

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

September 21, 2026

[REDACTED]
MORNINGSIDE HOUSE OF EXTON LLC
[REDACTED]
[REDACTED]

RE: MORNINGSIDE HOUSE OF EXTON
200 SUNRISE BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 15135

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2026 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 EXTON

License #: 15135

License Expiration: 06/19/2027

Address: 200 SUNRISE BOULEVARD, EXTON, PA 19341

County: CHESTER

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: MORNINGSIDE HOUSE OF EXTON LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/15/1999

Issued By: Commonwealth of Pennsylvania, L&I

Type: I-1

Date: 12/19/2018

Issued By: West Whiteland Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 80

Waking Staff: 60

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/05/2026

Inspection Dates and Department Representative

08/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106

Residents Served: 49

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 39

Residents Served: 19

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 31

Have Physical Disability: 0

Inspections / Reviews

08/05/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/22/2026

Inspections / Reviews (*continued*)

09/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/04/2026

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/17/2026

09/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. 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

On [REDACTED], resident [REDACTED] had a private duty aide, staff person A, hired by the resident's family. Staff person A assists the resident and is sometimes alone with the resident and is around other residents without supervision. The home does not have a criminal background check for staff person A as required by the Older Adult Protective Services Act (OAPSA) (35 P.S. 10225.001-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Plan of Correction

Accept [REDACTED] - 09/01/2026)

The private duty companion was hired by the resident's family and was not an employee of the personal care home. The hiring agency completed a criminal background check, which was provided to the community on the date of the survey.

At the Department's recommendation, the community is strengthening its process for regular, non-familial, professional visitors by requiring documentation of a criminal background check prior to first visit to be maintained on site in the Administrator's office for review.

A letter will be sent to all families by September 1, 2026 requesting them to provide an updated schedule of regular, non-familial, professional visitors to the community by September 15, 2026.

Professional agencies will be contacted by the community to provide criminal background check for all privately hired companions by September 30, 2026.

Updates to visitor disclosure will be requested with all annual care reviews by the Health and Wellness Director starting October 1, 2026.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 09/21/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff persons A and B

65a - FS Orientation 1st Day (continued)

, private duty aides hired by the resident's family to care for a resident, did not receive orientation on the following topics:

- evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable,
- the designated meeting place outside the building or within the fire-safe area in the event of an actual fire,
- smoking safety procedures,
- the home's smoking policy and location of smoking areas, if applicable,
- the location and use of fire extinguishers, smoke detectors and fire alarms,
- telephone use and notification of emergency services.

Plan of Correction**Accept** [REDACTED] - 09/01/2026)

The Private Duty Companion is not an ancillary staff person, substitute personnel or volunteer of the personal care home and is present as a visitor at the family's request. Community staff is credentialed, trained and responsible for all services to the resident. Based on the recommendation of the Department, the community is implementing a process for regular non-familial, professional visitors to receive a community orientation when beginning a routine visit schedule to the community.

The orientation will address emergency procedures, evacuation responsibilities, designated meeting locations, smoking safety, fire extinguisher locations, fire alarms, and smoke detectors, and emergency telephone procedures. Documentation of completed orientation will be maintained in the Administrator's office.

By September 1, 2026 a letter will be sent to all families requesting an updated schedule of regular, non-familial, professional visitors to the community by September 15, 2026.

By September 30, 2026 professional agencies will be contacted by the community to provide an updated list of all privately hired companions and to notify the community of changes in personnel. Professional visitors will receive an in house orientation with documentation maintained in the administrator's office for review.

Beginning October 1, 2026 updates to visitor disclosure will be requested with all annual care reviews by the Health and Wellness Director.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 09/21/2026)**85a - Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at approximately 9:35 am, the top bin in the freezer section of the refrigerator/freezer in the memory care units' kitchenette was dirty with a yellowish brown liquid that had frozen, possible ice cream that had spilled out of an uncovered cup. The rest of the bins were generally unclean.

