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

July 16, 2026

[redacted], COO
ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC
[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 05/07/2026, 06/03/2026 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]

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**: *68* **Waking Staff**: *51*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/03/2026*

Inspection Dates and Department Representative

05/07/2026 - On-Site: [redacted]

06/03/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *50*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *50*

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

Have Mobility Need: *18* **Have Physical Disability**: *1*

Inspections / Reviews

05/07/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/13/2026*

06/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/26/2026*

Inspections / Reviews *(continued)*

07/16/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident #2 had an unwitnessed fall and was taken to [redacted] Hospital for evaluation due to complaints of lower back pain. The resident was admitted to the hospital with a [redacted], requiring surgery. This incident was not reported to the Department until [redacted]

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

During survey it was discovered that a reportable incident was submitted to DHS greater than 24 hours after incident.
ED educated Resident Wellness Director of regulation 16c and time expectations for submitting reportable incidents on 5/18/2026
On 5/18/2026, Concierge completed an audit of all reportable incidents to date for 2026.
ED or designee will complete an audit of all Reportable incidents weekly for 4 weeks to ensure compliance with regulation 2600.16c

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

51 - Criminal Background Check

3. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's first day of employment was [redacted] The staff person's Pennsylvania State Police Criminal Background Check was not requested until [redacted]

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

Prior to survey, all employee charts were audited for DHS required Documents. This Audit was completed by Dining Director, ED and sister community BOM from March 13-April 1. At that time it was discovered that several background checks were not obtained by prior management company. Any missing background checks were immediately run, however, they were outside the regulation requirements.
ED educated newly hired Business Office Director of regulation 51 on 5/8/2026.
ED completed an audit of all employees hired from April 1 to present to ensure the background was completed following regulation 51 on 5/31/2026.
ED or Designee with audit all new employee files weekly for 4 weeks to ensure compliance with regulation 2600.51

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's medical evaluation, dated [redacted] indicated resident needs secured dementia. Resident resides in personal care.

Resident #4's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

At the time of survey, it was determined that Resident # 3's DME indicating [redacted] was appropriate for SDCU was checked in error by RWD.
On 5/7/2026, ED educated RWD on regulation 141b and requirements of DME including, being filled out completely, ensuring diagnosis and medications are attached if not filled in on the form.
On 6/2/2026, an audit of all DME's was initiated but ED and RWD. Audit will be completed by 6/10/2026
RWD or designee will review all new, annual or status change DME's weekly for 4 weeks.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

183b - Meds and Syringes Locked

6. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 2:39 p.m. the first aid kit included ibuprofen, tums, and non-aspirin pain reliever. The first aid kit was in the activities room and was unlocked, unattended, and accessible to any person in the home.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

On the date of survey, medications were removed from the first aid kit by ED.
On 5/7/2026, ED educated maintenance director, RWD and Life Enrichment Director on Regulation 183b including medications may not be in the first aid kits in common areas.
Director of Maintenance completed an audit of all first aid kits on 5/7/2026.
Maintenance director or designee will complete an audit weekly for 4 weeks to ensure medications are not placed in the first aid kits of common areas.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

184a - Resident's Meds Labeled

7. Requirements

184a Resident's Meds Labeled *(continued)*

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #5 has an order for Pantoprazole Tab 40 mg, take 1 tablet by mouth once daily. The label on the bottle indicates take 1 tablet twice daily by mouth. The label to the medication is incorrect.

*Resident #5 has an order for Novolog Injection Flexpen, Inject 8 units subcutaneously with meals *hold if BS less than 120. The prescription label on the Flexpen indicates to inject 3 times a day per sliding scale, 150 – 200 = 1; 201-250 = 2, 251 – 3- = 3, 301 – 350 = 4, 350 or higher = 5 and call for further instructions. Hold if blood sugar less than 120. The label to the medication is incorrect.*

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

At time of the survey, Med Tech provided a change of orders sticker on both medications to follow the physician orders, for resident #5. The orders were verified prior to administration of the change order sticker. 184a
On 6/3/2026, ED educated the RWD on medication labeling requirements following regulation 184a.
RWD will educate all med techs and LPN's on regulation 184a by 6/19/2026
RWD or designee will complete a full audit of medications ensuring the labels match the orders by 6/15/2026.
RWD or designee will complete 2 random audits per cart 1 time a week for 4 weeks. There are 3 carts in this community.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

185a Implement Storage Procedures

8. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 4/2/26 at 7:30 a.m. Resident #6's glucometer noted a blood glucose of 127. This was not recorded on the Medication Administration Record.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

On 6/3/2026, ED educated the RWD on medication requirements following regulation 185a, specifically that all glucometer readings must also be documented on the MAR.
RWD will educate all med techs and LPN's on regulation 185a by 6/15/2026
RWD or designee will complete an audit of the eMAR of residents who receive glucometer readings from June 2026 to ensure proper documentation occurred. This audit will be completed 6/15/2026.
RWD or designee will complete 2 random audits of glucometer readings 1 time a week for 4 weeks.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

225a - Assessment 15 Days

9. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [redacted] The resident's initial assessment was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

On 5/7/2026, ED educated RWD on regulation 225a, all residents must have an assessment completed within 15 days of admission.
On June 8, 2026, ED and concierge completed a full audit of all RASPs to ensure they are complaint with regulation 225a.
ED or designee will audit all status change, initial and annual RASPs weekly for 4 weeks.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

225c - Additional Assessment

10. 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 #7 was admitted to hospice on [redacted]. The assessment, dated [redacted] does not include information that the resident was receiving hospice services.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

On 5/7/2026, ED educated RWD on regulation 225c, if a significant change occurs prior to the annual assessment, a Significant change RASP must be completed and the reason for the change needs to be documented.
On 5/6/2026, RWD included an addendum for resident #4
RWD or designee will complete a full audit of all RASPs to ensure they are complaint with regulation 225c by 6/8/2026.
ED or designee will audit all status change RASPs 1 time per week for 4 weeks.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227d - Support Plan Medical/Dental *(continued)*

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

Resident #4's assessment dated [redacted] notes the use of an enabler bar. The support plan does not include information whether the FDA guidelines required the enabler bar to be covered.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

On 5/7/2026, ED educated RWD on regulation 227d, specifically, the support plan must include vision, dental, hearing, medical, mental, behaviors and outside services. Additionally, bed rails must be covered following the FDA guidelines.
On 5/6/2026, RWD printed and included an addendum for resident #4 to cover the bedrail.
ED and RWD completed of all RASPs to ensure they are complaint with regulation 225c on 6/8/2026.
ED or designee will audit all new status change, annual and initial support plans 1 time per week for 4 weeks.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/16/2026)