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

October 13, 2026

[redacted]
ABINGTON MANOR AT MORGAN HILL MANAGEMENT LLC
[redacted]
C/O INTEGRACARE CORPORATION
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2026, 07/16/2026, 07/27/2026, 07/31/2026, 08/10/2026 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 #**: *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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *82* **Waking Staff**: *62*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *08/18/2026*

Inspection Dates and Department Representative

07/15/2026 - On-Site: [redacted]
07/16/2026 - On-Site: [redacted]
07/27/2026 - Off-Site: [redacted]
07/31/2026 - Off-Site: [redacted]
08/10/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *41*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *whole home* **Capacity**: *50* **Residents Served**: *41*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *41*

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

Have Mobility Need: *41* **Have Physical Disability**: *0*

Inspections / Reviews

07/15/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/21/2026*

Inspections / Reviews *(continued)*

09/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/15/2026*

10/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/12/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at about 3:05 p.m., an allegation of potential abuse of resident [redacted] was reported to staff person A as the resident indicated being hurt by resident [redacted] However, this allegation of abuse was not reported as required by the Older Adult Protective Services Act.

On the morning of [redacted] members of law enforcement arrived at the home to investigate an allegation regarding resident [redacted] being sexually assaulted in the home. However, this allegation of abuse was not reported as required by the Older Adult Protective Services Act

Plan of Correction ***Accept [redacted] - 09/24/2026)***

Prior reporting did not occur due to no suspicion of abuse at community level.
During Survey on 7/15/2026 ED contacted AAA and completed an ACT 13 form.
On 7/23/2026 ED initiated OAPSA/abuse reporting, resident rights and reportable incidents training with staff to comply with regulation 2600.15a and 2600.42b. Staff will continue to be educated on OAPSA/ abuse reporting, resident rights and reportable incidents by ED or designee by 10/15/2026. All new employees are educated on all three topics during onboarding orientation following regulations.
On 9/18/2026, concierge completed an audit of all reportable incidents and abuse allegations from January 2026 to current to verify compliance in reporting.
On 9/21/2026, ED educated RWD and MCD on regulation 15a – Abuse – suspected, alleged or confirmed must be reported immediately and following OAPSA.
ED or designee will complete an audit of all reportable incidents including abuse allegations weekly for 4 weeks.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] 10/13/2026)

16c - Written Incident Report

2. 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 3:05 p.m., an allegation of potential abuse of resident [redacted] was reported to staff person A as the resident indicated being hurt by resident [redacted] However, this allegation of abuse was not reported to the Department.

On [redacted] members of law enforcement arrived at the home to investigate an allegation regarding resident [redacted] being sexually assaulted in the home. However, this allegation of abuse was not reported to the Department.

16c Written Incident Report (continued)

Repeated Violation

Plan of Correction ***Accept - 09/24/2026)***

Prior reporting did not occur due to no suspicion of abuse at community level.
During Survey on 7/15/2026 ED submitted an incident report to DHS via email.
On 7/23/2026 ED initiated OAPSA/abuse reporting, resident rights and reportable incidents training with staff to comply with regulation 2600.15a and 2600.42b. Staff will continue to be educated on OAPSA/ abuse reporting, resident rights and reportable incidents by ED or designee by 10/15/2026. All new employees are educated on all three topics during onboarding orientation following regulations.
On 9/18/2026, concierge completed an audit of all reportable incidents and abuse allegations from January 2026 to current to verify compliance in reporting.
On 9/21/2026 ED educated RWD and MCD on regulation 2600.16 reportable incidents and any incident must be reported within 24 hours.
ED or designee will complete an audit of all reportable incidents weekly for 4 weeks.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented - 10/13/2026)

42b - Abuse

3. 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 was admitted into the home on and has a diagnosis of dementia as noted on the resident's medical evaluation dated Resident has a diagnosis of and , and requires assistance with all decision making as noted in the resident's medical evaluation dated Through interviews with staff, it was noted that resident began interacting with resident immediately after being admitted to the home and noted the residents would sit together, hold hands, and were seen walking around the home together.

Staff interviews confirmed that beginning in October 2025, resident began exhibiting possessive behaviors towards resident and frequently became aggressive with staff members when they attempted to perform care on resident Through interviews with staff, it was noted that resident behaviors towards resident have occurred consistently for the past 10 months. On a notation in the resident's record by staff indicated resident attempted to interfere with staff performing care, administering medications, and taking resident to participate in activities. Staff interviews noted that on this date resident referred to resident as "property." Multiple staff confirmed that resident would yell at staff and become physically aggressive when staff members attempted to take resident to their room to provide care. Staff interviews confirmed that resident became upset and would freeze up when resident would yell at the staff.

