

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

April 18, 2024

[REDACTED], PARTNER  
BROADWAY MANOR LLC  
[REDACTED]

RE: BROADWAY MANOR  
560 BROADWAY STREET  
MILTON, PA, 17847  
LICENSE/COC#: 23030

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2023, 01/03/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: BROADWAY MANOR License #: 23030 License Expiration: 10/14/2024  
Address: 560 BROADWAY STREET, MILTON, PA 17847  
County: NORTHUMBERLAND Region: NORTHEAST

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: BROADWAY MANOR LLC  
Address: [Redacted]

**Certificate(s) of Occupancy**

Type: C-1 Date: 02/07/1974 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Complaint Exit Conference Date: 01/03/2024

**Inspection Dates and Department Representative**

12/28/2023 - On-Site: [Redacted]  
01/03/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	49	Residents Served:	44
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	35	Are 60 Years of Age or Older:	32
Diagnosed with Mental Illness:	21	Diagnosed with Intellectual Disability:	9
Have Mobility Need:	4	Have Physical Disability:	1

**Inspections / Reviews**

12/28/2023 Full		
Lead Inspector:	[Redacted]	Follow-Up Type: POC Submission
		Follow-Up Date: 02/03/2024
02/09/2024 - POC Submission		
Submitted By:	[Redacted]	Date Submitted: 02/23/2024
Reviewer:	[Redacted]	Follow-Up Type: POC Submission
		Follow-Up Date: 02/16/2024

Inspections / Reviews *(continued)*

02/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/26/2024

04/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

There were no receipts of transaction for cash disbursements made to Resident # 1 that occurred on [redacted] labeled "PNA", [redacted] labeled "socks", and [redacted]

Plan of Correction

Accept [redacted] - 02/21/2024)

The administrator is responsible for fixing this violation and to monitor the disbursements so it does not happen again. When going through paperwork, I found the paper receipt for the Feb disbursement. The administrator had resident sign for Sept. disbursements and scanned Feb into the computer, 12/29/23. This regulation is to ensure the resident is receiving the disbursement. Going forward the Administrator will ensure all disbursements are signed for at the time of disbursement. If computer is down a paper copy will be signed and then scanned into the computer. The administrator is responsible for getting signatures for each disbursement from the resident at the time of disbursement. The administrator will audit all residents records to ensure ongoing compliance. This will be done monthly 1/5/24.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ([redacted] - 03/15/2024)

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contracts for Resident # 2 and Resident #3 do not list the actual monthly room and board charge. They list the monthly charge as "SSI."

Plan of Correction

Accept ([redacted] - 02/21/2024)

This occured when resident #2 & #3 were admitted on the same day and the Administrator knew they would be SSI but unsure of which rate. The Administrator has done an updated contract with the actual amount of monthly room and board 12/29/23. Both resident's have signed the correction and it is attached. In the future, the actually amount of fee charged will be used in the contract. The administrator is responsible for the contracts to be done complete;y and accurately. The administrator will review all contracts at the time of admission and monthly to ensure they include all information. Attached is a new admission done 2/9/24.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ([redacted] - 03/15/2024)

28f - Resident's Funds and 30-day Refund

3. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident # 4 was discharged from the facility on [REDACTED] The resident was not sent an itemized written account of the amount refunded to the resident.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

The Administrator did have the resident sign a discharge paper with the refund on it, however could not find a copy of it. The administrator is responsible for making sure the resident gets a written itemized account with the refund amount or amount owed. The administrator mailed an itemized account to resident #4, 12/29/23.

This needs to be done so the resident is aware of status of the account and the amount of refund they can expect.

This is the administrators responsibility to make sure the itemized account is given.

Going forward the Administrator will ensure an itemized written account is given to the resident, signed and a copy maintained with the home.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented [REDACTED] - 03/15/2024)

57c 2 Hours/Day

4. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home had a census of 44 residents on [REDACTED] and [REDACTED] including 4 residents with mobility needs.

The home was required to have 48 direct care hours scheduled daily however had 36 direct care hours scheduled on [REDACTED], 37.5 direct care hours scheduled on [REDACTED] and had 40 direct care hours scheduled on [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/09/2024)

This regulation is important to ensure all residents have sufficient care and are able to evacuate in an emergency.

