



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 18, 2024

[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 January 3, 2024 and February 22, 2024 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 REVOKES your certificate of compliance 148510 dated December 14, 2023 to December 14, 2024 and 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. The license dated December 14, 2023 to December 14, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from June 18, 2024 to December 18, 2024.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
42b	2	54	\$5	\$270	5 calendar days from mailing date of this letter
187b	3	54	\$3	\$162	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

[REDACTED]

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.

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: 717-265-8942

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]

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: *12/14/2024*
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]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/15/1989* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

01/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* Residents Served: *66*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *24* Residents Served: *19*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

01/03/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/12/2024*

02/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/13/2024

02/14/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/18/2024

05/14/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED]-23, at 6:00 pm, staff person A was verbally notified by staff person B and C, the contractual dining staff, that resident #1 demonstrated exit seeking behaviors by pushing the panic bar on the door. The panic bar on the door releases the lock when pressed for a consecutive 30 seconds. Staff person A, B, and C were unaware of the how the door mechanisms operated. Staff person A heard the alarm and told staff person B and C, "It's ok, I gave [REDACTED] something." Staff person A had administered resident #1 prescribed Ativan to control exit-seeking behaviors.

Staff person A stated that [REDACTED] did not feel the need to redirect the resident's location away from the door as the memory care unit was secured. Staff person A was unaware of the operation of the delayed release door mechanism. Staff persons A, B, and C were not trained on the elopement policies and procedures. The home has not actively practiced the elopement drills as per the training calendar.

Resident #1 was able to elope from the home to a nearby restaurant, approximately 0.2 miles away. [REDACTED] was not wearing a coat. The temperature outdoors was between 37 and 41 degrees Fahrenheit. Resident #1 was found by local law enforcement at the restaurant on the main Highway 724, a narrow two lane undivided highway. It does not have sidewalks or guard rails for pedestrian protection and has limited lighting. The speed limit on the road is 55 mph. Resident #1 was returned to the home without injury.

Staff person A did not assess the resident's vital signs as per the elopement policy upon return to the home. The elopement policy states that a resident shall have a physical check and vital signs taken which ensures the resident well being upon return to the community. Staff person A, with a date of hire [REDACTED]-23, had not be trained in any of the procedures involving secured doors and elopement drills within the two weeks of working in the home.

Repeat Violation-7-10-23

Plan of Correction

Accept ([REDACTED] - 02/14/2024)

On [REDACTED]/2023 Staff person A was immediately sent home for giving resident a prn of Ativan for [REDACTED] seeking and followed up with termination.

On 12/26/2023 & 12/27/2023 all staff were in serviced on the operation the egress doors by clinical service director (Deb C)

On 12/28/23 Administrator conducted a in-service for all staff on the elopement policy.

The administrator or clinical service director, will ensure all new staff will be in serviced on the egress doors and elopement policy before training is complete, we have had 4 new hires and all were in serviced on the egress doors and elements policy.

On 12/27/23 staff were in serviced on residents that are anxious/ exit seeking.

Starting 2/21/24 the clinical service director will conduct dementia trainings on exit seeking and redirecting, monthly for the next 3 months.

Starting 2/21/24 the clinical service director will conduct 3 monthly in - services on chemical restraints for the next 3 months.

Starting 3/2024 all new med techs/ nurses will be in in-serviced on chemical restraints by clinical service director.

The administator has obtained the elopement procedures, however there is no written procedures on elopement

42b - Abuse (continued)

drills. The administrator is in the process of updating the elopment policy to include elopement drills, to be completed three times yearly. This policy should be updated by 3/15/2024.

Repeated Violation: 7/10/23

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

65a - FS Orientation 1st Day**2. 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:

Description of Violation

Agency staff person D and E , whose first day of work was [REDACTED]-23, 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
- 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
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

Plan of Correction

Accept [REDACTED] - 02/14/2024)

On 2/5/2024 administrator met with human resources to discuss orientation for agency staff.

