

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

January 23, 2025

[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 12/18/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ABINGTON MANOR AT MORGAN HILL License #: 21962 License Expiration: 11/24/2025
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] Email: [Redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 12/18/2024

Inspection Dates and Department Representative

12/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 45

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 20 Have Physical Disability: 2

Inspections / Reviews

12/18/2024 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/05/2025

01/08/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 01/22/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 01/13/2025

Inspections / Reviews *(continued)*

01/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries for the carbon monoxide monitor installed in the home's kitchen were due to be replaced by 11/6/24.

Plan of Correction

Accept ([redacted]) - 01/08/2025)

Violation of 2600.18

Violation Description

Code Definition: Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Details: The batteries for the carbon monoxide monitor installed in the home's kitchen were due to be replaced by 11/6/24.

Short Term Actions

1. Immediate Battery Replacement

1.1 Goals: Ensure the carbon monoxide monitor is operational.

1.2 Steps:

- Identify the carbon monoxide monitor requiring battery replacement.
- Purchase appropriate replacement batteries.
- Replace the batteries and test the monitor to ensure functionality.

1.3 Responsible Party: Safety and Maintenance Associate/ Assistant Executive Operations Officer

1.4 Time line: Completed on 12/18/2024

2. Staff Training on Monitor Maintenance

2.1 Goals: Educate staff on maintaining carbon monoxide monitors.

2.2 Steps:

- Verify training for safety and maintenance associates. Validate with training documentation.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: Completed on 1/6/25

3. Policy Review and Update

3.1 Goals: Ensure policies reflect updated maintenance protocols.

3.2 Steps:

- Review current policies regarding safety equipment maintenance.
- Update the policies to include specific details on carbon monoxide monitor checks and maintenance schedules.
- Communicate policy updates to all staff.

3.3 Responsible Party: Executive Operations Officer

3.4 Time line: To be completed on 1/20/2025

Long Term Actions

1. Implement Routine Maintenance Schedule

1.1 Goals: Regularly check and maintain all safety monitors.

1.2 Steps:

- Develop a monthly maintenance schedule for carbon monoxide monitors. In our TEL's program, to ensure compliance with all regulatory requirements.
- Document audit findings and document any identified issues promptly.
- Keep detailed records of all maintenance activities.

18 - Compliance With Laws (continued)

1.3 Responsible Party: Executive Operations Officer

1.4 Time line: To be completed on 1/31/2025

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented (█) - 01/23/2025)

125a - Combustible Storage**2. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

During the initial walk through inspection there was a cloth rag found behind the 1st floor dryer in the home's laundry room.

Plan of Correction

Accept (█) - 01/08/2025)

Violation of 2600.125.a

Violation Description

Code Definition: Combustible and flammable materials may not be located near heat sources or hot water heaters.

Details: During the initial walk through inspection there was a cloth rag found behind the 1st floor dryer in the home's laundry room.

Short Term Actions**1. Immediate Removal and Inspection**

1.1 Goals: Ensure the immediate safety of the facility by removing combustible materials near heat sources.

1.2 Steps:

- Inspect the laundry room to identify and remove any other combustible materials near the dryer.
- Conduct a sweep of all other rooms with heat sources or hot water heaters to ensure compliance.
- Dispose of any identified combustible and flammable materials as per safety protocols.

1.3 Responsible Party: Housekeeping Associate/ Assistant Executive Operations Officer

1.4 Time line: Completed on 12/18/2024

2. Staff Training on Safety Protocols

2.1 Goals: Educate staff about the importance of keeping combustible materials away from heat sources.

2.2 Steps:

- Conduct a mandatory training session for all staff on identifying and removing combustible materials.
- Introduce an educational module highlighting compliance with regulation code 2600.125.a.
- Reinforce the importance of adhering to safety protocols to avoid future violations.

2.3 Responsible Party: Assistant Executive Operations Officer

2.4 Time line: To be completed on 1/13/2025

3. Enhance Monitoring and Documentation

3.1 Goals: Improve the monitoring process and documentation for early detection of violations.

3.2 Steps:

- Establish a checklist on our TEL's for monthly inspections of areas with heat sources or hot water heaters.
- Document each inspection and corrective action taken, maintaining records for compliance purposes.

125a - Combustible Storage (continued)

3.3 Responsible Party: Assistant Executive Operations Officer

3.4 Time line: To be completed on 1/20/2025

3. Continuous Staff Education

3.1 Goals: Ensure ongoing education and awareness of safety protocols amongst staff.

3.2 Steps:

- Develop an ongoing education program for staff, covering safety protocols and updates to regulations.
- Incorporate regular quizzes and assessments to ensure staff understand and remember safety procedures.
- Provide refresher courses every six months to keep knowledge current.

3.3 Responsible Party: Administrative Service Director

3.4 Time line: To be completed on 7/1/2025

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented (█ - 01/23/2025)

141a - Medical Evaluation

3. 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.

Description of Violation

Resident #1 was admitted to the home on █ The resident's Documentation of medical evaluation (DME) form was completed on █ more than 60 days prior to admission.

