

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

September 16, 2025

[REDACTED]  
CEDAR PARK ASSISTED LIVING, LLC  
[REDACTED]  
[REDACTED]

RE: ABINGTON MANOR AT MORGAN  
HILL  
215 CEDAR PARK BOULEVARD  
EASTON, PA, 18042  
LICENSE/COC#: 21962

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2025 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:** ABINGTON MANOR AT MORGAN HILL      **License #:** 21962      **License Expiration:** 11/24/2025  
**Address:** 215 CEDAR PARK BOULEVARD, EASTON, PA 18042  
**County:** NORTHAMPTON      **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** CEDAR PARK ASSISTED LIVING, LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

**Resident Support Staff:** 14      **Total Daily Staff:** 69      **Waking Staff:** 52

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 07/16/2025

**Inspection Dates and Department Representative**

07/15/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 75      **Residents Served:** 41

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 41  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 14      **Have Physical Disability:** 2

**Inspections / Reviews**

07/15/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/25/2025

08/27/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/15/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 09/01/2025

Inspections / Reviews *(continued)*

09/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b - Abuse

## 1. 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] at 5:20 pm Staff Member A was asked by Resident # [REDACTED] to aid in toileting and personal hygiene. Staff member A initially refused, telling the resident they could do it themselves. Staff member A eventually assisted resident # [REDACTED] by roughly handling the resident which caused pain in the rib area. Upon completion of the toileting the aide forcefully pushed resident [REDACTED] back down into the wheelchair. The resident responded with the comment "Ouch, you are hurting me!". Staff member A responded, "You can do it yourself". The resident then asked for assistance in handwashing. Staff member A refused to aid and just wheeled the resident out of the bathroom with unwashed hands.

## Plan of Correction

Accept [REDACTED] - 08/25/2025)

Immediate Action Plan: To address the immediate behavior of staff member A to prevent further harm to residents

## Steps:

- Staff member A was immediately suspended pending further investigation
- Conduct sensitivity and resident rights training specific to staff member A
- Review resident # [REDACTED]'s care plan and adjust staffing assignments if necessary to ensure that similar incidents do not recur.

Responsible Party: Resident Wellness Director

Timeline: Preferred within 2 days

## Resident Care Review

Action plan: To ensure that resident [REDACTED] needs are met, and they feel safe and respected.

## Steps:

- A health and wellness check was completed to resident [REDACTED] with no injuries found.
- Provide counseling support to resident [REDACTED] upon request to address emotional distress caused by the incident
- Review all records related to resident [REDACTED] to ensure proper documentation was completed for the incident.

Responsible Party: Resident Wellness Director

Timeline: Preferred within 3 days

## Long Term Actions:

Action Plan: To prevent further occurrences of neglect or abuse through comprehensive staff training.

## Steps:

- Implement a mandatory training program for all staff focused on resident rights, proper care techniques, and communication skills.
- Schedule quarterly refresher courses for continues staff development and awareness.
- Monitor and evaluate staff performance regularly, making adjustments to training as needed based on observed interactions with residents.

42b - Abuse (continued)

Responsible Party: Resident Wellness Director and Program Managers with EOO oversight.  
 Timeline: Preferred within 90 days

Policy Review and Update

Action Plan: To reinforce and clearly communicate the facility's zero-tolerance policy regarding resident mistreatment.

Steps:

- Review current policies on resident care and staff conduct and update them to reinforce zero-tolerance for mistreatment
- Conduct staff meetings to go over any changes and ensure all staff members understand the updated policies as needed.
- Implement a monitoring system that regularly checks adherence to these policies and provides feedback for improvement.

Responsible Party: Each Program Manager with the EOO oversight  
 Timeline: Preferred within 120 days

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] - 09/16/2025)

51 - Criminal Background Check

2. 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

The home was unable to provide a criminal background check for Employee A who was hired on [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/27/2025)

Action Plan: Ensure staff member A has a complete and clear criminal background check on file.

Steps:

- Initiate an expediated criminal background check process for staff member A
- Send the request for the background check to the authorized agency.
- Follow up with the agency to ensure timely processing and receipt of results.
- File the results of the background check in staff member A's personnel file.

Responsible Party: Administrative Services Director (ADS)  
 Timeline: Preferred within 7 days.