Plan of Correction**Accept** [REDACTED] - 09/01/2026)

The spilled beverage was immediately removed and the freezer space cleaned.

The memory care director was previously coached regarding kitchen cleanliness and a performance plan was initiated August 21, 2026. The newly hired Dining Director will review the current plan for kitchenette

85a - Sanitary Conditions (continued)

management and make recommendations for maintaining compliance by August 25, 2026.

Retraining of the memory care staff re 85.a will be held by the Dining Director and Memory Care Director by September 1, 2026.

The Director of Memory Care or designee will complete daily refrigerator/ freezer audits for 30 days starting September 1, 2026.

The Dining Director will conduct weekly memory care kitchenette audits starting October 1, 2026 through December 31 2026 and corrective action will be taken for any findings.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 09/21/2026)

95 - Furniture and Equipment**4. Requirements**

2600.

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

Description of Violation

On [REDACTED], at approximately 9:35 am, the door to the memory care laundry room was not fully shut. Upon inspection it was noted that the door does not fully close without assistance and has a sticker on the door indicating "MUST PUSH DOOR CLOSED".

Plan of Correction

Accept [REDACTED] - 09/01/2026)

The laundry room door was evaluated following the survey. The maintenance director adjusted the door jamb to improve the door's ability to close fully, including during periods of increased humidity.

The Memory Care Director or designee will conduct daily audits to ensure smooth closure of the door for 30 days starting September 1, 2026.

Starting October 1, 2026 and ongoing for 3 months, the Memory Care Director will conduct weekly audits of the door and immediately report any repair needs.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 09/21/2026)

103c - Food Protected**5. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED], at 9:30 am, there was an uncovered plate of sliced watermelon stored in the memory care unit's refrigerator.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

The watermelon was immediately removed from the refrigerator.

The memory care director, responsible for the kitchenette, was previously coached on cleanliness expectations and

103c Food Protected (continued)

a performance plan was initiated 8/21/26. The newly hired Dining Director was tasked to assess the current plan and make recommendations for maintaining compliance by August 25, 2026.

Retraining of the memory care staff re 103.c will be held by the Dining Director and Memory Care Director by 8.31.26.

The Director of Memory Care or designee will complete daily refrigerator/ freezer audits for 30 days starting September 1, 2026.

The Dining Director will conduct weekly memory care kitchenette audits starting October 1, 2026 through December 31 2026 and corrective action will be taken for any findings.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (████ - 09/21/2026)

103e - Left Overs**6. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated plate of food containing a partially eaten sandwich and fruit salad.

Plan of Correction

Accept (████ - 09/01/2026)

The identified item was immediately corrected. Staff involved were coached regarding applicable regulation was placed in personnel files.

The memory care director, responsible for the kitchenette, was previously coached on cleanliness and food storage expectations and a performance plan was initiated 8/21/26. The newly hired Dining Director was tasked to assess the current plan and make recommendations for maintaining compliance by August 25, 2026.

Retraining of the memory care staff re 103.e will be held by the Dining Director and Memory Care Director by September 1, 2026.

The Director of Memory Care or designee will complete daily refrigerator/ freezer audits for 30 days starting September 1, 2026.

The Dining Director will conduct weekly memory care kitchenette audits starting October 1, 2026 through December 31 2026 and corrective action will be taken for any findings.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (████ - 09/21/2026)

103f - Refrigerator/Freezer Temps**7. Requirements**

103f - Refrigerator/Freezer Temps (continued)

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator section of the memory care unit's refrigerator/freezer.

Plan of Correction

Accept () - 09/01/2026)

At the time of the survey there were two thermometers located in the freezer below the refrigerator where the thermometer had fallen. The refrigerator and freezer were both at proper temperature.

The memory care director, responsible for the kitchenette, was previously coached on cleanliness and food storage expectations and a performance plan was initiated 8/21/26. The newly hired Dining Director was tasked to assess the current plan and make recommendations for maintaining compliance by August 25, 2026.

