

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

May 22, 2025

[REDACTED]
TOWAMENCIN OPERATING COMPANY, LLC

[REDACTED]
SUITE C
[REDACTED]

RE: MORNINGSIDE HOUSE OF
TOWAMENCIN
900 TOWAMENCIN AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 15105

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/30/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MORNINGSIDE HOUSE OF TOWAMENCIN* License #: *15105* License Expiration: *05/01/2025*
Address: *900 TOWAMENCIN AVENUE, LANSDALE, PA 19446*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *TOWAMENCIN OPERATING COMPANY, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *137* Waking Staff: *103*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/30/2025*

Inspection Dates and Department Representative

04/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: *144* Residents Served: *87*
Secured Dementia Care Unit
In Home: *Yes* Area: *Memory Lane* Capacity: *59* Residents Served: *29*
Hospice
Current Residents: *xx*
Number of Residents Who:
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *50* Have Physical Disability: *0*

Inspections / Reviews

04/30/2025 Partial
Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND