

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

September 9, 2026

[REDACTED]
MORNINGSIDE HOUSE OF BLUE BELL LLC
[REDACTED]
[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 08/06/2026 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-1

Date: 09/24/2019

Issued By: Towamencin Township

Type: Other

Date: 12/21/2023

Issued By: Towamencin Township

Staffing Hours

Resident Support Staff:

Total Daily Staff: 87

Waking Staff: 65

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 08/06/2026

Inspection Dates and Department Representative

08/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 145

Residents Served: 58

Secured Dementia Care Unit

In Home: Yes

Area: Reminiscence

Capacity: 45

Residents Served: 17

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 58

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 29

Have Physical Disability: 1

Inspections / Reviews

08/06/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/30/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/08/2026

Inspections / Reviews (*continued*)

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. 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 12:27 PM, resident records and medications were unlocked, unattended, and accessible in the 3rd floor nurses station.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/03/2026)

On 8/7/26 all staff on SDU were in-serviced on 2600.17, self-closing hinges ordered from HD supply on 8/25/26 to be installed on medication room door. Maintenance will check proper closure of door after hinges are installed, for 4 weeks. MCD and DHW to audit doors weekly X 4 weeks than monthly thereafter. Results will be reported in next quarterly QA on 12/30/26

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:32 AM, in the Memory Care kitchen:

- the cabinets had a significant accumulation of dust.
- there was juice spilled on the counter surrounding the juice machine.
- there was a purple/pink substance on the shelves in the refrigerator.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

on 8/6/26 area was immediately cleaned, MCD adjusted assignments to reflect cleaning of this area after each meal. On 8/28/26 MCD In-serviced all staff in SDU on cleaning of the kitchen area to include counters and refrigerator on 2600.85a. Housekeeping to deep clean area 2 x per week. MCD or designee to monitor cleanliness of refrigerator and kitchen area weekly x 4 weeks than monthly thereafter. All results will be reported in the next Quarterly QA on 12/30/26.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

85b Infestation**3. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

There were several gnats observed circling the sink, and in the cabinet above the refrigerator in the Memory Care kitchen.

Plan of Correction**Accept** [REDACTED] - 09/03/2026)

Staff immediately cleaned areas in kitchen, exterminator was contacted on 8/7/26 to treat areas in the kitchen. MCD In-serviced all staff in SDU on 2600.85.b on 8/28/26. MCD or designee will monitor the kitchen area weekly x 4 weeks and report any issues to exterminator binder located at the front desk. All findings will be reported in Quarterly QA meeting on 12/30/26.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)**88a Surfaces****4. 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

The coffee maker in the Memory Care kitchen area, which was open and accessible to residents, was warm to the touch.

Plan of Correction**Accept** [REDACTED] - 09/03/2026)

On 8/7/26 coffee maker was moved to area behind gate, MCD or designee will monitor area of coffee maker to assure no residents can reach it weekly, x4 weeks. All findings will be reported to Quarterly QA meeting on 12/30/26.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)**103i Outdated Food****5. Requirements**

2600.

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

Description of Violation

There was unlabeled, undated sour cream and unlabeled, undated thickened cranberry cocktail in the Memory Care refrigerator.

Plan of Correction**Accept** [REDACTED] - 09/03/2026)

On 8/6/26 MCD threw out all unlabeled or dated food items, on 8/28/26 all SDU staff in-serviced on 2600.103.i. MCD, FSD or designee to monitor refrigerator for unlabeled, not dated or expired food items weekly, x4 weeks. Report all findings to Quarterly QA on 12/30/26.

Licensee's Proposed Overall Completion Date: 08/30/2026

103i - Outdated Food (continued)

Implemented () - 09/09/2026

185a - Implement Storage Procedures

6. 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 [REDACTED] is prescribed [REDACTED], apply 2 to 4 gms to affected area 4 times a day as needed. On [REDACTED] this medication was not available in the home.

Plan of Correction

Accept () - 09/03/2026

Resident [REDACTED] was placed on the cart on 8/6/26 by DHW, Physician notified and orders continued as written. ED in-serviced all medication aides, and nurses on process and procedures of ordering medications becoming low on carts and 2600.185.a on 8/24/26. DHW or Designee to complete weekly cart audits on all medications weekly x 6months than monthly thereafter. All findings will be reported in next Quarterly QA meeting on 12/30/26.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/09/2026

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed monthly vitals checks. However, resident [REDACTED] monthly vitals check was not completed for the month of July, 2026.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED] softgel, both scheduled to be administered at 8:00 AM. However, on [REDACTED] these medications were documented as administered at 10:33 AM, with a notation "sleeping", indicating that the resident did not receive these medications that morning and/or timely.

Repeat Violation: [REDACTED]

Plan of Correction

Accept () - 09/03/2026

On 8/6/26 resident [REDACTED] vitals were corrected for the month of July, resident [REDACTED] doctor was called for the late med given due to resident sleeping, no orders were changed. All medication aides and nurses were in-serviced on 2600.187.d by DHW on 8/26/26. Mar audits will be completed by DHW weekly x4 weeks to assure all medications are given on time and appropriately signed off on. DHW will monitor all monthly vitals each month starting in August. All findings will be reported in the next Quarterly QA meeting on 12/30/26.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/09/2026

231c - Preadmission Screening

8. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident's written cognitive preadmission screening was completed on [REDACTED].

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident's written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Resident [REDACTED] Prescreen was corrected and placed on chart, Resident [REDACTED] Prescreen was corrected and placed on chart, In-service was given to DHW and MCD on 2600.231.c on 8/7/26. Chart audits will be completed by MCD on or before 9/4/26 for correct prescreening dates. All new prescreens will be looked at by ED, DHW and MCD to assure they are completed within the 72-hour time frame. All findings will be reported to Quarterly QA meeting on 12/30/26.

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

Implemented [REDACTED] 09/09/2026)

234a - Admission Support Plan

9. 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 [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, as of [REDACTED], the resident's initial support plan had not been completed.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

MCD printed out the completed RASP for resident [REDACTED] and had resident sign it and placed into service on 8/6/26. MCD was in-serviced on 8/7/26 by ED for 2600.234.a, Charts will be audited for all RASPs and dates in SDU on or before 9/4/26. All findings will be reported in next Quarterly QA on 12/30/26.

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

Implemented [REDACTED] - 09/09/2026)