The Administrator has hired another staff to accommodate all residents and regulations. I do not however have any immobile residents, and the 4 residents with mobility needs can evacuate independently as shown on their RASPs.

The administrator is under the understanding that I don't need 2 hours for them. Attached are the staff schedule for 2 weeks.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented [REDACTED] - 03/15/2024)

57d Waking Hours

5. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home had a census of 44 residents, including 4 residents with mobility needs on [REDACTED].

57d Waking Hours (continued)

The home was required to have 36 direct care staffing hours scheduled during waking hours. The home had 28 direct care staffing hours scheduled during waking hours on [REDACTED] 29.5 direct care staffing hours scheduled during waking hours on [REDACTED] and 32 direct care staffing hours scheduled during waking hours on [REDACTED].

Plan of Correction

Accept ( [REDACTED] ) - 02/09/2024)

This violation goes along with 57.c above.

The administrator will continue to check the schedule to ensure there are enough care hours during waking hours. Another staff was added to ensure the weekends are covered.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented ( [REDACTED] ) - 03/15/2024)

85a - Sanitary Conditions

6. Requirements

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

Description of Violation

There was a dried red substance that appeared to be dried blood on the glucometers and lancets of Resident #5, Resident #6, Resident #7 and Resident #8

Plan of Correction

Accept ( [REDACTED] ) - 02/21/2024)

This would help maintain the health and wellness of the resident. All medication staff and administrator are responsible. All glucometers were cleaned and lancets change on 12/29/23 by staff. The Administrator held a training on cleaning the glucometers and changing the lancets after each reading. The Administrator checked all glucometers and readings 1/5/24 and will continue to check the glucometers weekly to ensure compliance is maintained.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( [REDACTED] ) - 03/15/2024)

85d - Trash Receptacles

7. Requirements

2600.  
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can found in the shared bathroom on the top floor was overflowing with paper towels and could not be closed due to amount of trash inside it.

Plan of Correction

Accept ( [REDACTED] ) - 02/21/2024)

Sanitary conditions must be maintained to help ensure health and wellness of residents. Housekeeping staff emptied the trash can on 12/28/23. Housekeeping has been instructed to check and empty trash daily from the bathrooms, including the top floor. The sanitary conditions were reviewed in training along with glucometers above. Housekeeping staff is responsible to check all bathrooms daily and ensure they are cleaned and free from hazards. This has been included in the cleaning schedule. The Administrator will do random checks weekly to ensure this is being maintained 12/29/23

85d - Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/15/2024)

85e - Trash Outside Home

8. 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

The home's dumpster was overflowing with trash bags. There was a trash bag on the ground near the dumpster.

Plan of Correction

Accept ( ) - 02/21/2024)

This occurred due to our pick up days, which are Monday and Thursday. Monday was not picked up due to the holidays, both Christmas and New Years fell on the Monday. The administrator is responsible for contacting the company to get the dumpster emptied so that it is not overflowing. The trash company was contacted to schedule an extra day, however, could not accommodate, so we got a larger dumpster 12/29/23.

The Administrator will keep a check on the dumpster to remain in compliance. If necessary will contact company to try to schedule an extra pickup.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 04/18/2024)

88a - Surfaces

9. 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

There is what appears to be mold accumulated on the ceiling tiles above the oven in the home's kitchen.

Plan of Correction

Accept ( ) - 02/21/2024)

This was not mold, it was dust and dirt. Kitchen & housekeeping are responsible for ensuring the kitchen areas are clean. This was cleaned by kitchen staff 12/29/23. Staff was informed to wipe this area down weekly and to check all areas to ensure cleanliness. This was included with the above training on sanitary conditions. The Administrator will check the areas weekly to ensure this is being done beginning 1/5/24. The administrator has also included a tickler file to be initialed weekly when area is checked.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/15/2024)

97 - Elevators/Lifting Devices

10. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

97 - Elevators/Lifting Devices (continued)

**Description of Violation**

The home's elevator certificate was posted in the elevator however noted an expiration date of 12-31-22. The home did not have any documentation that the elevator was inspected prior to the expiration date of the elevator certificate posted.

**Plan of Correction**

Accept [REDACTED] - 02/09/2024)

This is to ensure safety.

The elevator was inspected 1/11/24, inspection attached. I have not received a new certificate at this time. The inspection is attached.