On resident indicated to staff that resident hurt and pointed to their genital area, however the allegation was not investigated by the home and was not reported as required by the Older Adult Protective Services

42b - Abuse (continued)

Act. Through interviews with staff, it was noted that resident [redacted] would frequently become agitated by resident [redacted] s presence. Interviews with staff confirmed that when redirected, resident [redacted] would return to resident [redacted] s side as soon as staff walked away. Staff stated that resident [redacted] would kick and punch at the air when the resident [redacted] was nearby and was seen spitting in resident [redacted] s direction when the resident would approach. Staff members of the home advised that on [redacted] resident [redacted] would begin shaking each time resident [redacted] would approach them.

Resident [redacted] refused to be interviewed however multiple staff indicated the resident can express themselves verbally and noted the resident appears to be more alert and oriented than resident [redacted] Resident [redacted] became agitated when approached and did not verbally express themselves when an interview was attempted. Staff interviews indicate that resident [redacted] can sometimes communicate using yes and no answers however staff stated the resident has had very few lucid moments during the past few months due to the resident's advanced dementia.

The home failed to update the residents' support plans regarding resident [redacted] s behaviors and did not implement any measures to prevent resident [redacted] from exhibiting possessive behaviors or continuing to cause repeated distress to resident [redacted] during the approximate 10-month period staff were aware of the behaviors.

Repeated violation [redacted]

Plan of Correction ***Accept [redacted] - 09/24/2026)***

Resident [redacted] and Resident [redacted] began a mutual companionship when they became fellow residents in the memory care neighborhood community in September 2025. Both residents would seek out each other for meals, activities and throughout the day.

On 8/17/2026, ED and RWD had a conversation with [redacted] of Resident [redacted] to request [redacted] move to a new community. [redacted] was understanding and requested name and contact information of other communities. During the conversation, ED emailed Resident [redacted] s [redacted] with requested information. On 9/4/2026, resident [redacted] was discharged from this community.
ED scheduled education for September 24, 2026 for staff on working with residents with challenging behaviors. The resource will be a Teepa Snow video titled "From Challenging 'Behaviors' to Challenging 'Situations'" . ED will include how and who to report residents with challenging behaviors. All existing staff will be educated by 10/15/2026. The orientation for new employees will include the same video within the first 2 days of training.
ED, RWD and MCD will meet 3 times per week for 4 weeks to identify residents with behaviors and set appropriate care plan to address behaviors.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/13/2026)

234d - Support Plan Revision

4. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

234d - Support Plan Revision *(continued)*

Description of Violation

Through interviews with staff it was noted that resident [redacted] has been engaging in behaviors which agitate resident [redacted] which began shortly after resident [redacted] was admitted to the home on [redacted] Staff interviews indicate that resident [redacted] can be possessive of resident [redacted] and that resident [redacted] frequently attempts to interact with resident [redacted] immediately after being redirected by staff. Resident [redacted] support plans dated [redacted] and [redacted] were not updated regarding resident [redacted] behaviors toward resident [redacted] and did not indicate the actions staff should take to redirect the resident when the behaviors occur.

Plan of Correction ***Accept [redacted] - 09/24/2026)***

8/12/2026, Upon the return of Resident [redacted] from the hospital, Resident [redacted] was placed on 15 minute checks to monitor behavior and redirect resident [redacted]
8/1/2026 resident RASP was updated to reflect 15 minute checks
On 9/14/2026 and 9/16/2026, ED completed audit of all resident RASP's for date of RASP, reason for RASP and noted changes requiring Sig change RASPs or Addendums.
On 9/21/2026, ED educated MCD and RWD that support plans must be updated with any changes (care needs, behaviors, mobility, etc) and captured at the time of change.
ED and RWD and MCD will meet 3 times per week for 4 weeks to identify residents with behaviors and discuss changes in residents including but not limited to change in care needs, resident behavior and resident mobility. RASPs will be updated accordingly by the RWD or designee.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/13/2026)

234e - Involvement/Participation

5. Requirements

2600.
234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

Resident [redacted]s support plan was finalized on [redacted]. Through interviews with staff it was confirmed that neither the resident nor the resident's designated person were involved in the creation of the support plan.

Plan of Correction ***Accept [redacted] - 09/24/2026)***

During survey it was noted that neither the resident nor family participated it the RASP for Resident [redacted]
On 9/14/2026 and 9/16/2026 ED Completed an audit of residents RASP's to ensure regulation 234e was followed and participation and signatures were obtained. It was found all RASPs had either family and/or resident participation documented either with a signature or via email for those families not able to participate in person. No further violations uncovered.
On 9/21/2026 ED educated RWD and MCD on regulation 2600.234e for resident or designee involvement in developing or revising support plan.
ED or designee will complete audits of new RASPs or revised RASPs for resident and/or resident designee participation 1x per week for 4 weeks.

234e - Involvement/Participation *(continued)*

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/13/2026)