

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

January 28, 2025

[REDACTED]
LANDINGS OPCO1, LLC
[REDACTED]

RE: MORNINGSIDE HOUSE OF
COLLEGEVILLE
1421 SOUTH COLLEGEVILLE ROAD
COLLEGEVILLE, PA, 19426
LICENSE/COC#: 15106

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2024 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: MORNINGSIDE HOUSE OF COLLEGEVILLE License #: 15106 License Expiration: 03/05/2025
Address: 1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: LANDINGS OPCO1, LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 11/18/2024

Inspection Dates and Department Representative

11/18/2024 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 110 Residents Served: 79
Secured Dementia Care Unit
In Home: Yes Area: Memory Care Capacity: 35 Residents Served: 25
Hospice
Current Residents: 7
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79
Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 42 Have Physical Disability: 0

Inspections / Reviews

11/18/2024 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2024
12/19/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/20/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/24/2024

Inspections / Reviews (*continued*)

01/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/24/2025

01/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], [redacted] with an expiration date of [redacted] and [redacted] with an expiration date of [redacted] prescribed for resident [redacted] were in the home's medication cart. An opened [redacted] was in the home's medication cart without an open/discard after date. According to the manufacturer's instructions, the [redacted] should be discarded 28 days after opening.

Plan of Correction

Directed [redacted] - 01/16/2025)

Medications immediately removed from the cart and returned to pharmacy. Director of Health and Wellness provided education to staff on 11/18/24 to medication aides and nurses. Medication Aides and Nurses on the cart are assigned weekly medication cart audits starting 11/20/24 that will be turned in to the Director of Health and Wellness for review weekly. These audits will be ongoing and reviewed by the Director of Health and Wellness during the QA Meeting on 1/21/25.

Directed Completion Date: 12/20/2024

Implemented [redacted] 01/28/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The Lantus insulin pen prescribed for resident [redacted] had no pharmacy label on it.

Plan of Correction

Accept [redacted] 01/16/2025)

Medications immediately removed from the cart and returned to pharmacy. Director of Health and Wellness provided education to staff on 11/18/24 to medication aides and nurses. Medication Aides and Nurses on the cart are assigned weekly medication cart audits starting 11/20/24 that will be turned in to the Director of Health and Wellness for review weekly. These audits will be ongoing and reviewed by the Director of Health and Wellness during the QA Meeting on 1/21/25.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/28/2025)

187b - Date/Time of Medication Admin.

3. Requirements

187b Date/Time of Medication Admin. (continued)

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] was prescribed [redacted] every hour as needed. This medication was received on [redacted] and again on [redacted]. It was signed out total of 26 times based upon the controlled medication log; however, there were only 20 staff initials present on resident [redacted] November medication administration record (MAR).

According to staff A's statement received on [redacted], when questioned if a lidocaine patch was left in resident [redacted] room, staff A replied that no patch was in the room and that staff A thought the resident needed one and applied one to the resident. However, resident [redacted] November MAR does not show any documentation of this administration.

According to staff B's statement received on [redacted], staff B administered resident [redacted] morning medications on [redacted] however, resident [redacted] morning medications were documented as administered by staff A on the MAR.

Plan of Correction

Accept [redacted] - 01/16/2025)

Director of Health and Wellness provided education to medication aides and nurses on 11/18/24. Director of Health and Wellness or designee will complete a weekly audit of the MAR and controlled medication log to ensure accurate documentation starting 12/6/24. These audits will be conducted for three months then reviewed at the QA Meeting 1/21/25

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/28/2025)

227h Support Plan Refuse Sign

4. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept [redacted] - 01/16/2025)

RASP immediately corrected. Executive Director provided education to Wellness Coordinator on 11/18/24 regarding signatures with the RASP. Regional Health and Wellness Director or designee will complete ongoing quarterly chart audits to ensure completion of the RASP 1/6/25. Audit will be reviewed by Director of Health and Wellness in QA Meeting 1/21/25

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/28/2025)

251b Record Entries Legible

5. Requirements

2600.

251b - Record Entries Legible (continued)

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The controlled medication log of resident [REDACTED] every 4 hours received on [REDACTED] was blurred on the date and time column for several entries, to include times of administration on [REDACTED] and [REDACTED], and dates after [REDACTED].

Plan of Correction**Accept ([REDACTED] - 01/16/2025)**

The controlled medication log for resident 2 was reviewed and blurs were caused by water spots. Director of Health and Wellness provided education to medication technicians, nurses, and direct care staff to correct any issues like this immediately when it happens. Director of Health and Wellness will review the controlled medication log starting 12/6/24 for clarity during weekly audits for three months. Director of Health and Wellness will review in QA meeting 1/21/25.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] - 01/28/2025)