Retraining of the memory care staff re 103.f will be held by the Dining Director and Memory Care Director by September 1, 2026.

The Director of Memory Care or designee will complete daily refrigerator/ freezer audits for 30 days starting September 1, 2026.

Beginning October 1, 2027 weekly audits will be completed by the Dining Director or designee for three months.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 09/21/2026)

103i - Outdated Food**8. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated bags of rolls and a metal container containing sliced turkey breast and cheese in the memory care unit's refrigerator.

Repeated Violation - (), et al.

Plan of Correction

Accept () - 09/01/2026)

The identified item was immediately corrected.

Because the requirement was previously cited for a different area of the community, the community is implementing enhanced monitoring and disciplinary action to ensure consistent and sustained compliance.

The memory care director, responsible for the kitchenette, was previously coached on cleanliness and food storage expectations and a performance plan was initiated 8/21/26. The newly hired Dining Director was tasked to assess the current plan and make recommendations for maintaining compliance by August 25, 2026.

Retraining of the memory care staff re 103.i will be held by the Dining Director and Memory Care Director by 8.31.26.

The Director of Memory Care or designee will complete daily refrigerator/ freezer audits for 30 days starting September 1, 2026.

The Dining Director or designee will conduct weekly memory care kitchenette audits starting September 2026 through December 31 2026 and corrective actions will be initiated as needed.

103i - Outdated Food (*continued*)

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] 09/21/2026)

130d - Interconnected Detectors

9. Requirements

2600.

130.d. If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

Description of Violation

There is no smoke/heat detectors on the 4th floor which houses the home's hot water heaters, air handlers and other equipment.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2026 by the [] to There is a smoke detector and a separate sprinkler head located in the fire tower staircase outside of the boiler room. There are no additional rooms on the fourth floor, which is essentially a self contained boiler room located on the rooftop. Attached are photos of the boiler room with the door open to see out to the rooftop, and photos of the fire tower staircase that is the entrance to the boiler room.

To enhance the currently compliant operations, on [] the [] will [] with a completion date of [].

Effective [] the [] will perform [] [] of [], through [] to maintain ongoing compliance with [] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented [REDACTED] 09/21/2026)

141a 1-10 Medical Evaluation Information

10. 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.

141a 1 10 Medical Evaluation Information (continued)

Description of Violation

Resident [REDACTED] moved into the personal care neighborhood of the home on [REDACTED]. However, Section (14) Special Care Needs (For Secure Dementia Care Unit Admissions Only) of the residents Documentation of Medical Evaluation (DME) dated [REDACTED] indicates the resident requires "dementia related care in a secured area". The resident did not move to the Memory Care Neighborhood until [REDACTED]

Plan of Correction**Accept [REDACTED] - 09/01/2026)**

The physician's medical evaluation dated August 8, 2025 identified a need for dementia related care in a secure area and indicated that care could be provided in a personal care environment with a minimal level of supervision. Neither the physician nor the community professional completing the pre screen indicated the presence of exit seeking behavior requiring a locked setting.

The personal care environment at Morningside House of Exton is secured by alarm systems at unsupervised exits that do not prevent egress but alert staff of use. At the time of Resident 1's move in, that personal care environment was requested by the resident and family and deemed acceptable by the team completing the pre admission screening due to the lack of wandering or exit seeking behaviors. This allowed the resident to live in the least restrictive environment providing the amount of security appropriate at the time. The resident relocated to the higher level of care with the agreement of the family and resident when deemed appropriate through regular assessment of changing needs.

Effective August 22, 2026 all new DMEs will be reviewed by the Administrator and/or Health and Wellness Director prior to move in. If section 14 indicates a need for dementia care in a secure environment for a potential personal care neighborhood resident, the physician will be contacted by the Executive Director or designee to ensure the physician understands the level of security offered in traditional neighborhood vs SDCU.

Licensee's Proposed Overall Completion Date: 08/22/2026**Implemented [REDACTED] - 09/21/2026)**