By 2/9/2024 the human resource director will create a binder for all agency staff

to include the following:

Abuse, Neglect, Exploitation, and misappropriation of Property

Active Shooter Preparedness

ADL's

Covid 19

Cultural Diversity & Sensitivity

Dementia

Emergency Preparedness, fire Safety, Hazard Communication

HIPPA Privacy & Security

Incontinence, Skin Care & Catheters

Infection Prevention & Control

Nutrition, Hydration, & Oral Care

65a - FS Orientation 1st Day (continued)

Pain Management

Resident Abuse

Residents Rights

Wounds: Prevention and Treatment

Starting 2/10/2024 the administrator or clinical service director, will provide the orientation before the scheduled shift or immediately at the start of the scheduled shift.

The Binder will be kept in the clinical service director's office and copies will be provided to human resource director.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (████ - 05/14/2024)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Ativan every 3 hours as needed for anxiety. However, resident's #1's medication administration record does not include the initials of staff person A, who administered this medication on █████-23 at approximately 6:00pm

Repeated Violation: 10/2/2023

Plan of Correction

Accept (████ - 02/14/2024)

On 1/5/2024 Clinical Service Director, went through all med carts to conduct an audit on all medication administration records to ensure all medications were administered correctly and signed out. CSD, found no other errors on the medication administration records.

Starting 1/15/2024 monthly medication cart audits, which was previously completed by med techs, will now be completed by LPNs on the first shift and third shift to ensure audits are being completed correctly. These audits will be on going until further notice.

Clinical Service Director will sign off on all medication cart audits.

On 12/29/2023 staff A was terminated by human resource director, administrator and clinical service director.

Proposed Overall Completion Date: 03/01/2024

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (████ - 05/14/2024)

188b - Medication Error Reporting

4. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b - Medication Error Reporting (continued)

Description of Violation

Resident #1 is prescribed Ativan Oral Tablet 1mg every three hours as needed for anxiety. On 12/16/23 at approximately 6pm, the resident was administered this medication topically. This medication error was not reported to the resident, the resident's designated person, or the prescriber.

Plan of Correction

Accepted [redacted] - 02/14/2024)

On 2/7/2024 the clinical service director did notify family and PCP of the medication error. Monthly audits were being completed monthly by the med techs and Pharmacy, and this error was not founded. Starting 2/15/2024 all medication cart audits will be completed monthly by our LPN's until further notice. The clinical service director will now go through the medication cart audits for accuracy, and signed off when completed.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 05/14/2024)

202 - Prohibitions

5. Requirements

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #1 is prescribed Ativan for anxiety. On [redacted]/23 at approximately 6pm, resident #1 demonstrated exit seeking behaviors. Staff person A administered this medication to control the exit seeking behavior. The staff person did not employ safe management techniques prior to the administration of medication.

Plan of Correction

Accepted [redacted] - 02/14/2024)

On 12/28/2023 clinical service director completed a training on residents with anxiety and exit seeking for all staff. On 2/5/2024 clinical service directors completed a in service on chemical restraints for all med techs and nurses. Starting 3/2024 clinical service director will conduct 3 monthly in services on redirecting, exit seeking, and safe management techniques. Starting 3/2024 clinical service director will conduct 3 monthly in services on chemical restraints. Clinical service director will monitor the narc count sheet 5 days a week for 30 days to check all prn narcotics to ensure none was giving as a chemical restraint.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Not Implemented [redacted] - 05/01/2024)

234d - Support Plan Revision

6. Requirements

234d - Support Plan Revision (continued)

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on [REDACTED] 23; however, the support plan was not updated to reflect the elopement on [REDACTED]-23.

Plan of Correction

Accept [REDACTED] - 02/08/2024)

On [REDACTED] 3 clinical service director updated the addendum to meet residents needs.

Beginning 2/1/2024 administrator and clinical service director will meet weekly for 30 days to discuss residents needs and ensure all support plans are updated occordinaly.

As of 2/09/2024 all residents charts was checked and support plans and addendums were up to date with residents care.

