 2/1/2024 and all further readings are complete and correct.

In this violation the battery was replaced causing the calibration to be off, the staff inadvertently missed it. The DRC immediately met with the nursing staff to re-education them in the importance of following the 5 rights of med administration, this is to include the same process as when an glucose check is being completed.

The 11p-7a Med Tech is to complete a compliance check nightly to ensure all results, to include the proper date and time are correct on all meters. See attached glucometer pictures of correct date/time for resident #4 and sheet showing the proper identification on his meter/case.

The sign in sheet of the nurses meeting and agenda was sent in the first POC submitted.

The on going compliance will be the responsibility of the DRC with the Campus Executive Director overseeing compliance.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/17/2024)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #3 is prescribed [REDACTED] with parameters to be held when the resident's systolic blood pressure is under [REDACTED] and/or heart rate is under [REDACTED]. Resident #3's medication record (MAR) was incorrectly documented that the medication was held when it was administered:

[REDACTED], [REDACTED], [REDACTED]

Resident #3's MAR was also incorrectly documented that the medication was administered when it was held on

187a - Medication Record (continued)

1/3/24 at 8pm.

Resident #5 is prescribed [REDACTED] with parameters to hold when the resident's systolic blood pressure is over [REDACTED]. On the following dates and times, the resident's MAR was incorrectly documented that medication was administered when it was held:

REPEAT VIOLATION 11/1/22 et al.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

In this violation, the error was reported to the PCP to clarify what parameters were required, because there 2 different parameters required blood pressures at different times for the same order.

This is in fact what caused the errors to happen. The PCP gave the facility new

3/30/2024

In the violation for resident #3 - The POC was addressed by the PCP with new orders discontinuing the parameter for the [REDACTED] and the order was also discontinued for the blood pressures.

The error was made due to the duplicate order for parameters, therefore fixing the issue by discontinuing one of the parameters.

See attachment of PCP order.

In the violation for resident #5 - Where the Midodrine was documented as given but wasn't and in fact held correctly after following the order of holding the medication for a Systolic BP greater than 120.

The DRC help an immediate in-service to re-educate all MTs and Nurses to read and recheck the MAR and to pay attention to the documentation process on the electronic EMAR system "drop down box" to ensure they're choosing the correct box.

Please see the MAR showing the correct documentation moving forward, The sign in sheet and agenda meeting notes were previously sent in the initial POC.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/17/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed [REDACTED] administered based on a sliding scale. On [REDACTED], Resident #4's blood sugar was [REDACTED], requiring [REDACTED] units of insulin based on the sliding scale. Per the resident's MAR, 1 unit of insulin was administered.

REPEAT VIOLATION 11/1/22 et al.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

The Med Tech failed to read the MAR correctly and inadvertently administered 1 unit of insulin in error.

The Med Tech was re-educated on the 5 Rights of Administration and is scheduled for a Diabetic Recertification training class via Northampton Community College on 3/12/2024.

[REDACTED] was monitored administering insulin the correct way by the Campus Executive Director who is also a nurse and DHS Med Administration Train the Trainer.

The Director of Resident Care immediately completed a reportable incident form and scanned it to the DHS to follow up and report the medication error.

The continued compliance of all certified Med Tech's and Nurses will be the responsibility of the Director of Resident Care and the Campus Executive Director will continue to oversee compliance.

See attached Medication Tech's Insulin checklist

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [REDACTED] - 04/17/2024)