



Emailing Date: October 14, 2021

[REDACTED]
Broadway Manor LLC
59 South Front Street
Milton, Pennsylvania 17847

RE: Broadway Manor
570 Broadway Street
Milton, Pennsylvania 17847
License #: 230300

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 9, 2021 and October 5, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, prominent "J" and "B".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Broadway Manor* License #: *23030* License Expiration Date:
Address: *560 Broadway Street, Milton, PA 17847*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(570) 473-9472* Email: [REDACTED]

Legal Entity

Name: *Broadway Manor LLC*
Address: *59 S Front Street, Milton, PA, 17847*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/07/1974* Issued By: *PA LI*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *10/05/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]
10/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* Residents Served: *0*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

10/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *Not Required*

No Deficiencies Identified