



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MORNINGSIDE HOUSE OF EXTON, LLC**  
LEGAL ENTITY

To operate **MORNINGSIDE HOUSE OF EXTON**  
NAME OF FACILITY OR AGENCY

Located at **200 SUNRISE BOULEVARD, EXTON, PA 19341**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **106**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 39**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 19, 2025** until **June 19, 2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **151351**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania  
Department of Human Services

[REDACTED]  
[REDACTED]  
Morningside House of Exton, LLC  
[REDACTED]  
[REDACTED]

RE: Morningside House of Exton  
200 Sunrise Boulevard  
Exton, Pennsylvania 19341  
License #: 151351

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 1, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

December 12, 2025

[REDACTED]  
Morningside House of Exton, LLC  
[REDACTED]

RE: Morningside House of Exton  
200 Sunrise Boulevard  
Exton, PA, 19341  
LICENSE/COC#: 15135

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2025 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 Exton* License #: *15135* License Expiration:  
Address: *200 Sunrise Boulevard, Exton, PA 19341*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *Morningside House of Exton, LLC*  
Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/04/1999* Issued By: *COPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

**Inspection Information**

Type: *Full* Notice: *Announced* BHA Docket #:  
Reason: *New* Exit Conference Date: *07/01/2025*

**Inspection Dates and Department Representative**

07/01/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: Residents Served: *42*  
Secured Dementia Care Unit  
In Home: *Yes* Area: *Memory Care Unit* Capacity: *39* Residents Served: *18*  
Hospice  
Current Residents: *6*  
Number of Residents Who:  
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *32* Have Physical Disability: *0*

**Inspections / Reviews**

07/01/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/27/2025*

12/12/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *07/24/2025*  
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

12/12/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's residents' rights poster is not posted in a conspicuous and public place in the Memory Care Unit.

Plan of Correction

Accept ( ) - 07/24/2025

To support the safety, dignity, and well-being of our residents, it is essential that Residents' Rights are clearly posted in a prominent and publicly accessible location within the Memory Care unit. On July 1, 2025, the Executive Director printed the Residents' Rights document from the Department of Human Services (DHS) website and posted it on the bulletin board located in the Memory Care dining area. Staff were notified of the posting on 7/1/25, to ensure awareness and accessibility. The Director of Memory Care or their designee will conduct weekly round audits to ensure that all required documentation is posted on the bulletin board in the memory care unit. This audit will be implemented the week of July 21, 2025. These audits will be reviewed by the Executive Director at the monthly QAPI meetings, starting July 30, 2025. Additionally, the Executive Director will review Residents' Rights with all staff during the Employee Town Hall scheduled for Thursday, August 21, 2025. As part of our ongoing commitment to compliance and resident advocacy, Residents' Rights are also reviewed with all employees during orientation and annually thereafter.

Licensee's Proposed Overall Completion Date: 07/24/2025

Bypass Document Submission

Implemented ( ) - 12/12/2025

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/01/2025 at 10:44 a.m., there were two half-full, uncovered, unattended trash cans in the main kitchen.

Plan of Correction

Accept ( ) - 07/24/2025

To protect the safety and well-being of our residents, it is essential that all trash cans remain properly covered to prevent the entry of insects and rodents. Immediately following the inspection on July 3, 2025, the appropriate lids were installed on all trash cans. On July 3, 2025, the Executive Director re-educated the Director of Dining and the Director of Plant Operations on the regulatory requirements for trash cans. Ensuring all trash cans throughout the community have been added to the Environmental Rounds audit, which is to be completed weekly by the Director of Plant Operations and/or designee. This audit will be implemented the week of July 21, 2025. These audits will be reviewed by the Executive Director at the QAPI meeting on July 30, 2025, and on a monthly basis thereafter to ensure continued adherence to and environmental safety.

Licensee's Proposed Overall Completion Date: 07/24/2025

Bypass Document Submission

Implemented ( ) - 12/12/2025

95 - Furniture and Equipment

3. Requirements

95 - Furniture and Equipment (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On July 1, 2025, the toilet paper holder in room 219's restroom was broken.

