



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 5, 2023**

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

RE: The Residences at Manatawny Village  
30 Old Schuylkill Road  
Pottstown, Pennsylvania 19465  
License #: 148511

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 10, 2022, October 5, 7, 10, 12, 13, 14, and 20, 2022, and December 22, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 5, 2023 to November 5, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

Mr. Mordechai Weisz

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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: 04/29/2023  
Address: 30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465  
County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: MANATAWNY AL OPERATING COMPANY LLC  
Address: [REDACTED]  
Phone: [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: 69 Waking Staff: 52

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Monitoring Exit Conference Date: 08/10/2022

Inspection Dates and Department Representative

08/10/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124 Residents Served: 52

Secured Dementia Care Unit

In Home: Yes Area: Horizons Capacity: 24 Residents Served: 14

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 17 Have Physical Disability: 1

Inspections / Reviews

08/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/02/2022

**08/31/2022 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 08/29/2022  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2022

**11/23/2022 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 09/09/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/28/2022

**12/07/2022 - Document Submission**

Submitted By: [REDACTED] Date Submitted: 12/12/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/12/2022

**01/26/2023 - Document Submission**

Submitted By: [REDACTED] Date Submitted: 12/12/2022  
Reviewer: [REDACTED] Follow-Up Type: Enforcement

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

POC Submission

Accept ( ) - 09/12/2022

Resident #1 was given a copy of the resident rights on 8/10/2022.

The PC admissions/marketer imdiately audited all charts to ensure resident rights were acknowledged and signed by the resident.

All new adminissions have a signed an ackowledgement of the copy of the residents right.

The administrator will over see all new admissions to enure residents rights are given and acknowledged by the resident.

Audits will be reviewed following each admisson.

Licensee's Plan Completion Date: 10/15/2022

Not Implemented ( ) - 01/26/2023

54a - Direct Care Staff

2. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

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

POC Submission

Accept ( ) - 09/12/2022

The staff person was taking off the schedule on 8/10/2022 until brings in diploma.

Staff person did send over a copy of diploma on 8/15/2022

Administrator will has conducted an audit on 8/12/22- 8/14/22 to ensure every DCS person will have a high school diploma, GED, or active registry status on the Pennsylvaina nurse aide regisrty.

All new hires files will be signed off by administrator after all required doucements are obtained and than given a start date.

Licensee's Plan Completion Date: 10/15/2022

Implemented ( ) - 01/26/2023

65a - FS Orientation 1st Day

**3. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

**Description of Violation**

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

**POC Submission**

Accept [REDACTED] - 09/12/2022)

On 8/11/2022 the PC administrator did reach out to human resource departmet to inform [REDACTED] on the orientation. Staff person was not an employee for personal care, [REDACTED] was an employee for the SNF. Personal Care home administrator will aduit every new hire for personal care to ensure that orientaion is being completed by administrator or designated staff.

Licensee's Plan Completion Date: 10/15/2022

Not Implemented [REDACTED] - 01/26/2023

**65b - Rights/Abuse 40 Hours**

**4. Requirements**

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
  2. Emergency medical plan.
  3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
  4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person B completed [REDACTED] 40th scheduled work hour on 07/11/22. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

**POC Submission**

Accept [REDACTED] - 09/12/2022)

On 8/11/2022 the PC administrator did reach out to human resource departmet to inform [REDACTED] on the orientation.

**65b - Rights/Abuse 40 Hours (continued)**

Staff person was not an employee for personal care, he was an employee for the SNF.

Personal Care home administrator will audit every new hire for personal care to ensure that orientation is being completed by administrator or designated staff.

Licensee's Plan Completion Date: 10/15/2022

Not Implemented [REDACTED] - 01/26/2023

**85a - Sanitary Conditions****5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 08/10/22, at 10:19 am, a cloth rag with a brown substance, presumed to be feces, was observed on the floor of the 2nd floor ladies public restroom.

**POC Submission**

Accept [REDACTED] - 09/12/2022)

On 8/10/2022 housekeeping was notified and rag was removed, restroom was cleaned.

Housekeeping will provide additional checks for all restrooms before and after each meal.

Staff will report any issues to housekeeping immediately.

Administrator will do random spots checks throughout the day.

Licensee's Plan Completion Date: 10/10/2022

Implemented [REDACTED] - 01/26/2023

**105g - Lint Removal and Duct Cleaning****6. 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 08/10/22, at 10:52 am, there was an approximate 0.25 inch accumulation of lint in the lint trap of the G.E. Dryer in the 2nd floor laundry room. There was a blue article of clothing, which was still wet, in the dryer at the time.

