

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

September 21, 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 08/19/2026 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

Type: I-1

Date: 04/08/2015

Issued By: Williamstown Zoning Office

Staffing Hours

Resident Support Staff:

Total Daily Staff: 82

Waking Staff: 62

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/19/2026

Inspection Dates and Department Representative

08/19/2026 - On-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 building

Capacity: 50

Residents Served: 41

Hospice

Current Residents: 7

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

08/19/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/18/2026

09/21/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews *(continued)*

09/21/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance**1. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] family indicated that the home had told them that the resident was on 15-minute checks. In addition, the resident's care giver notes dated [REDACTED] at 1:04 p.m. state "resident continues on 15-minute checks". According to staff interviews resident [REDACTED] is only receiving hourly checks.

Plan of Correction**Accept [REDACTED] 09/21/2026)**

It was determined on 9/15/2026 after receipt of inspection summary dated 9/8/2026 that resident was on 15-minute checks on 8/16/2026, 8/18/2026 and 8/19/2026. Resident was removed from 15-minute checks at the end of the 3-11 shift on 8/19/2026.

On 9/15/2026, ED and Memory Care 7-3 LPN confirmed there are no residents currently on 15-minute checks with 9/13/2026 the last time a resident was on 15-minute checks.

On 9/8/2026, ED educated RWD on Regulation 2600.23a. Change in care need documentation must be placed in the body of the RASP or on an addendum and must include Date, Assessment Updates, Support plan updates, Frequency and Provider and should also include duration of the updates if a duration is determined.

ED initiated education with med techs and LPN's on 9/17/2026; by 9/30/2026 ED or RWD will educate all Med Techs and LPN's that change in care needs must be documented in Support Plan and documented following 2600.23a

ED and/or RWD will meet 3 times a week for 4 weeks with nursing LPN or shift lead to determine if any care needs have changed and ED or RWD will audit charts of those identified of changes.

Licensee's Proposed Overall Completion Date: 10/16/2026

Implemented [REDACTED] - 09/21/2026)**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

On [REDACTED] resident [REDACTED] who was currently on 15-minute checks due to behavioral concerns, grabbed ahold of resident [REDACTED] wheelchair and began wheeling resident [REDACTED] around the home against resident [REDACTED]'s wishes. Staff person A heard resident [REDACTED] shouting "STOP" and saw resident [REDACTED] place their foot on the ground attempting to stop the wheelchair movement. Resident [REDACTED] fell forward out of wheelchair, hitting their head on the floor requiring hospital treatment for head injury, and bruising.

Plan of Correction**Accept [REDACTED] - 09/21/2026)**

Resident [REDACTED] a cognitively impaired resident, was observed pushing resident [REDACTED] up an incline in the hallway leading from the main common area, where resident [REDACTED] was observed following the 15-minute check protocol [REDACTED] was

42b Abuse (continued)

currently on initiating 8/12/2026. Resident [REDACTED] placed [REDACTED] foot down after stating "stop", unfortunately causing resident [REDACTED] to be injured.

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] with requested information. On 9/4/2026, resident [REDACTED] was discharged from this community.

On 7/23/2026 annual OAPSA/ abuse reporting, resident rights and incident report education occurred with many staff. This training was completed by ED using OAPSA powerpoint slides, DHS approved resident right poster and 2600 incident appendix A from RCG. On 8/20/2026, ED completed education with directors on Regulation 2600.42b that residents may not be abused or neglected including resident to resident altercations.

ED initiated staff training on 9/17/2026 on Regulation 2600.42b. ED and/or RWD will provide education to all staff that Residents may not assist other residents with mobility including transfers, wheelchair propulsion or walker ambulation. Education will include verbiage to residents to allow staff to assist as well as redirection. DCS will be educated to notify supervisors, MCD or RWD of residents who repeatedly need redirection or attempt to assist other residents. Education by ED, RWD or designee with DCS will occur by 9/30/2026

ED, RWD and/or MCD will meet 3 times a week for 4 weeks with nursing LPN or shift lead to discuss / identify any residents who are assisting other residents or any behaviors that could lead to abuse including distress.

Licensee's Proposed Overall Completion Date: 10/16/2026

Implemented [REDACTED] - 09/21/2026)

121a - Unobstructed Egress**3. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:35 a.m. in the B wing courtyard there was a plastic bucket stored behind the fence exit door that impeded egress.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

On 8/19/2026 the bucket outside the kitchen door blocking the B wing courtyard door was removed during survey.

On 8/20/2026 ED performed education with Maintenance staff and cook who placed the bucket at the door on regulation 2600.121a explaining doors, hallways and egresses may not be blocked due to fire safety.

On 9/17/2026 ED initiated education with staff on regulation 2600.121a. ED or designee will educate all staff that egresses, hallways, doorways and gates may not be obstructed or blocked by 9/30/2026.

Maintenance Director or designee will visually inspect all doors/ gates/ hallways to ensure there is a clear path to exit in the event of an emergency daily for 4 weeks.

Licensee's Proposed Overall Completion Date: 10/16/2026

Implemented [REDACTED] 09/21/2026)

225c - Additional Assessment**4. Requirements**

225c - Additional Assessment (continued)

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] does not include their use of a wheelchair or the resident's inability to self-propel requiring full assistance from staff for transport.

Plan of Correction**Accept [REDACTED] - 09/21/2026)**

On 8/19/2026 at the time of the survey, RWD created an addendum for Resident [REDACTED]'s care plan with [REDACTED] updated mobility needs.

On 8/20/2026 ED educated RWD and LPN and on 9/18/2026 ED educated MCD and wellness coordinator on regulation 225c - RASPs must be updated with changes including mobility needs/ device changes.

On 9/14/2026 RWA provided list of all mobility devices to ED. On 9/14 and 9/16 ED performed an audit of all RASPs to ensure resident devices were care planned properly.

ED or RWD will audit new resident care plans and any existing resident mobility needs 1 time a week for the 4 weeks to ensure the proper device is care planned.

Licensee's Proposed Overall Completion Date: 10/16/2026**Implemented [REDACTED] - 09/21/2026)**