

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

June 1, 2026

[REDACTED]  
ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC

[REDACTED]  
C/O INTEGRACARE CORPORATION  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2026 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** ABINGTON MANOR AT MORGAN HILL      **License #:** 23348      **License Expiration:** 01/15/2027  
**Address:** 215 CEDAR PARK BOULEVARD, EASTON, PA 18042  
**County:** NORTHAMPTON      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [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:** 64      **Waking Staff:** 48

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 04/23/2026

**Inspection Dates and Department Representative**

04/23/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 75      **Residents Served:** 47

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 47  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 17      **Have Physical Disability:** 1

**Inspections / Reviews**

04/23/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/25/2026

06/01/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 06/01/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

06/01/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

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] prescribed for resident [redacted] were labeled with an open date of [redacted]. According to the manufacturer's instructions the eye drops are to be discarded 42 days after they are opened for use. On [redacted] a [redacted] pen prescribed for resident [redacted] was labeled with an open date of [redacted]. According to the manufacturer's instructions the insulin pen is to be discarded 28 days after it is opened for use.

Plan of Correction

Accept [redacted] - 06/01/2026)

When the expired medications were discovered on the day of the survey, they were immediately removed from the cart and discarded by the med tech working with the surveyor. Medications for both Resident [redacted] and Resident [redacted] were on hand.

Resident Wellness Director (RWD) was released of duties on May 4, 2025 and New Resident Wellness Director was educated on Regulation 183e on 5/6/2026 by ED. RWD or ED initiated education on 5/26/2026 and will complete education on Regulation 183e with all LPN's and Med Techs by 6/1/2026.

Our community has 3 med carts total. Complete Cart Audits were completed by Med Tech's/ LPN's 5/26/2026 and 5/27/2026.

RWD or ED will complete 2 random resident med cart audits per cart 1 time a week for 4 weeks to ensure medications are in compliance with Regulation 183e.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented [redacted] - 06/01/2026)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted]'s assessment dated [redacted] does not include that the resident is physically aggressive during care and has exit seeking behaviors. Also, resident [redacted]'s medical evaluation dated [redacted] indicates the resident is unsafe to use or avoid poisonous materials; the assessment dated [redacted] indicates the resident is able to safely use and avoid poisonous materials.

Resident [redacted]'s assessment dated [redacted] does not include the resident's need for assistance with bladder management and toileting. The assessment also does not include that the resident has urinated in common areas of the home and also placed objects in their toilet at times.

Plan of Correction

Accept [redacted] - 06/01/2026)

On 4/24/2026, ED updated the RASP in an addendum to Resident [redacted] and Resident [redacted] to ensure it captured the behaviors of both residents. It was determined that the inability to avoid poisonous materials documented on

**225c Additional Assessment (continued)**

1/6/2026 was made in error.

On 4/26/2026 , Sales Director provided the family of resident [REDACTED] a tour of the SDCU for transfer. Resident #3 transferred to SDCU on 5/13/2026.

Resident Wellness Director (RWD) was released on May 4, 2025 and New Resident Wellness Director was educated on Regulation 225c on 5/6/2026 by ED.

ED and RWD performed an audit of all residents to identify those with behaviors and RASP compliance on 5/26/2026. Any missing behaviors were placed on RASP addendums by ED or designee on 5/26/2026.

ED and RWD will review behavioral care needs 1x per week for 4 weeks to capture changes and update care plans.

**Licensee's Proposed Overall Completion Date:** 06/30/2026

**Implemented** [REDACTED] - 06/01/2026)