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

June 30, 2026

[redacted]
MORNINGSIDE HOUSE OF BLUE BELL, LLC
[redacted]

RE: MORNINGSIDE HOUSE OF BLUE BELL, LLC
795 PENNLLYN BLUE BELL PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 15134

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2026 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: *MORNINGSIDE HOUSE OF BLUE BELL, LLC* **License #**: *15134* **License Expiration**: *02/11/2027*

Address: *795 PENNLLYN BLUE BELL PIKE, BLUE BELL, PA 19422*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

[redacted]

Name: *MORNINGSIDE HOUSE OF BLUE BELL, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *12/21/2023* **Issued By**: *Towamencin Township*

Type: *I-1* **Date**: *09/24/2019* **Issued By**: *Towamencin Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *77* **Waking Staff**: *58*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *145* **Residents Served**: *56*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Lane* **Capacity**: *45* **Residents Served**: *17*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *56*

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

Have Mobility Need: *21* **Have Physical Disability**: *0*

Inspections / Reviews

05/14/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/21/2026*

06/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/29/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/29/2026*

Inspections / Reviews *(continued)*

06/30/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/29/2026*

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 [redacted] was admitted to the hospital for a acute encephalopathy, shortness of breath, and a fever. The home did not submit an incident report to the Department.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Health and Wellness Director, LPN, and Memory Care Director were in-serviced on 2600.16.c Appendix A: reportable incidents on 6/15/26. Health and wellness Director to monitor all residents sent to hospital for any reportable listed on Appendix A: reportable incidents X 4 weeks. Report to DHS accordingly as needed and review findings in QA on 7/30/26

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 06/30/2026)

17 - Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:48 A.M. , the second floor Wellness Office was unlocked, unattended, and accessible Resident [redacted] pharmacy refill request was present. .

Plan of Correction ***Accept [redacted] - 06/22/2026)***

In-serviced Wellness Coordinator, LPN and Health and Wellness Director on the importance of locking wellness office door when exiting. Administrator or designee to monitor door being locked when no one present in office weekly X 4 weeks. Report all findings in QA on 7/30/26.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 06/30/2026)

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 9:56 A.M. the secured dementia care unit courtyard window was broken into a ball shaped area and then cracked throughout the rest of the pane of glass.

Plan of Correction ***Accept [redacted] - 06/22/2026)***

Glass was removed immediately and temporarily boarded up, new window was ordered on 5/15/26 and installed

88a Surfaces (continued)

on 5/27/26. Maintenance to monitor glass weekly during rounds x 4 weeks, for any chips, cracks or spidering. Report findings on July 30, 2026, at QA meeting.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 06/30/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] did not include medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.

Plan of Correction ***Accept [redacted] - 06/22/2026)***

Health and Wellness Director called residents physician and made appropriate changes needed for resident [redacted] on medical evaluation. Health and Wellness Director to audit all resident charts to ensure all medical evaluations are correct for all residents by 7/1/26. Findings will be reported to QA on 7/30/26.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 06/30/2026)

141b1 - Annual Medical Evaluation

5. Requirements

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

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] did not include the determination that Resident [redacted] needs can be met in a personal care home as required on the updated document of medical evaluation (DME) forms required by the Department as of [redacted].

Plan of Correction ***Accept [redacted] - 06/22/2026)***

Health and Wellness Director called residents physician and made appropriate changes needed for resident [redacted] on medical evaluation. Health and Wellness Director to audit al resident charts to ensure all medical evaluations are correct for all residents by 7/1/26. Findings will be reported to QA on 7/30/26.

141b1 Annual Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] - 06/30/2026)