

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

April 1, 2025

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
LANDINGS OPCO1, LLC
[REDACTED]

RE: MORNINGSIDE HOUSE OF
COLLEGEVILLE
1421 SOUTH COLLEGEVILLE ROAD
COLLEGEVILLE, PA, 19426
LICENSE/COC#: 15106

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2025, 02/05/2025 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 COLLEGEVILLE* License #: *15106* License Expiration: *03/05/2025*
Address: *1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LANDINGS OPCO1, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/30/2016* Issued By: *Upper Providence Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/05/2025*

Inspection Dates and Department Representative

02/04/2025 - On-Site: [REDACTED]
02/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes* Area: *Legacy House* Capacity: *30* Residents Served: *27*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *39* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *39* Have Physical Disability: *30*

Inspections / Reviews

02/04/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2025*

03/10/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/18/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2025*

Inspections / Reviews (*continued*)

03/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/18/2025

04/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2-5-25 at 10:30 am, the hot water temperature in the bathroom sink of room 214 measured 127 degrees Fahrenheit and at 1:58pm it was 121 degrees Fahrenheit.

On 2-5-25 at 10:50 am, the hot water temperature in the bathroom sink of room 04 A/B measured 124.5 degrees Fahrenheit and at 1:58pm it was 122 degrees Fahrenheit.

Plan of Correction

Directed (████) - 03/14/2025

Water temperatures were immediately adjusted and corrected. Plant Operations Director or designee completed audit of all apartments and common space water temperatures in February. Plant Operations Director or designee will complete a quarterly water temp audit ongoing. Audits will be reviewed by the Executive Director during the monthly QAPI meetings beginning 3/13/25 to monitor for ongoing compliance.

Proposed Overall Completion Date: 03/10/2025

Directed Plan of Correction:

Beginning within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall conduct weekly audits of water temperatures in least 10 resident rooms and 3 common areas for two months, then quarterly thereafter.

Directed Completion Date: 03/28/2025

Implemented (████) - 04/01/2025

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2-4-25, at 10:12am, there was an approximate 1 inch accumulation of lint in the lint trap of the inner compartment of the dryer located on the 2nd floor. There were no clothes in the dryer at the time.

Plan of Correction

Accept (████) - 03/14/2025

Lint accumulated was not on the trap but on the inside of the vent, maintenance immediately vacuumed out the vent on this dryer and checked the other dryers. Plant Operations Director or designee will check vents on weekly beginning in 2/10/25 and clear any lint that accumulates past the lint trap, checks will be continuous. Care staff completing laundry tasks will continue to clear trap after each use. The Executive Director will review these audits at the monthly QAPI meetings beginning 3/13/25 to monitor for ongoing compliance

105g - Lint Removal and Duct Cleaning (continued)

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented (████) - 04/01/2025)

121a - Unobstructed Egress

4. 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

On 2-4-25, at 10:16am , a large trash can was observed on the landing of the stairwell. This door serves as an emergency exit from the home and the landing and stairs are designated as a fire safe area. The door opens outward from the hallway to the landing. The trash can prevented the door from being fully opened.

Plan of Correction

Accept (████) - 03/14/2025)

Trash can was immediately removed from the stairwell. During the month of February, Executive Director checked daily to ensure the stairwells were clear. The Executive Director and/or designee will complete random monthly checks of the stairwells starting in March and will be continuous. Executive Director will review any issues or concerns at the monthly QAPI meetings beginning 3/13/25

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented (████) - 04/01/2025)

132a - Monthly Fire Drill

5. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The fire drill held on 12-17-24 at 12:08 am was known in advance by the residents. The residents were informed during the resident council meeting held on 11-26-24. The meeting minutes state "11-7 3rd shift will be done in Dec. Semi annual fire inspection will occur tomorrow."

The fire drill held on 1-21-25 at 2:09 pm was known in advance by the residents. The residents were informed during the resident council meeting on 12-30-24. The meeting minutes state "Jan. will be 1st shift fire drill - 7am to 3pm."

Plan of Correction

Directed (████) - 03/14/2025)

During the November resident council meeting, the Director of Plant Operations conducted a fire drill refresher to the residents on what to do during a fire and how to evacuate. It was announced that there would be a fire inspection the next day. This was an annual inspection of the fire panel and the sprinkler system. This was not the annual drill with our fire safety expert and no fire drill was conducted at that time. The Director of Life Enrichment stated that she believed the next fire drill would be on day shift. On 2/5/25, the Executive Director re-educated the Director of Life Enrichment that drills are unannounced, and she is not to guess on times if residents ask about drills. Executive Director will review Resident Council minutes at monthly QAPI meetings for continued compliance

132a - Monthly Fire Drill (continued)

Proposed Overall Completion Date: 03/10/2025

Directed Plan of Correction:

Beginning immediately, the administrator shall review resident council meeting minutes monthly.

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall interview at least three residents and two staff for knowledge of fire drills in advance of the drill monthly for 3months.

