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

August 20, 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 06/04/2026, 06/09/2026 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]

Legal Entity

Name: *MORNINGSIDE HOUSE OF BLUE BELL, LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *02/18/1992* **Issued By**: *Whitpain Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/09/2026*

Inspection Dates and Department Representative

06/04/2026 - On-Site: [redacted]

06/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *145* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscense* **Capacity**: *45* **Residents Served**: *21*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *59*

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

Have Mobility Need: *26* **Have Physical Disability**: *4*

Inspections / Reviews

06/04/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/12/2026*

07/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/18/2026*

Inspections / Reviews *(continued)*

07/21/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/25/2026*

08/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/26/2026*

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], at about 5:00 pm, Resident [redacted] was discovered on the floor with a lump on their head. Resident [redacted] was sent out via ambulance to emergency room for evaluation. The home did not submit an incident report to the Department.

Repeat Violation: [redacted]

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Incident was discussed with surveyors during exit, DHW filled out incident report and placed in resident's chart. DHW, LPN and MCD were in-serviced on 2600.16.c Appendix A: reportable incidents on 6/15/26. DHW 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 monthly thereafter. Review findings in QA on 8/27/26 and any scheduled meeting thereafter.

Proposed Overall Completion Date: 07/18/2026

Directed step of POC:

Immediately: The administrator or designee shall submit the incident report involving resident 1 to the BHSL Southeast Regional Office.

Directed Completion Date: *07/23/2026*

Implemented [redacted] 08/20/2026)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] resides in the Secured Dementia Care Unit (SDCU) has a history of sexually inappropriate behaviors and frequently tends to pursue other residents in unit. During interviews, residents of both the same and opposite sex reported Resident 1 touches them in ways that are unwelcomed.

On [redacted] at approximately 12:15 am, Staff Person A was doing rounds when they discovered Resident [redacted] and Resident [redacted] in Resident [redacted] bed. Resident [redacted] was naked from the waist down and Resident 2 was wearing only a pair of underwear. Resident [redacted] reported they had [redacted] Resident [redacted] has not been assessed capable of consenting to [redacted] Resident [redacted] reported during an interview they did not know Resident 1.

Resident [redacted] frequently mistakes Resident [redacted] for their spouse. On [redacted] at approximately 4:30 pm, Resident [redacted] was

42b Abuse (continued)

chasing Resident [redacted] and Resident [redacted] suffered a fall and was transported to the hospital with a head injury. The home has not put a plan in place to address Resident [redacted] behaviors, nor has there been any increased monitoring or supervision for Resident [redacted] to ensure the safety of the other residents in the SDCU.

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

Resident [redacted] was placed on 1 hour checks by all staff working in the SDU for 7 days no sexual activity or incidents found during monitoring. Executive Director in serviced DHW, MCD and LPNs on 2600.42.b, resident [redacted] although follows resident [redacted] around has not engaged in any sexual activity. MCD to educate all staff in SDU starting on 7/13/26. All SDU staff will continue to monitor resident [redacted] behaviors every two hours and if necessary, place interventions to keep resident [redacted] out of direct contact with other resident by engaging them in activities during waking hours, give discharge notice as per regulation and/ or have family provide 1:1 care. Monitoring will continue for 10 days or as needed. Results will be documented as well as reported to QA on 8/27/26

Proposed Overall Completion Date: 07/18/2026

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented ([redacted] - 08/20/2026)

85d - Trash Receptacles

5. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted], there was a 1/2 full, uncovered, unattended trash can in the resident room [redacted]. The trash can contained bloody bandages.

Plan of Correction ***Accept[redacted] - 07/21/2026)***

Trash can with lids purchased for all SDU bathrooms, trash removed from [redacted] bathroom and replaced with can with lid. on 7/13/26 Maintenance Director to make rounds weekly x 4 weeks to assure all new cans remain in bathrooms. Report all findings in QA on 8/27/26.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented ([redacted] - 08/20/2026)

88a - Surfaces

6. 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], there was a long carving knife in the kitchen located in the memory care area of the home. This area was unlocked and accessible to residents. Residents in the memory care area do not have the judgement to avoid dangers in this area.