Plan of Correction

Accepted [redacted] - 07/24/2025)

To ensure the well-being of our residents, it is essential that all furniture and equipment remain in good repair, are clean, and free from hazards. Following the inspection on July 1, 2025, the toilet paper holder in Room 219 was promptly repaired by the Director of Plant Operations on July 1, 2025. On July 3, 2025, the Executive Director and Director of Plant Operations conducted a full inspection of all resident rooms to verify that all toilet paper holders were properly installed and free of cracks or damage. To support ongoing maintenance and safety, the environmental rounds audit has been updated to include ensuring all toilet paper holders are in working order and in good condition. The updated audit will be implemented the week of July 21, 2025. The Director of Plant Operations or designee will complete this audit on a weekly basis. The audit findings will be reviewed by the Executive Director during the QAPI meeting on July 30, 2025, and on a monthly basis thereafter to ensure continued compliance and resident safety.

Licensee's Proposed Overall Completion Date: 07/24/2025

Bypass Document Submission

Implemented [redacted] - 12/12/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The lamp in bedroom 306 does not have a light bulb in working condition that is able to be turned on or off at the bedside.

Plan of Correction

Accepted [redacted] - 07/24/2025)

To ensure the safety and well-being of our residents, it is essential that each resident has a functional bedside lamp or an alternative source of lighting that can be easily operated from the bedside. During the inspection on July 1, 2025, the inoperable lamp in Room 306 was immediately replaced with a working lamp and properly positioned next to the bed. On July 3, 2025, the Executive Director and Memory Care Director conducted a comprehensive walkthrough of all resident rooms to confirm that each resident had an operable bedside light source. To maintain ongoing compliance, a room audit has been created. This audit will be implemented the week of July 21, 2025. This audit will be conducted weekly by the Director of Memory Care and/or designee. Audit results will be reviewed by the Executive Director during the QAPI meeting on July 30, 2025, and on a monthly basis thereafter to ensure sustained adherence.

Licensee's Proposed Overall Completion Date: 07/24/2025

Bypass Document Submission

Implemented [redacted] - 12/12/2025)

162c - Menus Posted

5. Requirements

162c - Menus Posted (continued)

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The home's daily menu for July 1st, 2025, was posted on the Memory Care Unit. However, the current week's menu or one week in advance menu, stating the specific food being served at each meal, was not posted in a conspicuous and public place in the Memory Care Unit.*

**Plan of Correction**

Accept [redacted] - 07/24/2025)

*To support the well-being of our residents, it is essential that menus listing the specific foods to be served at each meal are prepared and finalized at least one week in advance and adhered to accordingly. These weekly menus must be clearly posted in a prominent public area at least one week before the menu period begins. The Executive Director re-educated the Director of Dining on the DHS regulatory requirements for menus on July 1, 2025. As of July 2, 2025, dates have been added to the bottom of each menu and posted in both the Personal Care and Memory Care areas. Moving forward, when menus are rotated, corresponding dates will continue to be added to reflect the correct week. Beginning the week of July 21, 2025, the Director of Memory Care will conduct a weekly audit to ensure that the current dates are displayed on the menus posted in the memory care unit. The Executive Director will complete weekly checks to ensure the menus with dates are posted in the personal care dining room. Audit results will be reviewed by the Executive Director during the QAPI meeting on July 30, 2025, and on a monthly basis thereafter to ensure sustained adherence.*

Licensee's Proposed Overall Completion Date: 07/24/2025

**Bypass Document Submission**

Implemented [redacted] - 12/12/2025)

183c - Refrigerated Meds Locked

**6. Requirements**

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

**Description of Violation**

*The narcotics refrigerator on the personal care unit medication station does not have a lock, and it was unlocked, unattended, and accessible.*

**Plan of Correction**

Accept [redacted] - 07/24/2025)

*To ensure the safety and well-being of our residents, it is essential that all prescription medications, OTC drugs, and CAM are stored in a refrigerator are kept in a locked area or secured container. Following the inspection, a lock was immediately installed on the refrigerator in the wellness office on July 1, 2025. Additionally, during the week of July 21, 2025, all medication technicians were in-serviced by the Executive Director on the proper protocol for locking refrigerators used for medication storage.*

Licensee's Proposed Overall Completion Date: 07/24/2025

**Bypass Document Submission**

Implemented [redacted] - 12/12/2025)