Repeat Violation: 03/22/22

**POC Submission**

Accept [REDACTED] - 09/12/2022)

Lint was immediately removed from dryer

Administrator did hang a sign in the laundry room for residents to notify staff when they are done completing any laundry so staff can check the dryer for lint.

Staff will check the dryer at the start and end of their shift.

Administrator will complete random spot checks to ensure dryer is free from lint when not in use.

Licensee's Plan Completion Date: 10/15/2022

Implemented [REDACTED] 01/26/2023

185b - Medication Procedures

7. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 06/28/22, the home reported a medication administration error where staff administered a double dose of Morphine Sulfate Tab 15 MG to a resident. The home's investigation included documentation that does not support this claim. Additional information is needed to fully investigate and account for the missing medication.

POC Submission

Accept [redacted] - 09/12/2022)

On 8/12/2022 the administator has opened an investigation and is having having a hard time reaching out to staff that is no longer employed at Manatawny Manor.

The investigation is still on going and will have an outcome in the next 30 days.

Licensee's Plan Completion Date: 10/10/2022

Implemented ([redacted]) - 01/26/2023

187d - Follow Prescriber's Orders

8. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 07/02/22, 15 residents missed a total of 20 medications at 6:00 AM. This error was reported to the Department on 07/03/22 stating the home had planned on having the 7-3 shift administer these medications but encountered a systemic error.

POC Submission

Accept [redacted] - 09/12/2022)

on 7/02/2022 all resident family and PCP wer notified. All residents were monitired for any changes. Pharmacy now send monthly paper MARS for use in the event of any systemic error, power outage or emergencies. Clincal care director will audit monthly mars to ensure they were recieved.

Licensee's Plan Completion Date: 10/15/2022

Not Implemented ([redacted]) - 01/26/2023

191 - Resident Right to Refuse

9. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

POC Submission

Accept [REDACTED] - 09/12/2022)

On 8/12/2022 resident #1 was educated on [REDACTED] right to refuse medications.

on 8/18/2022 all residents were given copies of residents rights, at our resident council meeting.

Administrator will audit all new residents admissions files for 60 days to ensure all new admissions are educated on residents right to refuse medications.

Licensee's Plan Completion Date: 11/10/2022

Not Implemented [REDACTED] - 01/26/2023

224a - Preadmission Screen Form

10. 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 #1 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was not completed.

Resident #2 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was not completed.

POC Submission

Accept [REDACTED] - 09/12/2022)

On 8/25/2022 the clinical care director and administrator auditing all charts for pre screens.

The new clinical service director will now complete the prescreen process.

All new admissions precreens has been verified.

the administrator will monitor the prescreens for 30 days.

Licensee's Plan Completion Date: 10/15/2022

Implemented [REDACTED] 01/26/2023

231c - Preadmission Screening

11. Requirements

2600.

**231c - Preadmission Screening (continued)**

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was not completed.

**POC Submission**

Accept ([REDACTED] - 09/12/2022)

On 8/25/2022 the clinical care director and administrator auditing all charts for pre screens.

The new clinical service director will now complete the prescreen process.

All new admissions prescreens has been verified.

the administrator will monitor the prescreens for 30 days.

Licensee's Plan Completion Date: 10/15/2022

Not Implemented [REDACTED] - 01/26/2023

**234a - Admission Support Plan****12. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was not completed for review on 08/10/22.

**POC Submission**

Accept ([REDACTED] - 09/12/2022)

on 8/25/2022 Clinical care director begin checking all charts in the secured unit for verification of support plan within 72 hours.

Clinical Service Director will ensure all residents who are submitted into the secured unit will have the initial support plan within 72 hours.

Administrator will monitor all new admissions for 30 days to ensure support plans are completed within 72 hours.

Licensee's Plan Completion Date: 10/15/2022

Not Implemented [REDACTED] 01/26/2023

**252 - Record Content****13. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

252 - Record Content *(continued)*

3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident’s physician or source of health care.
7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*Resident #2's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident #3's record does not include a photograph of the resident that is no more than 2 years old.*

**POC Submission**

**Accept (█ - 09/12/2022)**

*On 8/12/2022 resident #2 picture was added to █ chart.*

*Clinical Care Director did an audit of all charts to ensure pictures were included.*

*Administrator has audit every new admission chart to ensure residents pictures are included.*

*Admissions director will audit charts monthly for all new admissions.*

**Licensee's Plan Completion Date: 10/15/2022**

**Implemented (█ - 01/26/2023)**