

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

January 20, 2023

[REDACTED]  
SYDLYNN INC  
[REDACTED]

RE: PARADISE MANOR  
206 EAST LINCOLN AVENUE  
HATFIELD, PA, 19440  
LICENSE/COC#: 14446

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2022 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: PARADISE MANOR License #: 14446 License Expiration: 04/01/2023  
 Address: 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440  
 County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: SYDLYNN INC  
 Address: 5734 MEETINGHOUSE RD, PIPERSVILLE, PA, 18947  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 12/31/1981 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/29/2022

**Inspection Dates and Department Representative**

04/29/2022 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 37 Residents Served: 15

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 15  
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

**04/29/2022 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/22/2022

**05/27/2022 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: 05/20/2022  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/30/2022

Inspections / Reviews (*continued*)

## 12/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/06/2022

## 01/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 04/29/2022, the sink in the bathroom of bedroom [redacted] was filthy. It has a yellow substance that looks like a dirt.

POC Submission

Accept

85a

Sanitary Conditions

The resident in this room has an easel in [redacted] room and uses oil paints which [redacted] cleaned in [redacted] sink. This was not dirt and was explained to the inspector. Corrected on site.

Immediate: (4/29/22) Sink was cleaned and resident was instructed to use utility sink in hallway and not the sink in [redacted] room.

Training: (5/2/22) Housekeeper was trained to inform management when residents are using paint or other staining materials in the sink.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping

Licensee's Plan Completion Date: 05/02/2022

Implemented (MS - 12/16/2022)

85e - Trash Outside Home

2. Requirements

2600.  
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/29/2022, there were pieces of wood, bricks, an old bikes, and tires outside of the trash dumpsters.

POC Submission

Accept

85e

Trash Outside Home

Corrected on site.

Immediate: (4/29/22) Trash was placed in dumpster.

Training: (5/2/22) Maintenance staff trained to place all trash in dumpster.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

Licensee's Plan Completion Date: 05/02/2022

Implemented (MS - 12/16/2022)

86b - Bathroom

**3. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*The bathroom in room [REDACTED] does not have an operable window or ventilation fan. The ventilation fan is inoperable, and there are no windows in the bathroom.*

**POC Submission**

**Accept**

86b

Bathroom

Corrected on site.

Immediate: (4/29/22) Maintenance director fixed fan.

Training: (5/2/22) Maintenance was trained to test all fans in all bathrooms.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

Licensee's Plan Completion Date: 05/02/2022

**Implemented (MS - 12/16/2022)**

**88a - Surfaces**

**4. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On 04/29/2022, the ceiling for the hall on the first floor has a brown stain that appears to be water stains.*

*The rugs on the second-floor ramp have lost their black lines and have a hole in them.*

**POC Submission**

**Accept**

88a

Surfaces

Immediate: (4/29/22) Stained ceiling tiles were replaced by maintenance. Quotes were requested to replace carpet.

Training: (5/2/22) Maintenance was trained to look for stained tiles and to replace when found. Also trained to look for holes in carpeting and to repair or replace when found.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

Licensee's Plan Completion Date: 05/02/2022

**Implemented (MS - 12/16/2022)**

**95 - Furniture and Equipment**

5. Requirements

2600.

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

Description of Violation

On 04/29/2022, the sink in the bathroom in bedroom [REDACTED] became clogged, and water would not drain.

POC Submission

Accept

95

Furniture and Equipment

Immediate: (4/29/22) Stopper in the sink had become unhooked. Maintenance re-hooked the stopper and sink drains without a problem.

Training: (5/2/22) Maintenance/Housekeeping staff trained to look for clogged sinks and fix immediately.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping/maintenance

Licensee's Plan Completion Date: 05/02/2022

Implemented (MS - 12/16/2022)

125a - Combustible Storage

6. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 04/29/2022, there were three cans of spray paint, six cans of paint, Oatey PVC cleaner, Oatey PVC primer, cement, and one can of Bondo body filler in the enclosed boiler room, near to the water heater and boiler.

POC Submission

Accept

125a

Combustible Storage

Corrected on site.

Immediate: (4/29/22) Items were removed from near the heat sources.

Training: (5/2/22) Maintenance was trained not to keep flammable materials near heat sources.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

Licensee's Plan Completion Date: 05/02/2022

Implemented (MS - 12/16/2022)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*Resident 1's medical evaluation did not include the medication list.*  
*Resident 2's medical evaluation did not include the medication list.*

**POC Submission**

**Accept**

141a

Medical Evaluation

Corrected on site.