88a Surfaces (continued)

On [redacted] there were 7 replacement razor heads located in room [redacted] of the memory care area of the home. This area was unlocked and accessible to residents. Residents in the memory care area do not have the judgement to avoid dangers in this area.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

Knife and razor heads immediately removed, Inservice given by ED on 7/6/26 to MCD and all staff working in SDU on 2600.88.a. on 7/13/26 MCD or designee to audit rooms and common areas for hazardous items in an area that residents can obtain weekly x 4 weeks then monthly thereafter. All findings to be reported in QA on 8/27/26.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 08/20/2026)

95 - Furniture and Equipment

7. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The faucet in the bathroom located in the dining area was in disrepair. The handle would not remain turned on, which prevented the flow of water.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

Faucets were replaced with new faucets purchased from HD Supply on 6/10/26 and installed on 6/17/26 by Maintenance. On 7/13/26 Maintenance to check function of faucets weekly x 4 weeks then monthly thereafter. Maintenance will report all findings to QA on 8/27/26.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 08/20/2026)

101i - Access to Bedroom

8. Requirements

2600.
101.i. A resident shall have access to [redacted] bedroom at all times.

Description of Violation

On [redacted], 19 residents located in the memory care area of the home were all being locked out of their bedrooms and did not have keys to access their bedrooms.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

ED unlocked doors immediately for all residents, all SDU staff in serviced on locking doors and 2600.101.i on 7/6/26. Beginning 7/13/26 MCD or designee to audit doors being locked as per 2600.101.i weekly x 4 weeks then monthly thereafter. All findings will be reported to QA on 8/27/26.

101i - Access to Bedroom *(continued)*

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 08/20/2026)

141a 1-10 Medical Evaluation Information

9. 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

The resident [redacted] medical evaluation did not include medical information pertinent to diagnosis and treatment in case of an emergency.

Repeat Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

DHW called residents physician and made appropriate changes needed for resident [redacted] on medical evaluation. DHW to audit all resident charts to ensure all medical evaluations are correct for all residents by 7/1/26. DHW to audit all new admissions, annual DME's and upon change of conditions monthly. All Findings will be reported to QA on 8/31/26 and scheduled dates thereafter.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 08/20/2026)

187d - Follow Prescriber's Orders

10. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted]. However, this medication was not administered to resident [redacted] on [redacted] and [redacted] because the medication was not available in the home.

Resident [redacted] is prescribed [redacted] However, this medication was not administered to resident [redacted] on [redacted], [redacted] and [redacted] at 8:00 am and 8:00 pm because the medication was not available in the home.

187d Follow Prescriber's Orders (continued)

Plan of Correction ***Accept [redacted] - 07/21/2026)***

Physician notified about resident 3 missed medications, no new orders given. In service given to all LPN's and medication aides between 7/6 and 7/13 on 2600.187.d. Starting on 7/13/26 audits for missing medications will be completed by DHW or designee weekly x 4 weeks then monthly thereafter. All findings will be reported to QA on 8/27/26 and on scheduled dates thereafter.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 08/20/2026)

225c - Additional Assessment

11. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment for resident [redacted] dated [redacted], does not include the resident's need for agitation. According to progress notes for Resident [redacted] they have a need for agitation.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

The progress note was written by a medication aide however; there is no diagnosis written by a physician for agitation. Medication aides in serviced on proper documentation. In service given on 2600.225.c to DHW and MCD on 7/10/26, all assessments to be audited for any additional assessments needed by MCD and DHW or designees by 7/17/26. Audits will be completed by DHW and MCD monthly for all annuals or change in conditions due. All findings will be reported to QA on 8/27/26 and any scheduled meeting thereafter.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 08/20/2026)

227g -Support Plan Signatures

12. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

Resident [redacted] signed [redacted] support plan after finding, Memory Care Director to audit all support plans for signatures of residents or refusals/cannot sign by 7/13/26. Audit all care plans for signatures that are due monthly thereafter. All findings will be reported in QA on 8/27/26 and future meetings scheduled thereafter.

Licensee's Proposed Overall Completion Date: *07/18/2026*

227g -Support Plan Signatures *(continued)*

Implemented ([redacted] - 08/20/2026)