Plan of Correction

Accept (█ - 01/08/2025)

Violation of 2600.141.a

Violation Description

Code Definition: 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.

141a - Medical Evaluation (continued)

Details: Resident #1 was admitted to the home on [REDACTED]. The resident's Documentation of medical evaluation (DME) form was completed on [REDACTED] more than 60 days prior to admission.

Short Term Actions

1. Immediate Review of Medical Documentation Procedures

1.1 Goals: Ensure compliance with regulation 2600.141.a regarding timely medical evaluations.

1.2 Steps:

- Conduct an immediate audit of all recent admissions to identify similar compliance issues.
- Rectify any discovered lapses by obtaining updated medical evaluations within the required timeframe.
- Inform the responsible healthcare practitioners about the violation and corrective measures.

1.3 Responsible Party: Resident Wellness Director/ Executive Operations Officer

1.4 Time line: To be completed on 1/17/2025

2. Staff Training on Admission Protocols

2.1 Goals: Educate staff on correct procedures and timelines for medical evaluations.

2.2 Steps:

- Develop a training that emphasizes the importance of timely medical documentation based on state regulations.
- Schedule and conduct training sessions for all staff involved in admissions.
- Gather feedback and improve training materials as necessary.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: To be completed on 1/7/2025

Long Term Actions

1. Implement Regular Compliance Audits

1.1 Goals: Consistent monitoring to ensure ongoing compliance with medical evaluation regulations.

1.2 Steps:

- Schedule quarterly audits of resident files to confirm adherence to medical evaluation timelines.
- Compile audit findings and share with the leadership team for review and action.
- Use findings to update procedures and standards as necessary.

1.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

1.4 Time line: To be completed on 3/1/2025

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented ([REDACTED]) - 01/23/2025)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 has an order for Insulin Aspart to be administered three times daily on a sliding scale basis. The Pharmacy label on the box with the unopened insulin pens did not include the sliding scale order. Repeated violation 2/1/24.

Plan of Correction

Accept ([REDACTED]) - 01/08/2025)

Violation of 2600.184.a

184a - Resident's Meds Labeled (continued)*Violation Description*

Code Definition: The original container for prescription medications shall be labeled with a pharmacy label that includes: 4. The prescribed dosage and instructions for administration.

Details: Resident #2 has an order for Insulin Aspart to be administered three times daily on a sliding scale basis. The Pharmacy label on the box with the unopened insulin pens did not include the sliding scale order. Repeated violation 2/1/24.

*Short Term Actions**1. Correct Pharmacy Label*

1.1 Goals: Ensure all resident medications are accurately labeled with complete dosage and administration instructions.

1.2 Steps:

- Conduct an immediate review of all pharmacy labels for current residents to identify labeling discrepancies.*
- Contact the pharmacy provider to correct and update the specific label for Resident #2's Insulin Aspart with the correct sliding scale order.*
- Ensure Resident #2 has immediate access to properly labeled medication in accordance with doctor's order. This was correct immediately with correct labeling (12/18/2024).*

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on by 1/20/2025

2. Staff Training on Medication Label Review

2.1 Goals: Train staff to recognize and report medication label discrepancies.

2.2 Steps:

- Develop a training session focused on recognizing and verifying pharmacy label accuracy, specific to critical medications such as insulin.*
- Schedule and conduct the training with all medical and care staff responsible for medication distribution.*
- Implement a checklist procedure for staff to follow as part of the medication administration process to ensure pharmacy label compliance.*

2.3 Responsible Party: Resident Wellness Director/ Executive Operations Officer

2.4 Time line: To be completed on 1/10/2025

*Long Term Actions**1. Regular Pharmacy Label Audits*

1.1 Goals: Sustain label accuracy and compliance through regular audits to prevent future violations.

1.2 Steps:

- Establish a routine schedule for quarterly audits of all pharmacy labels across the facility.*
- Create a monthly report to track discrepancies, improvements, and any corrective actions taken.*
- Maintain communication with pharmacy providers to ensure they are aware of labeling requirements and updates.*

1.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

1.4 Time line: To be completed on by 3/1/2025

Licensee's Proposed Overall Completion Date: 01/20/2025

184a - Resident's Meds Labeled (*continued*)

Implemented (█) - 01/23/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #2 has an order for Insulin Aspart to be administered three times daily on a sliding scale basis. On 12/6/24 at 4pm the blood glucose reading was 199, requiring 1 unit of insulin; 2 units of insulin were administered.

Resident #3 has an order for Metoprolol 50mg, one tablet every 12 hours, hold for systolic blood pressure (SBP) less than 110. On 12/16/24 at 8pm the SBP was 95 and the medication was still administered.

Repeated violation 2/1/24.

Plan of Correction

Accept (█) - 01/08/2025)

Violation of 2600.187.d

Violation Description

Code Definition: The home shall follow the directions of the prescriber.

Details: Resident #2 has an order for Insulin Aspart to be administered three times daily on a sliding scale basis. On 12/6/24 at 4pm the blood glucose reading was 199, requiring 1 unit of insulin; 2 units of insulin were administered.

