



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 5 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 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 50

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: **233510**

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
5 Cedar Park Boulevard
Easton, Pennsylvania 18042
License #: 233510

[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, flowing style.

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
5 CEDAR PARK BOULEVARD
EASTON, PA, 18042
LICENSE/COC#: 23351

Dear Ms. [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 #: *23351* License Expiration: *07/07/2026*
 Address: *5 CEDAR PARK BOULEVARD, EASTON, PA 18042*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Announced* 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: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire* Capacity: *50* Residents Served: *38*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

12/10/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2026*

01/08/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/09/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/13/2026*

Inspections / Reviews *(continued)*

01/09/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 10:25 a.m. a tube of Zinc Oxide paste and a bottle of Head & Shoulder's shampoo, both with manufacturer's labels indicating "Seek medical attention if swallowed" were unlocked, unattended and accessible in the bathroom of room 215. All residents of the home have been assessed as unable to recognize and use poisons safely.

Plan of Correction

Accept [redacted] - 01/08/2026

Secure Poisonous Materials

Action Plan: Ensure all potentially harmful materials are secured and inaccessible to residents.

Steps:

- Immediately remove all poisonous materials from accessible areas and store them in a locked cabinet.
- Conduct a full sweep of the entire facility to identify and secure all other potentially poisonous materials.

Responsible Party: Memory Care Director (or designee)

Time line: Completed on 12/10/25

Staff Training on Material Safety

Action Plan: Educate staff on the importance of securing poisonous materials and proper storage protocols.

Steps:

- Organize training session for staff on the dangers of leaving poisonous materials accessible to residents.
- Review the facility's current policy on poisonous materials and post visible reminders in staff areas.

Responsible Party: [redacted] Director (or designee)

Time line: Completed on 12/29/25

Long Term Actions

Continuous Monitoring and Quality Assurance

Action Plan: Maintain ongoing assurance that poisonous materials are handled correctly through regular audits.

Steps:

- Establish a schedule for regular audits to ensure all poisonous materials are stored securely and check for compliance with storage policies for the next 90 days.
- Develop a checklist to aid staff in daily inspections of resident areas for potential hazards related to poisonous materials.
- Use audit findings to provide continual training opportunities for staff based on observed deficiencies or areas for improvement.

Responsible Party: [redacted] Director (or designee)

Time line: Weekly for the next 90 days

Licensee's Proposed Overall Completion Date: 01/07/2026

Evidence of Completion

Implemented [redacted] - 01/09/2026

See attached.

101j7 - Lighting/Operable Lamp

2. 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

At 10:15 a.m. resident # 1 did not have access to a source of light that can be turned on/off at bedside.

At 10:10 a.m. resident # 2 did not have access to a source of light that can be turned on/off at bedside.

At 10:12 a.m. resident # 3 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 01/08/2026

Short Term Actions

Provision of Bedside Lighting

Action Plan: To ensure all residents have access to a source of light that can be turned on/off at bedside.

Steps:

- *Install the bedside lamps in the rooms of resident #1, #2, and #3.*
- *Test each lamp to confirm proper operation.*

Responsible Party: Safety & Maintenance Engineer (or designee)

Time line: Completed on 12/10/2025

Staff Awareness and Training

Action Plan: To educate staff on the importance of compliance with bedside lighting regulations.

Steps:

- *Conduct a training session highlighting the importance of ensuring bedside lighting is available for all residents.*
- *Prepare a checklist for staff to confirm presence and operability of bedside lamps during routine checks.*
- *Incorporate bedside lamp checks into the onboarding process for all new staff members.*

Responsible Party: [redacted] Director designee)

Time line: Completed on 12/29/25

Long Term Actions

Routine Checks and Audits

Action Plan: To ensure ongoing compliance with bedside lighting regulations.

Steps:

- *Implement weekly room audits to check for operable bedside lighting.*
- *Create and maintain a log of audit results for review by management.*
- *Revise audit procedures as necessary based on findings.*

Responsible Party: [redacted] Director (or designee)

Time line: Weekly for the next 90 Days.

Licensee's Proposed Overall Completion Date: 01/07/2026

Evidence of Completion

Implemented [redacted] - 01/09/2026

See attached.

103f - Refrigerator/Freezer Temps

3. Requirements

103f - Refrigerator/Freezer Temps (continued)

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:00 a.m. there was no thermometer in the freezer in the resident café kitchenette area.

Plan of Correction

Accept [REDACTED] - 01/08/2026)

Short Term Actions

Immediate Installation of Thermometer

Action Plan: Ensure all freezers have thermometers to monitor temperature.

Steps:

- *Purchase a thermometer for the freezer in the resident café kitchenette.*
- *Install the thermometer inside the freezer and ensure it is functioning correctly.*
- *Verify the freezer temperature is maintained at or below 0°F.*

Responsible Party: [REDACTED] Director (or designee)

Time line: Completed on 12/10/25

Staff Training on Temperature Monitoring

Action Plan: Educate staff on the importance of temperature monitoring in food storage.

Steps:

- *Conduct a training session for dining staff on proper temperature monitoring procedures.*
- *Demonstrate the use of thermometers in checking freezer conditions.*
- *Discuss the impact of improper food storage on health and compliance.*

Responsible Party: [REDACTED] Director (or designee)

Time line: Completed on 12/11/25

Long Term Actions

Quarterly Equipment Audit

Action Plan: Ensure compliance with temperature regulations on an ongoing basis.

Steps:

- *Temps checked and logged 3 times daily.*
- *Document findings and immediately address any non-compliance issues.*
- *Incorporate audit findings into quarterly reports.*

Responsible [REDACTED] Director (or designee)

Time line: Daily for the next 90 Days.

Licensee's Proposed Overall Completion Date: 01/07/2026

Evidence of Completion

Implemented [REDACTED] - 01/09/2026)

See attached.