The Administrator now has the number for the inspector and may contact him to ensure all inspections are done.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 03/15/2024)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

**11. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**Description of Violation**

There was a bath towel on the floor outside of the shower in the 3rd floor bathroom. It was not made of a slip resistant surface.

**Plan of Correction**

Accept [REDACTED] - 02/09/2024)

To ensure the resident does not slip and maintain safe areas. Housekeeping removed the towel 12/28/23.

Housekeeping will check all bathrooms first thing daily to ensure they remain safe and sanitary. The Administrator will make random checks to remain in compliance.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 03/15/2024)

102i - Soap Dispenser

**12. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

There was no soap available in the soap dispenser located in the shared women's restroom in the lower level of the home.

**Plan of Correction**

Accept [REDACTED] - 02/09/2024)

This is also to provide cleanliness and sanitary conditions for the use after using the bathroom. Housekeeping filled the soap dispenser 12/28/23.

This will be checked on a daily basis when housekeeping is checking all bathrooms to ensure they are clean and stocked.

The administrator will do random checks to ensure the bathrooms are stocked.

102i - Soap Dispenser (continued)

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented ( ) - 03/15/2024)

121a - Unobstructed Egress

13. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At time of inspection, there was a green camping chair outside of the door located on the side of the building, blocking egress from this emergency exit.

Plan of Correction

Accept ( ) - 02/21/2024)

To ensure the safety of the residents and to be able to evacuate the home, the emergency exits must be unobstructed. The chair was moved 12/28/23. Staff was instructed the emergency exits must be clear for evacuation. The Administrator will check this daily to maintain safety. The staff will also be responsible for keeping emergency exits clear. 12/29/23.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/15/2024)

125a - Combustible Storage

14. Requirements

2600.

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

Description of Violation

Cardboard boxes and a blanket were discovered in close proximity to the homes water heater, posing a possible fire hazard.

A scarf, a rag and a dryer sheet were found behind the dryer in the home's 2nd floor laundry room.

Plan of Correction

Accept ( ) - 02/21/2024)

To eliminate any possible fire hazards in the home to keep residents safe. Both areas and all flammable materials were removed, 12/28/23. Housekeeping staff was responsible for removing the hazards. Housekeeping Staff was informed regarding the materials and to keep these areas free from possible fire hazards. Laundry staff was instructed to keep all areas around dryers clear of any materials or fire hazards. The Administrator is checking areas daily to ensure there are all clear. A tickler file will be used to ensure it is being checked by staff 01/25/24.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 04/18/2024)

144c1 - Smoking Area Guidelines

15. Requirements

2600.

## 144c1 Smoking Area Guidelines (continued)

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:

**Description of Violation**

*Approximately 10+ cigarette butts were found on the pavement outside the home in the home's designated smoking area.*

*There were 4 cigarette butts on the ground near the green camping chair located on the side of the building. This is not a designated smoking area.*

**Plan of Correction**

Accept [REDACTED] - 02/21/2024)

*The home does have a smoking policy (attached).*

*The smoking area has 3 smoke stacks, resident's have been informed and reminded to use them. A policy was placed on the door to the smoking area also reminding them of this. Housekeeping cleaned up the smoking area.*

*The administrator and housekeeping were responsible for immediate correction, 12/28/23.*

*Housekeeping, cleans the smoking area daily in the morning, housekeeping was reminded to recheck area throughout the day, 12/29/23. The smoking area has been added to the cleaning scheduled, which is signed by housekeeping when done. The administrator is also responsible for checking it throughout the day and informing housekeeping if they need to clean up again.*

*All staff and residents were again informed about designated smoking areas, and that smoking anywhere else is a violation.*

*The administrator will check this daily 12/29/23.*

**Licensee's Proposed Overall Completion Date: 02/13/2024**

Implemented [REDACTED] - 04/18/2024)

## 181c - Self-administration Assessment

**16. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

*Resident # 3 stores an emergency inhaler at their bedside. Resident # 3's Documentation of Medical Evaluation dated 9/5/23 and Resident Assessment Support Plan dated 9/20/23 state the resident cannot self administer medications.*

**Plan of Correction**

Accept [REDACTED] - 02/21/2024)

