



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

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

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] **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:** *51* **Waking Staff:** *38*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Incident* **Exit Conference Date:** *10/20/2022*

Inspection Dates and Department Representative

10/05/2022 - On-Site: [REDACTED]
10/05/2022 - Off-Site: [REDACTED]
10/07/2022 - Off-Site: [REDACTED]
10/10/2022 - Off-Site: [REDACTED]
10/12/2022 - Off-Site: [REDACTED]
10/13/2022 - Off-Site: [REDACTED]
10/14/2022 - Off-Site: [REDACTED]
10/20/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124

Resident Served: 38

Secured Dementia Care Unit

In Home: Yes

Area: Horizons

Capacity: 18

Resident Served: 11

Hospice

Current Resident : NM

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 13

Have Physical Disability: 1

Inspections / Reviews

10/05/2022 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/12/2022

11/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 12/15/2022

12/07/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2022

[REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 12/16/2022

01/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/30/22, resident #1 was sent to the hospital due to change in mental status. The home did not report this incident to the Department until 10/3/22. The reportable information is also incomplete.

Plan of Correction

Accept (redacted) - 11/15/2022)

On 10.20.2022 the clinical service director was immediately inserviced on regulation 2600.16 reportable incidents and conditions.

On 10.20.2022 med techs, nurses and care staff were inserviced were in-serviced on the who to notify when a resident is sent out 911.

11.7.2022 Clinical service director was also inserved on how to fill out an completed incident.

Clinical Service Director will immediatley inform the adminstrator when a resident is sent out 911 so the adminstrator can ensure all reportables are completed.

Clinical Service Director will immediatley inform the adminstrator when a resident is sent out 911 so the adminstrator can ensure the all reportable incidents are fully completed.

On 12.01.2022 Administrator will meet with clinical service director to go over all reportables incidents, and retraining if needed.

CSM will keep a log of all residents sent out 911 and date incident was reported to the state.

Licensee's Proposed Overall Completion Date: 01/31/2023

Not Implemented (MS - 02/2/2023)

42x - Safeguard

2. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident’s money and property.

Description of Violation

On 9/22/22, resident #1, reported to the home that (redacted) wallet with important medical cards and a monetary amount of \$60.00, was missing from (redacted) room. Resident #1, kept her belongings in a cedar chest by choice. The home only provides one locked drawer in a shared room. The home failed to provide a system for safeguarding the property of each resident in the home.

Plan of Correction

Accept (redacted) - 11/15/2022)

On 10.20.2022 resident #1 was offered a night stand with a locked drawer, and resident refused to use the locked night stand that Mananatwany provided. Care Plan was updated on the refusal.

CSM and administrator will be checked to ensure all residents have a locked drawer by 12.15.2022.

Marketing Director will provide a check sheet for all new residents to ensure locked drawer with key is provided.

Licensee's Proposed Overall Completion Date: 01/02/2023

42x - Safeguard (continued)

Implemented [redacted] - 01/26/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

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 #2's medical evaluation did not include a general physical examination by a physician, physician's assistant or nurse practitioner that includes height, weight, pulse and temperature.

Plan of Correction

Accept [redacted] - 11/15/2022)

On 11.2.2022 resident annual DME form was completed and general physical examination was completed. Clinical Service Director will audit all charts to ensure DMEs are fully completed by 12.15.2022. CSM will keep an audit sheet for all new DMEs and signed off after DME is fully completed.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [redacted] - 01/26/2023)