

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

March 4, 2025

[REDACTED]
TOWAMENCIN OPERATING COMPANY, LLC

[REDACTED]
SUITE C
[REDACTED]

RE: MORNINGSIDE HOUSE OF
TOWAMENCIN
900 TOWAMENCIN AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 15105

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/16/2025 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 TOWAMENCIN License #: 15105 License Expiration: 05/01/2025
Address: 900 TOWAMENCIN AVENUE, LANSDALE, PA 19446
County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: TOWAMENCIN OPERATING COMPANY, LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: Other Date: 12/21/2023 Issued By: Towamencin Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 141 Waking Staff: 106

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Provisional, Monitoring Exit Conference Date: 01/16/2025

Inspection Dates and Department Representative

01/16/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 144 Residents Served: 91

Secured Dementia Care Unit

In Home: Yes Area: Opal Capacity: 59 Residents Served: 30

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 91
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 50 Have Physical Disability: 0

Inspections / Reviews

01/16/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2025

02/13/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/28/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 02/28/2025

Inspections / Reviews *(continued)*

03/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

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

Resident [redacted] has a bedside mobility device with triangular shaped opening that is 10 inches wide at its widest point. The opening is not covered creating an entrapment risk for the resident. The enabler was not properly secured to the bedframe, which allowed for movement from side to side when pulling on it for use.

Resident [redacted] has an bedside mobility device with a 12-inch-wide opening between the side rails of the top portion of the enabler bar. Additionally, there is a U shaped opening created by an additional grab bar on the right side of the mobility device that is wider than 4.75inches. Device is not fully covered creating two separate entrapment hazard areas.

Repeat Violation Date: [redacted] et al.

Plan of Correction

Accept [redacted] - 02/13/2025)

1. The bed enabler from both apartments were immediately removed.
2. All apartments to be audited by Maintenance director, Wellness director and Memory care director to make sure any resident with a bed enabler is secure to the bedframe. The directors will also make sure the bed enablers are an approved mobility device. The audit to be completed by 2/21/25
3. Maintenance will conduct a safety check on bed enablers starting 2/17/25 to be sure it's secured onto bed frame, then weekly x 4 wks, and continue monthly until 100% compliant.
4. All staff was trained on bed enabler DHS policy and regulation 81.b on 1/30/25. The training was conducted by Executive director.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [redacted] - 03/04/2025)

187b - Date/Time of Medication Admin.

2. Requirements

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] is prescribed [redacted] Tab, take one tablet by mouth in the evening. Resident [redacted] January 2025 medication administration record does not include the initials of the staff person who administered [redacted] Tab on [redacted] and [redacted] at 6pm.

Repeat Violation [redacted] et al.

Plan of Correction

Accept [redacted] - 02/13/2025)

1. Wellness director or designee will conduct a MAR audit daily x 1 week, weekly for 4 weeks and monthly until 100% compliant and be discussed in monthly QAPI meeting. Audit began on 2/12/25.

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

2. All Med Techs and nurses to be trained on regulation 187b. Training will be conducted by Wellness Director and be completed by 2/21/25.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [redacted] - 03/04/2025)

227d - Support Plan Medical/Dental

3. 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

The assessment for resident [redacted], dated [redacted], indicates the resident has a need for transferring in/out of bed/chair and for turning/positioning in bed/chair. Resident [redacted] has a bedside mobility device for transferring/turning/positioning in/out of bed that is not listed as part of the assessment. The resident's support plan dated [redacted] does not document how this need will be met.

The assessment for resident [redacted], dated [redacted] indicates the resident has a need for "transferring in/out of bed/chair" and is independent for "turning and positioning in bed/chair.". Resident [redacted] has a bedside mobility device for transferring/turning/ positioning in/out of bed that is not listed as part of the assessment. The resident's support plan dated [redacted] does not document how this need will be met.

Plan of Correction

Accept ([redacted] - 02/13/2025)

1. The bed enabler for resident [redacted] and [redacted] was removed due to safety concern so there isn't a need to update care plan at this time.
2. An audit of residents' support plan to be conducted by Memory care director, Wellness director or designee to be sure that any resident who has a bed enabler that it is documented on the support plan. Audit started on 2/10/25
3. All staff was trained on bed enabler DHS policy and regulation 81.b on 1/30/25. The training was conducted by Executive director.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [redacted] - 03/04/2025)