*This regulation is to ensure the resident is assessed and capable to self administer as noted by the physician. Also, so staff knows what the resident's medication needs are and that they are met.*

*Resident#3 requested to be able to self administer [REDACTED] rescue inhaler and to keep it with [REDACTED]. the physician assistant evaluated [REDACTED] on [REDACTED] and wrote a prescription for resident to do this. The administrator did do an addendum to the RASP, however failed to get the DME updated by PA and update the RASP to show the medication needs.*

*The administrator has done both updates 12/28/23. Going forward the administrator will ensure that this is done when needs change.*

*It is the responsible of the administrator to audit all changes to the RASP and DME, this will be done as needed and reviewed monthly 01/30/24.*

181c - Self-administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 03/15/2024)

185a - Implement Storage Procedures

17. 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

Resident #7 receives blood sugar readings twice daily. On [REDACTED] at [REDACTED] the resident's MAR has blood sugar reading recorded of [REDACTED], but the resident's blood glucose monitor has reading of [REDACTED]. On [REDACTED] at [REDACTED] the resident's MAR has a blood sugar reading recorded of [REDACTED] but the blood glucose monitor has reading of [REDACTED]

Resident # 5 receives blood sugar readings twice daily. On [REDACTED] at [REDACTED] the resident's MAR has a blood sugar reading recorded of [REDACTED], but the resident's blood glucose monitor has a reading of [REDACTED].

Resident #9 has a prescription order for PRN [REDACTED] tablets. The prescription was not available in the home at the time of inspection.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

The regulation is to have procedures for the safe storage, access, distribution and use of medications and medical equipment by trained staff.

Some resident's were doing their own blood sugars, staff should have been monitoring them and then checking meters for proper readings. Staff was retrained on supervision, assistance and meters. The administrator checked all meters and readings for the month 12/28/23. The administrator is responsible to audit the meters to ensure they are being taken and recorded properly by staff, staff is responsible for taking BS and recording properly. 12/28/23.

Resident#9 [REDACTED] was reorder 12/24/23, however it needed a new script and the PCP was out of town. The administrator was not notified by staff that this occurred. [REDACTED] was reorder 12/28/23. Staff was retrained on when to reorder medications and to inform administrator immediately if there any issues with the order. Staff checks all medications when they come into the home. They will also notify the Administrator of any medications not available, including PRNs. The Administrator will audit all PRNs monthly to ensure we have all ordered medication, 12/28/23.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 03/15/2024)

187d - Follow Prescriber's Orders

18. Requirements

2600.

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

Description of Violation

Resident #5 has blood sugar readings twice daily. On the following dates and times, there were readings documented on the Medication Administration Record that did not appear in the resident's blood glucose monitor:

187d - Follow Prescriber's Orders (continued)

12/20/23 - [REDACTED]  
12/24/23 - [REDACTED]  
12/26/23 - [REDACTED]

Resident # 6 has blood sugar readings twice daily. On the following dates and times, there were readings documented on the Medication Administration Record that did not appear in the resident's blood glucose monitor:

12/16/23 - [REDACTED]  
12/21/23 - [REDACTED]  
12/22/23 - [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 02/21/2024)

The home shall follow prescriber's directions.

The staff has been retrained in supervising and assisting in doing blood sugars and recording them properly following the directions of the PCP.

And to inform the administrator of any discrepancies. 12/28/23.

The medication staff is responsible for ensure the BS are taken and recorded properly and that all orders are followed.

The administrator is doing weekly audits of the glucometers and MAR to ensure these issues are corrected, 01/25/24.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 04/18/2024)

227d - Support Plan Medical/Dental

19. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #2's Resident Assessment and Support Plan dated [REDACTED] identifies needs regarding Supervision, Mobility, and medication self-administration. There is no description of the personal care service needs or the home's plan to meet the identified need described on the Resident Assessment and Support Plan.

**Plan of Correction**

Accept [REDACTED] - 02/21/2024)

To ensure the resident's needs are taken care of a RASP needs to include how we will meet the needs of the resident. The administrator is responsible for the RASPs.

The administrator has updated resident #2 RASP [REDACTED] to include the plan to meet the needs of the resident.

The administrator will review all forms within a week of being done and then audit all resident's forms quarterly to ensure all forms are completed in their entirety, 1/5/24.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [REDACTED] - 03/15/2024)