Immediate: (4/29/22) Resident Care Coordinator attached med list to DME’s

Training: (5/2/22) Resident Care Coordinator and Asst Resident Care Coordinator were trained to make sure med list is attached if doctor states “see attached”.

How trained: Inservice by Administrator

Responsible Staff: RCC and Asst RCC

Licensee's Plan Completion Date: 05/02/2022

**Implemented (MS - 12/16/2022)**

144c1 - Smoking Area Guidelines

**8. 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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*The home's designated smoking area does not have fire resistant furniture.*

**POC Submission**

**Accept**

144c1

Smoking Area Guidelines

*A resident moved the wooden furniture from another area over to the smoking area. Corrected on site.*

144c1 - Smoking Area Guidelines (continued)

Immediate: (4/29/22) We moved the wooden furniture away from the smoking area. Metal chairs are only chairs in the area.

Training: (5/2/22) Maintenance trained to make sure only non-flammable furniture is in smoking area.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

Licensee's Plan Completion Date: 05/02/2022

Implemented (MS - 12/16/2022)

183e - Storing Medications

9. Requirements

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

On 4/29/22, Hydroco/APAP Tab 5-325 mg, prescribed for resident 3, was in a blister card. The foil on the back of the blister card was torn. A piece of tape was placed over the torn foil over one of the pill.

On 4/29/22, Clonazepam Tab 2 mg, prescribed for resident 4, was in a blister card. The foil on the back of the blister card was torn. A piece of tape was placed over the torn foil over one of the pill.

POC Submission

Directed

183e

Storing Medications

Immediate: (4/29/22) Resident Care Coordinator instructed staff not to place tape over torn foil on blister packs.

Training: (5/2/22) Med techs were trained to not tape torn blister packs and on proper storing of medications.

How trained: Inservice by Resident Care Coordinator and an additional Training by Medcare Pharmacy.

Responsible Staff: Med Techs w/ oversight by RCC.

Directed

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee will conduct an initial audit and weekly thereafter of the medication carts to ensure the carts are not over packed and there is no tape on the back of the blister packs. Documentation will be kept. MJ 6/3/22

Directed Completion Date: 05/30/2022

Implemented (MS - 01/20/2023)

185a - Implement Storage Procedures

**10. 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**

*On 04/29/22, Carisoprodol Tab 350 mg, was observed in the medication lock box for resident 3. However, the count on the narcotics book was 26 and the blister card only had 25.*

*An incorrect blood glucose level was documented on the MAR for resident 5. On 04/23/22, at 8:44 am, the glucometer read 187 and the MAR was documented as 120. On 04/25/22, at 10:13 am, the glucometer read 248 and the MAR was documented as 174.*

*Repeat violation: 04/26/2021.*

**POC Submission**

**Directed**

185a

*Implement Storage Procedures*

*Immediate: (4/29/22) Resident Care Coordinator instructed on safe storage, distribution, documentation, and use of medications.*

*Training: (5/2/22) Med techs were trained on safe storage, distribution, documentation, and use of medications.*

*Medcare Pharmacy also did a training on medication storage practices.*

*How trained: Inservice by Resident Care Coordinator*

*Responsible Staff: Med Techs*

*Directed*

*Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, glucometers, and medication administration records.*

*A narcotic count will be conducted by two staff persons daily on each shift. A count of all narcotics and controlled substances will be conducted by the administrator weekly. Documentation will be kept. MJ 6/3/22*

**Directed Completion Date: 05/30/2022**

**Implemented (MS - 01/20/2023)**

**224a - Preadmission Screen Form**

**11. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident 2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.*

224a - Preadmission Screen Form (continued)

Repeat violation: 04/26/2021.

POC Submission

Accept

224a

Pre-Admission Screen Form

Administrator missed checking off the box.

Training: N/A as administrator has been filling out these forms for years and just missed it. Going forward will double-check the form for missing information before placing into resident file.

Responsible Staff: Administrator

Licensee's Plan Completion Date: 04/26/2022

Implemented (MS - 12/16/2022)

225a - Assessment 15 Days

12. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].  
Resident 2 was admitted on [redacted] however, the resident's assessment was not completed until [redacted].

Repeat violation: 04/26/2021.

POC Submission

Accept

225a

Assessment 15 days

Assistant Resident Care Coordinator thought [redacted] had 30 days to complete assessment.

Immediate: (4/20/22) Spoke with RCC and Asst RCC about correct timeframe.

Training: (5/2/22) Resident Care Coordinator and Asst Resident Care Coordinator were trained on timeframe to complete assessment.

How trained: Inservice by Administrator

Responsible Staff: RCC and Asst RCC

Licensee's Plan Completion Date: 05/02/2022

Implemented (MS - 12/16/2022)