Resident #3 has an order for Metoprolol 50mg, one tablet every 12 hours, hold for systolic blood pressure (SBP) less than 110. On 12/16/24 at 8pm the SBP was 95 and the medication was still administered. Repeated violation 2/1/24.

*Short Term Actions**1. Immediate Staff Retraining on Medication Administration*

1.1 Goals: Ensure all staff correctly administers medication as per prescriber's orders.

1.2 Steps:

- Conduct a mandatory training session for all nursing staff on proper medication administration procedures.*
- Provide specific case studies on insulin and blood pressure medication management.*
- Conduct post-training evaluations to ensure understanding and retention of correct procedures.*

1.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

1.4 Time line: To be completed on 1/10/2025

*Long Term Actions**1. Ongoing Staff Education and Certification*

1.1 Goals: Maintain a skilled workforce capable of error-free medication administration.

1.2 Steps:

- Schedule quarterly training refreshers on medication administration protocols.*
- Enroll all nursing staff for a certification course on safe medication administration.*
- Maintain a certification tracker and ensure everyone is compliant.*

1.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

1.4 Time line: Completed on by 3/1/2025

187d - Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (█) - 01/23/2025)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 requires physical assistance with showering and dressing. The resident's assessment and support plan (RASP) dated █ does not document the resident's need for assistance with showering and dressing.

Plan of Correction

Accept (█) - 01/08/2025)

Violation of 2600.227.d

Violation Description

Code Definition: Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner determine the necessity of these services.

Details: Resident #4 requires physical assistance with showering and dressing. The resident's assessment and support plan (RASP) dated █ does not document the resident's need for assistance with showering and dressing.

Short Term Actions

1. Update Resident #4's Support Plan

1.1 Goals: To accurately reflect Resident #4's need for assistance with showering and dressing in their support plan.

1.2 Steps:

- Review the current assessment and support plan for Resident #4.
- Conduct a meeting with the care team, including Resident #4's physician, to discuss the necessary updates.
- Amend Resident #4's support plan to include detailed documentation of assistance required for showering and dressing.
- Ensure all staff involved in Resident #4's care are informed of the updated plan.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 12/18/2024

2. Staff Training on Documentation

2.1 Goals: To ensure all staff are adequately trained on the importance and requirements of proper documentation in resident support plans.

2.2 Steps:

- Identify key staff members who require training on documentation practices.
- Schedule and conduct a training session focused on regulatory requirements for documenting residents' support plans, specifically for physical assistance needs.
- Provide staff with materials highlighting best practices in documentation related to resident care support plans.
- Evaluate the training session's effectiveness by having staff complete a knowledge assessment.

2.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

227d - Support Plan Medical/Dental (continued)

2.4 Time line: To be completed on 1/10/2025

Long Term Actions

1. Regular Audits of Support Plans

1.1 Goals: To ensure consistent and accurate documentation in support plans across all residents.

1.2 Steps:

- Establish a schedule for periodic audits of resident support plans to ensure compliance with regulatory documentation requirements.
- Create a checklist to be used during audits that includes items specific to physical assistance documentation.
- Conduct initial audits within the next quarter and emphasize correcting any identified documentation deficiencies immediately.
- Review audit findings in staff meetings and provide feedback to improve documentation practices.

1.3 Responsible Party: Residents Wellness Director/Executive Operations Officer

1.4 Time line: To be complete on 3/1/2025

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (█) - 01/23/2025)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's RASP dated █ was not signed by the person who completed the form.

Plan of Correction

Accept (█) - 01/08/2025)

Violation of 2600.227.g

Violation Description

Code Definition: Individuals who participate in the development of the support plan shall sign and date the support plan.

Details: Resident #1's RASP dated █ was not signed by the person who completed the form.

Short Term Actions

1. Signature Completion for Resident #1's RASP

1.1 Goals: Ensure that Resident #1's RASP is properly signed and compliant with regulations.

1.2 Steps:

- Review Resident #1's RASP dated █ to identify the completing individual.
- Contact the individual who completed Resident #1's RASP and obtain their signature and date on the document.
- Verify that the RASP now includes all required signatures and dates.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 12/18/2024

2. Staff Training on Signature Requirements

2.1 Goals: Educate staff on the importance and requirement of signatures for RASPs.

227g -Support Plan Signatures (continued)**2.2 Steps:**

- Schedule a training session focusing on regulatory requirements for signing RASPs.
- Develop training materials including a checklist of RASP completion requirements.
- Conduct the training and ensure all staff involved in RASPs are trained.
- Collect acknowledgments from staff on completion of training.

2.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

2.4 Time line: To be completed by 1/10/2025

Long Term Actions**1. Ongoing**

1.1 Goals: Ensure continual adherence to RASP signing protocols.

1.2 Steps:

- Complete audit for completion and signatures to be done within 30 days.
- Trainings with RWD's to be completed on 1/7/2025
- EOO to verify for completion and signatures before filing in resident chart, ongoing.

1.3 Responsible Party: Resident Wellness Director/ Executive Operations Officer

1.4 Time line: To be completed on 1/7/2025

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (█ - 01/23/2025)