

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

June 12, 2026

[REDACTED], COO
ABINGTON MANOR AT MORGAN HILL MANAGEMENT, LLC
[REDACTED]
[REDACTED]

RE: ABINGTON MANOR AT MORGAN
HILL
5 CEDAR PARK BOULEVARD
EASTON, PA, 18042
LICENSE/COC#: 23351

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2026 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 #:** 23351 **License Expiration:** 01/15/2027
Address: 5 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 1 **Date:** 04/08/2015 **Issued By:** Williamstown Zoning Office

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 64 **Waking Staff:** 48

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/13/2026

Inspection Dates and Department Representative

05/13/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 32

Secured Dementia Care Unit

In Home: Yes **Area:** whole building **Capacity:** 50 **Residents Served:** 32

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 32
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

05/13/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/12/2026

Inspections / Reviews *(continued)*

06/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

06/12/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a U.S. high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 06/12/2026

On day of survey, ED contacted Staff member A to inquire about education. Staff member A was removed from the schedule and was advised contacting for transcripts. On 5/14/2026, the college transcript was received, and Staff member A was returned to regular schedule.

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 5/14/2026.

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 () - 06/12/2026

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

At 9:20a.m., approximately 12 cigarette butts were found lying on the ground outside the exit door off the home's maintenance room.

Plan of Correction

Accept () - 06/12/2026

Cigarette Butts were cleaned up by maintenance director and maintenance tech on 5/14/2026

ED educated maintenance director and maintenance tech on smoking policy and need to ensure there are no cigarette butts outside of designated area.

ED and BOD initiated education on Smoking policy on 6/2/2026 to all staff. All staff will be educated on the smoking policy by BOD or designee by 6/30/2026.

Maintenance Director or designee will monitor grounds for cigarette butts 2 times a week for 4 weeks.

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

Implemented () - 06/12/2026

184a - Resident's Meds Labeled

3. Requirements

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

The pharmacy label for resident #1's Embecta indicates the medication is to be administered 4 times daily. On 5/11/26, the order was changed to 3 times a day. The prescription label was not updated to include the change in directions.

Plan of Correction

Accept ([redacted]) - 06/12/2026)

On 5/13/2026 during the survey, Med Tech placed a change of direction sticker on the medication.

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 2 carts in our SDCU.

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

Implemented ([redacted]) - 06/12/2026)

185a - Implement Storage Procedures

4. 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

Resident # 2 is prescribed albuterol 1 puff by mouth every six hours as needed for shortness of breath. The medication was not available at the time of inspection.

Plan of Correction

Accept ([redacted]) - 06/12/2026)

Medication missing from the cart was discontinued by CRNP on 6/14/2026.

On 6/3/2026, ED educated the RWD on medication requirements following regulation 185a, medication must be available in the community to administer.

RWD will educate all med techs and LPN's on regulation 185a by 6/15/2026

RWD or designee will complete a full audit of medications ensuring they are on hand and available for administration by 6/15/2026.

RWD or designee will complete 2 random audits per cart 1 time a week for 4 weeks. There are 2 carts in our SDCU.

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

Implemented ([redacted]) - 06/12/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Metoprolol TAE tablet 25mg BID with an administration parameter to hold the medication if systolic blood pressure is less than 110 or heart rate is less than 60.

On 5/3/26 at 8:00 a.m., the medication was administered to resident #2 even though the resident's pulse was documented as being 59.

On 5/5/26 the medication was administered to resident #2 at 8:00p.m. even though the resident's pulse was documented as being 54.

Plan of Correction

Accept ([REDACTED] - 06/12/2026)

On 6/3/2026, ED educated the RWD on regulation 187d, the medications must be administered following prescribers orders.

RWD will educate all med techs and LPN's on regulation 187d by 6/19/2026

RWD or designee will complete an audit of medications with parameters to ensure medications were provided following prescribers orders from June 1, 2026 to current. This will be completed by 6/19/2026.

RWD or designee will complete 2 random audits per cart 1 time a week for 4 weeks. There are 2 carts in our SDCU.

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

Implemented ([REDACTED] - 06/12/2026)

234a Admission Support Plan

6. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the home's secure dementia unit on [REDACTED]. However, the resident's support plan has not been completed.

Plan of Correction

Accept ([REDACTED] - 06/12/2026)

Support plan for resident #3 was completed on 5/13/2026 by Executive Director.

On 5/14/2026, ED educated RWD on regulation 234a, all support plans must be completed within 72 hours of admission.

RWD or designee will complete a full audit of all RASPs by 6/6/2026 to ensure they are complaint with regulation 234a.

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] - 06/12/2026)