



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: April 29, 2022

[REDACTED]
[REDACTED]
Manatawny AL Operating Company, LLC
[REDACTED]
[REDACTED]

RE: The Residences at Manatawny Village
30 Old Schuylkill Road
Pottstown, Pennsylvania 19465
License #: 148510

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 22, 2022 and April 26, 2022 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 this is a new legal entity operating the home.

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.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

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 - PUBLIC

Facility Information

Name: *The Residences at Manatawny Village* License #: *14851* License Expiration:
Address: *30 Old Schuylkill Road , Pottstown, Pa 19465*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *484-838-0182* Email: [REDACTED]

Legal Entity

Name: *Manatawny AL Operating Company LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/15/1989* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *03/22/2022*

Inspection Dates and Department Representative

03/22/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *24* Residents Served: *13*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

03/22/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2022*

04/08/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *04/13/2022*

04/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/22/2022*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/22/22, at 11:55 A.M., the narcotic medication log book and medication cart ab were unlocked, unattended, and accessible.

Plan of Correction

Accept

How often and for what duration will the PCHA be completing the unscheduled med cart audits? Administrator will perform unscheduled audit 2 times a week on for 30 days. Administrator will document date of checks and all findings.

Completion Date: 05/08/2022 Licensee's Proposed Date of POC Implementation

Implemented 4/29/22 CM

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed get medical attention or contact poison control right away", was unlocked, unattended, and accessible to residents in secured dementia care unit. Not all the residents of the home, including resident located in resident bedroom 307, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

How often and for what duration will the PCHA be completing the unscheduled audits? The Administrator will be completeing unscheduled audits 3 times a week for 30 days. Administrator will doucement all findings.

Completion Date: 05/31/2022 Licensee's Proposed Date of POC Implementation

Implemented 4/29/22 CM

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/22/22 at 10:05 A.M., the public restroom located on the second floor next to the elevator had dried feces on the toilet seat.

Plan of Correction

Accept

Staff was re-educated on maintaining sanitary condintions. Staff will check both mens and womens public restrooms throughout the day to ensure restrooms are clean. Staff will immediately notify housekeeping.

Completion Date: 04/30/2022 Licensee's Proposed Date of POC Implementation

Implemented 4/29/22 CM

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

The public women's restroom located on the second floor next to the elevator has a toilet seat with handle bars attached to the toilet seat. The left side handle bar has rust located on the corner of it located closest to the toilet seat.

The bathroom located in resident bedroom 313 has a toilet seat with handle bars attached to the toilet seat. The left side handle bar has rust located on the corner of it located closest to the toilet seat.

Plan of Correction

Accept

How often and for what duration will the maintenance director complete the checks? Maintenance director will complete weekly check for 30 days than monthly checks, and will document on check off sheet.

Completion Date: 06/02/2022 Licensee's Proposed Date of POC Implementation

Implemented 4/29/22 CM

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/22/22 at 11:35 A.M. the temperature in the jack and jill ice cream freezer was 2 degrees Fahrenheit.

Plan of Correction

Accept

For what duration will dietary staffs be completing temperature checks? How will this be documented? Dietary staff will check temp daily and document on temp log.

Completion Date: 05/09/2022 Licensee's Proposed Date of POC Implementation

Implemented 4/29/22 CM

105g - Lint Removal and Duct Cleaning

1. 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 3/22/22, there was an approximate 2 inch accumulation of lint in the lint trap of the GE dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept

A sign was posted on washer/dryer as a reminder to residents to empty the lint trap after every use. Staff was also instructed on keeping the lint trap free of lint when not in use. Staff will check the lint log throughout the day to ensure lint trap is clean and free of lint.

Completion Date: 04/30/2022 Licensee's Proposed Date of POC Implementation

Implemented 4/29/22 CM

132b - Safety Inspection/Fire Drill

1. Requirements

132b - Safety Inspection/Fire Drill *(continued)*

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 2/25/21.

Plan of Correction

Accept

What methods will be used to ensure that the inspections are scheduled timely? Administrator will complete a reminder on her calendar to schedule 90 days in advance.

Completion Date: 03/31/2022 *Licensee's Proposed Date of POC Implementation*

Implemented 4/29/22 CM

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 12/29/21 does not include the number of residents present in the home.

Plan of Correction

Accept

What measurable steps will the home take to ensure that this regulation is met on an ongoing basis? Please list methods used, timeframes/duration/frequency, and title of responsible person(s). Administrator and/or Maintenance director will go over paper work after each fire drill to ensure regulation is met. Administrator or maintenance director will sign off on paper to verify it was checked.

Completion Date: 07/30/2022 *Licensee's Proposed Date of POC Implementation*

Implemented 4/29/22 CM

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) located next to resident bedroom 304.

Plan of Correction

Accept

What measurable steps will the home take to ensure that this regulation is met on an ongoing basis? Please list methods used, timeframes/duration/frequency, and title of responsible person(s). Administrator, maintenance of staff will check door each shift to ensure door and code is operating properly. Staff will document each time door is checked.

Completion Date: 05/31/2022 *Licensee's Proposed Date of POC Implementation*

Implemented 4/29/22 CM

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

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Name: [REDACTED] Phone: *484-838-0182* Email: [REDACTED]

Legal Entity

Name: *Manatawny AL Operating Company LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/15/1989* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *POC Verification* Exit Conference Date: *04/26/2022*

Inspection Dates and Department Representative

04/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *Horizons* Capacity: *24* Residents Served: *13*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

04/26/2022 - Partial

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

NO DEFICIENCIES FOUND

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: *The Residences at Manatawny Village*

License #: *14851*

License Expiration:

Address: *30 Old Schuylkill Road , Pottstown, Pa 19465*

Inspection Information

Start Date: *04/26/2022*

Type: *Partial*

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Resident Privacy Coding

Designation

Resident's Name