Directed Completion Date: 03/17/2025

Implemented ([REDACTED]) - 04/01/2025)

181f - Record of Medication

6. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 2-5-25, resident #3 's record did not include a current list of medications. The list in the resident's record did not include:

- Bacitracin
- Fluticasone nasal spray
- Motrin 250mg
- Vitamin D3
- Voltaran

Plan of Correction

Directed ([REDACTED]) - 03/14/2025)

Resident #3's medication list immediately updated. Health and Wellness Director completed an audit by 2/14/25 of all self-administered medications to ensure accuracy of records. Health and Wellness Director or designee will complete a monthly audit of self-administered medications to ensure all medications are correct for three months starting in March. These audits will be reviewed by the Executive Director at the monthly QAPI meetings beginning 3/13/25 to monitor for ongoing compliance.

Proposed Overall Completion Date: 03/10/2025

Directed Plan of Correction:

To clarify the timeframe, starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall complete a monthly audit of self-administered medications/residents for 3 months.

Directed Completion Date: 03/15/2025

Implemented ([REDACTED]) - 04/01/2025)

183e - Storing Medications

7. Requirements

183e - Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #4 is prescribed Lorazepam 0.5mg every 4 hours as needed. On 2-5-25, the back of the medication blister pack was torn and taped over on slot #15.

Repeated Violation: 11/18/2024

Plan of Correction

Directed ([REDACTED] - 03/14/2025)

Blister pack immediately corrected. On 2/15/25 director of Health and Wellness held a training with the nurses and medication technicians about proper storage of medication. Director of Health and Wellness or designee will complete cart audits weekly for 3 months, starting February and then monthly thereafter to monitor for compliance. These audits will be reviewed by the Executive Director at the monthly QAPI meetings, beginning 3/13/25, to monitor for ongoing compliance

Proposed Overall Completion Date: 03/10/2025

Directed Plan of Correction:

To clarify the timeframe, starting within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall complete weekly cart audits for 3 months, and monthly thereafter.

Directed Completion Date: 03/10/2025

Implemented ([REDACTED] - 04/01/2025)

185a - Implement Storage Procedures

8. 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 # 5 is prescribed Albuterol Sulfate HFA 90 mcg inhaler as needed. On 2-5-25, the medication was not available in the home.

Plan of Correction

Directed ([REDACTED] - 03/14/2025)

Medication ordered immediately from pharmacy. On 2/15/25 Director of Health and Wellness held a training with the nurses and medication technicians about ordering of medication. Director of Health and Wellness or designee will complete cart audits weekly for 3 months, starting February and then monthly thereafter to monitor compliance. These audits will be reviewed by the Executive Director at the monthly QAPI meetings, beginning 3/13/25, to monitor for ongoing compliance

Proposed Overall Completion Date: 03/10/2025

Directed Plan of Correction:

185a - Implement Storage Procedures (continued)

To clarify the timeframe, starting within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall complete weekly medication cart audits for 3 months then monthly thereafter.

Directed Completion Date: 03/15/2025

Implemented (█) - 04/01/2025)

9. 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

The following information was not transcribed correctly on the electronic medication administration record for resident # 5.

- The glucometer reading on 1-14-25 at 10:09 am read 159. The information transcribed on the electronic medication record was 192.
- The glucometer reading on 1-16-25 at 09:17am read 158. The information transcribed on the electronic medication record was 162.
- The glucometer reading on 1-16-25 at 4:38 pm read 190. The information transcribed on the electronic medication record was 198.

The following information was not transcribed correctly on the electronic medication administration record for residents # 6 .

- The glucometer reading on 12-8-24 at 10:55am read 267. The information transcribed on the electronic medication record was 257.
- The glucometer reading on 12-9-24 at 5:21pm read 197. The information transcribed on the electronic medication record was 193.
- The glucometer reading on 12-12-24, at 9:50am read 93. The information transcribed on the electronic medication record was 74.

Plan of Correction

Accept (█) - 03/14/2025)

Errors immediately corrected. On 2/15/25 Director of Health and Wellness educated nurses and medication technicians on documentation of glucometer readings. The night shift nurse and/or med tech will complete a daily audit of glucometers starting 2/10/25. The Director of Health and Wellness or designee will review these audits daily starting 2/10/25. All audits will be reviewed by the Executive Director at the monthly QAPI meetings beginning 3/13/25 to monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented (█) - 04/01/2025)

185b - Medication Procedures

10. Requirements

2600.

185.b. At a minimum, the procedures must include:

185b - Medication Procedures (continued)

- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include the process for documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. The home utilizes a "controlled drug record" to track the retrieval of narcotic medications by staff persons and documents the quantity of medications at every administration. The form has a place for staff to sign to confirm that they retrieved this medication. The home's policy does not indicate that the staff are required to complete this form for narcotic administrations.

Resident #7 is prescribed Tramadol HCL ER 100 mg tablet once daily. The "controlled drug record" shows that this medication was removed on 2-4-25 at 9:25am, but is not signed by a staff person.

Resident #7, is prescribed Tramadol HCL 50mg tablet twice daily as needed. The "controlled drug record" shows that this medication was removed on 2-5-25 but the record does not show a time and is not signed by a staff person.

Plan of Correction

Accept ([REDACTED] - 03/14/2025)

Electronic narcotic count sheet put into place, Director of Health and Wellness educated staff on completion on 2/15/25. The Director of Health & Wellness or designee will review the count sheets on a weekly basis starting 2/17/25 for 3 months. These audits will be reviewed by the Executive Director at the monthly QAPI meetings, beginning 3/13/25, to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented ([REDACTED] - 04/01/2025)