Verify and Complete background checks for all current staff

Action Plan: Ensure all current staff members have valid criminal background checks on file.

## 51 - Criminal Background Check (continued)

### Steps:

- Create a list of all current staff members and verify the presence of background checks in their files.
- Initiate background checks for any staff member missing this documentation.
- Follow up with appropriate agencies to expedite processing of missing background checks.
- Document and update the files accordingly.

Responsible Party: Administrative Services Director with the EOO oversight

Timeline: Preferred within 30 days

Communication Policy Requirements to all hiring managers

Action Plan: Ensure all hiring managers are aware of criminal background check requirements.

### Steps:

- Draft an email to all hiring managers outlining the criminal history check requirements.
- Hold a meeting to discuss any questions or concerns regarding policy implementation.
- Distribute updated documents and checklists relating to the hiring and onboarding process.

Responsible Party: Administrative Services Director with the EOO oversight

Timeline: Preferred within 10 days

Long Term Actions: Ensure all new hires comply with criminal history check requirements before employment commences

### Steps:

- If needed revise the current hiring policy to incorporate a mandatory checklist that includes a completed criminal background check
- Review and ensure the OB Specialist and ASD are trained on the checklist to ensure compliance before finalizing hire.
- Monitor adherence to the checklist during quarterly audits.
- Address any deviations in hiring process promptly and report back to management.

Quarterly Audit of staff member files:

### Steps:

- Establish a quarterly audit schedule for staff member files focusing on all areas of the hiring process to include criminal background checks to ensure ongoing compliance.
- Report Audit results to the EOO to ensure the proposed corrective action for any identified issues.
- Review policies to ensure compliance with state regulations and best practices
- Train staff members on any new procedures or regulations stemming from policy review.

Responsible Party: Administrative Service Director (ASD) with the EOO oversight

Timeline: Preferred within 90 days

Licensee's Proposed Overall Completion Date: 09/30/2025

51 Criminal Background Check (continued)

Implemented [redacted] - 09/16/2025)

54a Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A ([redacted]) does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] 08/27/2025)

Immediate Verification of Qualifications

Action Plan: Ensure all current direct care staff meet the required qualifications.

Steps:

- Review all direct care staff files to confirm the presence of a high school diploma, GED, or active registry status.
- immediately suspend duties of direct care staff member A until qualifications are verified or rectified.
- Notify direct care staff member A about the discrepancy and the need to rectify qualifications.

Responsible Party: Administrative Service Director

Timeline: preferred within 5 days

Staff training and awareness

Action plan: Educate staff on qualification requirements

Steps:

- Conduct training sessions on qualifications standards for all direct care staff.
- Distribute materials regarding compliance with PA Code 2600.54a
- Ensure understanding and acknowledgement of standards by staff through a signed form

Responsible Party: Administrative Service Director

Timeline: Preferred within 30 days

Update Employment Policies and Procedures

Action Plan: Align hiring processes with regulatory standards.

Steps:

- Review and revise employment policy to emphasize the verification of educational qualifications before employment
- Implement checklists for HR to ensure compliance in new hires.
- Update job descriptions to clearly state the qualifications requirement as per regulation.

**54a - Direct Care Staff (continued)**

*Responsible Party: Administrative Service Director with EOO oversight  
 Timeline: Preferred within 30 days.*

*Long Term Actions*

*Ongoing monitoring of staff qualifications*

*Action Plan: Ensure continuous compliance with staff qualifications*

*Steps:*

- *Establish a periodic audit schedule to review staff files for compliance with qualification requirements*
- *Maintain updated records of direct care staff qualifications in a centralized database.*
- *Report audit findings to the management quarterly to ensure continuous oversight.*

*Responsible Party: Administrative Service Director with EOO oversight  
 Timeline: Preferred within 90 days*

*Long Term Staff Development*

*Action Plan: Provide pathways to qualification attainment for staff*

*Steps:*

- *Offer guidance for GED and educational assistance programs for staff who do not meet the qualification criteria*
- *Publish and circulate information on the PA nurse aide registry in interested staff members.*

*Responsible Party: Administrative Service Director with EOO oversight  
 Timeline: Preferred within 120 days*

**Licensee's Proposed Overall Completion Date: 09/30/2025**

**Implemented [REDACTED] 09/16/2025)**

**65d - Initial Direct Care Training**

**4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

**Description of Violation**

*Direct care staff person A ([REDACTED]) has no evidence of having passed the direct care competence test.*

