

Department of Human Services  
Bureau of Human Service Licensing

August 12, 2021

██████████ OWNER  
ARK MANOR LLC  
105 SANDRA DRIVE  
DELMONT, PA 15626

RE: ARK MANOR  
105 SANDRA DRIVE  
DELMONT, PA, 15626  
LICENSE/COC#: 44686

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** ARK MANOR **Licen e #:** 44686    **Licen e Expiration Date:** 02/19/2022  
**Addr e :** 105 SANDRA DRIVE, DELMONT, PA 15626  
**County:** WESTMORELAND                      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]                      **Phone:** 7244686200                      **Email:** [REDACTED]

**Legal Entity**

**Name:** ARK MANOR LLC  
**Address:** 105 SANDRA DRIVE, DELMONT, PA, 15626  
**Phone:** 7244686200                      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP                      **Date:** 06/23/2006                      **Issued By:** Labor and Industry

**Staffing Hours**

**Re ident Support Staff:** 0                      **Total Daily Staff:** 55                      **Waking Staff:** 41

**Inspection**

**Type:** Partial                      **Notice:** Unannounced                      **BHA Docket #:**  
**Reason:** Complaint                      **Exit Conference Date:** 07/21/2021

**Inspection Dates and Department Representative**

07/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 70                      **Residents Served:** 45

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 13                      **Are 60 Years of Age or Older:** 39  
**Diagnosed with Mental Illness:** 12                      **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 10                      **Have Physical Disability:** 0

**Inspections / Reviews**

07/21/2021 Partial

**Lead Inspector:** [REDACTED]                      **Follow-Up Type:** POC Submission                      **Follow-Up Date:** 08/14/2021

Inspections / Reviews *(continued)*

8/12/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow-Up Date: *08/17/2021*

8/12/2021 Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 9:44 a.m., the toilet handle in Bathroom [redacted] was attached to the tank with a blue rubber band and did not function to flush the toilet. Staff person A lifted the tank lid to raise the bulb float and manually flush the toilet.

Plan of Correction

Accept

Toilet handle was repaired on 7/22/21

All staff will report any maintenance issues to administration

Housekeeper will do walk through weekly and report and noticed maintenance issues

Picture of handle attached (attachment A)

Completion Date: 07/22/2021

Document Submission

Implemented

See attached

144c2 - Smoking Area Distance

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

At 9:48 a.m. staff person B was smoking a cigarette outside approximately 5 feet from the exterior door to the kitchen, approximately 20 feet from a 100gal propane tank. The home's designated smoking area is on the exterior side near the dining room.

Plan of Correction

Accept

nservice was done with employees in regards to the "smoking rules and smoking area"

Any new hired employees will have review of the smoking rules and smoking area prior or on day of employment

nservice "Record of Training" attached (Attachment B)

Completion Date: 07/28/2021

Document Submission

Implemented

See attached

225c - Additional Assessment

1. Requirements

2600.

225c - Additional Assessment (continued)

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Repeat Violation**

*On 6/19/20 Resident #1's medical evaluation indicated the resident was not able to appropriately manage finances alone due to the resident's diagnoses that prohibit the ability to make rational decisions. However, resident #1s annual assessment dated 4/19/21 indicated the resident was independent in multiple areas to include:*

- \* The resident was independent for shopping with no issues or problems.*
- \* The resident was independent caring for possessions with no issues.*
- \* The resident needed minimal supervision and shopped independently.*
- \* The resident had no issues with judgement.*

*Repeat violation 9/2/20*

**Plan of Correction**

**Accept**

*Resident #1 RASP was re-done on 7/22/21*

*Administrator and/or Assistant Administrator will use a form for any needed addendums and will document which resident and why an addendum needed done*

*RASP attached (Attachment C)*

*Form for addendums attached Attachment D)*

**Completion Date:** *07/22/2021*

**Document Submission**

**Implemented**

*See attached*