



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC

LEGAL ENTITY

To operate ABINGTON MANOR AT MORGAN HILL

NAME OF FACILITY OR AGENCY

Located at 215 CEDAR PARK BOULEVARD, EASTON, PA 18042

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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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 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 January 15, 2026 until January 15, 2027,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **233480**


ISSUING OFFICER


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

Emailing Date: January 15, 2026

[REDACTED]
[REDACTED]
Abington Manor at Morgan Hill Management, LLC
c/o IntegraCare Corporation
[REDACTED]
[REDACTED]

RE: Abington Manor at Morgan Hill
215 Cedar Park Boulevard
Easton, Pennsylvania 18042
License #: 233480

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 10, 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 NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J' and a long tail on the 'a'.

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

January 9, 2026

[REDACTED]
ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC
C/O INTEGRACARE CORPORATION
[REDACTED]

RE: ABINGTON MANOR AT MORGAN
HILL
215 CEDAR PARK BOULEVARD
EASTON, PA, 18042
LICENSE/COC#: 23348

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/10/2025 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: *ABINGTON MANOR AT MORGAN HILL* License #: *23348* License Expiration:

Address: *215 CEDAR PARK BOULEVARD, EASTON, PA 18042*

County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC*

Address: [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: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Change Legal Entity* Exit Conference Date: *12/10/2025*

Inspection Dates and Department Representative

12/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *44*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*

Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *14* Have Physical Disability: *2*

Inspections / Reviews

12/10/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/26/2025*

01/02/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/06/2026*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/07/2026*

Inspections / Reviews *(continued)*

01/09/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

93a - Handrails

1. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

At 11:28 a.m. the ground slope located outside the 1st floor sunroom exit did not have a well secured handrail.

Plan of Correction

Accept [redacted] - 01/02/2026)

Corrective Actions

Immediate Safety Intervention – Exit Secured

Action Plan:

To immediately eliminate risk to residents, staff, and visitors by preventing use of the affected area.

Steps:

- The 1st-floor sunroom exit was immediately secured and locked upon identification of the concern.
- Signage was placed indicating that the door is not an active exit and is not to be used.

Responsible Party: Maintenance [redacted]

Timeline: Completed on 12/10/2025

Staff Notification

Action Plan:

To educate staff about secured exit door in the Steps:

- Executive Operations Officer or designee will educate that this door is no longer designated as an exit and must remain secured.

Responsible Party: Executive [redacted]

Timeline: Complete by 1/5/2026

Ongoing Compliance Monitoring

Action Plan:

To ensure continued compliance by preventing unauthorized use of the secured exit.

Steps:

- Maintenance will routinely monitor the secured sunroom exit weekly for 90 days to ensure it remains locked.

Responsible Party: Safety & Maintenance Engineer and Administrator (or designee)

Timeline: Weekly for 90 Days

Licensee's Proposed Overall Completion Date: 01/01/2026

Evidence of Completion

Implemented [redacted] - 01/09/2026)

See attached.

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 11:30 a.m. the doors to the 2nd floor balcony, which do not lead to a path of egress, were not labeled with a sign

121a - Unobstructed Egress (continued)

indicating "Not an Exit".

Plan of Correction

Accept [REDACTED] - 01/02/2026)

Immediate Signage Installation

Action Plan:

To immediately correct the deficiency by clearly identifying non-egress doors.

Steps:

- "Not an Exit" signs were installed immediately on the 2nd-floor balcony doors.
- Signage is clearly visible, securely affixed, and positioned at eye level to prevent confusion.
- The doors do not lead to a path of egress and are now clearly identified as such.

Responsible Party: Safety & Maintenance Engineer (or designee)

Timeline: Completed on 12/10/2025

Staff Notification

Action Plan:

To ensure staff awareness of proper egress routes.

Steps:

- Staff were informed that the 2nd-floor balcony doors are not designated exits.
- Existing approved egress routes were verbally reinforced with staff.

Responsible Party: Safety & Maintenance Engineer (or designee)

Timeline: Complete by 1/5/2026

Ongoing Compliance Monitoring

Longterm:

Steps:

- Maintenance will routinely monitor the secured balcony exit weekly for 90 days to ensure the signs remain.

Responsible Party: Safety & Maintenance Engineer and Administrator (or designee)

Timeline: Weekly for 90 Days

Licensee's Proposed Overall Completion Date: 01/01/2026

Evidence of Completion

Implemented [REDACTED] 01/09/2026)

See attached.

131f - Fire Extinguisher Inspection

3. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the outdoor smoking area had not been inspected since 2024.

Plan of Correction

Accept [REDACTED] - 01/02/2026)

Corrective Actions

Immediate Inspection of Fire Extinguisher

Action Plan:

131f - Fire Extinguisher Inspection (continued)

To bring the outdoor fire extinguisher into compliance with annual inspection requirements.

Steps:

- *An approved fire safety vendor has been scheduled to inspect the outdoor smoking area fire extinguisher.*
- *The extinguisher will be inspected, approved, and labeled with the current inspection date.*
- *Documentation of the inspection will be maintained on file.*

Responsible Party: Safety & Maintenance Engineer (or designee)

Timeline: 01/05/2025

Staff Notification

Action Plan:

To educate staff about all fire extinguisher into compliance with annual inspection requirements.

Steps:

- *Executive Operations Officer will educate maintenance on importance of having all fire extinguishers in compliance with annual inspection.*

Responsible Party: Executive [REDACTED]

Timeline: Complete by 1/5/2026

Long-Term Monitoring

Action Plan:

To ensure all fire extinguishers remain current and compliant following the correction.

Steps:

- *Monthly audits of all fire extinguishers will be conducted for the next 90 Days months to confirm inspection dates are current.*
- *Any discrepancies identified during audits will be corrected immediately.*

Responsible Party: Maintenance [REDACTED]

Timeline: Monthly for the next 90 Days

Licensee's Proposed Overall Completion Date: 01/01/2026

Evidence of Completion

Implemented [REDACTED] - 01/09/2026)

See attached.