**Plan of Correction**

**Accept ([REDACTED] 08/27/2025)**

*Verification of Staff Competency*

*Action Plan: To ensure that all direct care staff have completed the necessary competency tests before providing unsupervised ADL services.*

### 65d - Initial Direct Care Training (continued)

#### Steps:

- Immediately review the personnel files to identify any other direct care staff members who may lack documentation of completed competency tests.
- Conduct the direct care competency test for staff member A and any other identified staff members
- Ensure that test results are documented in the appropriate personnel files

Responsible Party: Administrative Service Director

Timeline: Preferred with in 30 days

#### Staff Training and Documentation Review

Action Plan: To provide comprehensive training to direct care staff and to audit documentation processes.

#### Steps:

- Conduct immediate training sessions for direct care staff focusing on completing competency tests and maintaining proper documentation.
- Review the process for monitoring staff competence documentation regularly.
- Communicate with all staff about the importance of maintaining up-to-date records when it comes to competence in ADL activities.

Responsible Party: Administrative Service Director

Timeline: Preferred within 7 days

#### Long Term Actions

Action Plan: To update policies to ensure all new hires complete necessary qualifications prior to unsupervised ADL services

#### Steps:

- Review and update hiring policies to mandate proof of competency before any direct care employee can work unsupervised.
- Implement a procedure where all new hires are enrolled in competence testing as part of their orientation process.
- Regularly update and review the policy to align with state requirements and amend if needed based on compliance feedback.

Responsible Party: Administrative Service Director

Timeline: Preferred within 30 days

#### Regular Compliance Audits

Action Plan: To ensure ongoing compliance with state regulations for direct care staff competence

#### Steps:

- Establish quarterly audit schedule focused on reviewing staff competency records and documentation.
- Utilize a checklist aligned with 2600.65.d requirements during audits to ensure thorough review.

65d Initial Direct Care Training (continued)

- Adjust internal procedures based on audit findings to improve compliance and address gaps in protocol.

Responsible Party: Administrative Service Director with EOO oversight

Timeline: Preferred within 120 days

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (██████ 09/16/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident ██████ most recent medical evaluation was completed on ██████. The resident's previous medical evaluation was completed on ██████. This is more than 1 year and 15 days.

Plan of Correction

Accepted (██████ - 08/27/2025)

Short Term Actions

Conduct Overdue Medical Evaluation

Action Plan: Ensure that resident ██████ has an up to date medical evaluation.

Steps:

- Contact the primary care physician for an appointment
- Obtain the necessary medical documents and prepare them for review.
- Conduct and document resident ██████ overdue medical evaluation

Responsible Party: Resident Wellness Director with EOO oversight

Timeline: Preferred withing 5 days

Training for Staff on Compliance

Action Plan: Avoid future medical evaluation delays by ensuring staff understand regulatory timeline requirements

Steps:

- Develop training materials focusing on the 2600.141.b.1 compliance requirements.
- Organize a training session for all relevant staff members.
- Conduct the training session and assess knowledge retention through a follow up quiz

Responsible Party: Resident Wellness Director with EOO oversight

Timeline: Preferred within 30 days.

Implement Evaluation Tracking System

Action Plan: Implement a monitoring system to ensure timely medical evaluations in the future.

**141b1 Annual Medical Evaluation (continued)***Steps:*

- *Research and select an appropriate tracking software or method.*
- *Set up the tracking system, including inputting all residents' medical evaluation dates.*
- *Train staff on how to use the system to monitor upcoming evaluations*

*Responsible Party: Resident Wellness Director with EOO oversight*

*Timeline: Preferred within 90 days.*

*Revise Medical Evaluation Policy*

*Action Plan: Ensure the facility's medical evaluation policies align with the state compliance requirements*

*Steps:*

- *Review current policy against state requirements.*
- *Update policy documents to clearly outline annual evaluation requirements.*
- *Distribute the updated policy to all staff and include it in onboarding for new hires, as it pertains to the new hire.*

*Responsible Party: Resident Wellness Director with EOO oversight*

*Timeline: Preferred withing 90 days.*

**Licensee's Proposed Overall Completion Date: 09/30/2025**

**Implemented [REDACTED] - 09/16/2025)**