All support plans will continue to be revised annually or any change of condition per regulation 2600. 234.d

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [REDACTED] - 05/14/2024)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Withdrawn [REDACTED] - 05/14/2024)

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: *12/14/2024*
Address: *30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: 4 [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MANATAWNY AL OPERATING COMPANY LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/08/2024*

Inspection Dates and Department Representative

02/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *24* Residents Served: *19*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

02/22/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2024*

Inspections / Reviews *(continued)*

03/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/24/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2024

05/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/19/2024
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

05/15/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 05/02/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] 024 when staff were conducting rounds, at approximately 10:45PM, resident #1 was found lying in bed naked. Resident #2 was observed, in resident #1's room, standing near the bed with their pants down below their groin area. Resident #1 was asked during an interview if anyone had touched [REDACTED] genital area and resident #1 replied "I didn't like it but it didn't last long. A nursing evaluation found resident #1 was wet with moisture and there was a scent. According to multiple staff interviews Resident #1 has very limited mobility and is unable to remove all of [REDACTED] clothes and place them in a pile, where resident #1's clothing and brief were found. The resident's assessment and support plan dated [REDACTED]/2023 indicated the resident requires assistance with personal hygiene and dressing. The police and EMS were called, and the resident was taken to the hospital to be evaluated for sexual assault and kept overnight for observation. A Forensic Nurse completed a forensic exam on the resident.

Prior to the alleged sexual assault, Resident #1 was also found naked in bed on [REDACTED]/2024 and when interviewed didn't know what happened and replied, "I don't know, I did not do this to myself." On [REDACTED] 2024, resident #1 fell when resident #2 was trying to transfer resident to a wheelchair when resident #1 fell to the floor. The home did not take any steps to keep resident #1 safe from resident #2.

Repeated Violation 7/10/2023

Plan of Correction

Accept [REDACTED] - 04/23/2024)

On 3/12/2024 all staff were inserved that the well need to notify the administrator on all falls along with any other incidents that occur in the home.

On 3/13/2024 all med techs and nurses were also inserved on documenting on the 24 hour report, if anything documented in a residents chart for the administrator review.

On 3/15/2024 the administrator and clinical service director held a meeting on the alleged abuse with staff, and answered any questions and concerns. When to report and who to report it to.

Effective immediately the administrator will now review the incident report along with the resident service director to ensure that the proper safety precautions is put into place to keep residents safe.

Starting 4/1/2024 the administrator and resident service director will hold weekly meetings to discuss falls and other incidents.

Resident #1 has been removed from the room with resident #2 immediately upon her return from the hospital.

Resident #2 has been placed on 30 minutes checks the day of the incident and will remain on 30 minutes checks until all test have came back from the hospital and police department.

There has not been any other concerns with resident #2.

Resident number #1 and #2 will continue to be separated until further notice.

As of today we have not recieved any communication on the results of the exam preformed on resident #1.

The Gaurdian for both resident #1 and resident#2 will also keep the home up to date on communications from the hospital, courts and police department.

Starting April 2024, Administrator will hold monthly meetings on how to identify signs and symptoms of abuse, and discussions, will be discussed with the monthly staff meetings will be ongoing for for 3 months.

The training will discuss...

42b - Abuse (continued)

Types of sexual abuse

Rape, attempted rape or sexual assault

Inappropriate touch anywhere

Non- consensual masturbation of either or both persons

Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth

Any sexual activity that the person lacks the capacity to consent to

Inappropriate looking, sexual teasing or innuendo or sexual harassment

Sexual photography or forced use of pornography or witnessing of sexual acts

Indecent exposure

Signs and Indicators

Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck

Torn, stained or bloody underclothing

Bleeding, pain or itching in the genital area

Unusual difficulty in walking or sitting

Foreign bodies in genital or rectal openings

Infections, unexplained genital discharge, or sexually transmitted diseases

Pregnancy in a woman who is unable to consent to sexual intercourse

The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude

Incontinence not related to any medical diagnosis

Self-harming

Poor concentration, withdrawal, sleep disturbance

Excessive fear/apprehension of, or withdrawal from, relationships

Fear of receiving help with personal care

Reluctance to be alone with a particular person

Licensee's Proposed Overall Completion Date: 06/30/2024

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

227d - Support Plan Medical/Dental (continued)

[Redacted content]

[Redacted content]

Withdrawn [Redacted] - 05/15/2024

252 - Record Content

3. 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.
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.

252 - Record Content *(continued)*

- 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 1 and 2 records do not include a record of incident reports for the individual resident.

Plan of Correction

Accept [REDACTED] - 03/25/2024)

On 3/12/2024 the resident service director preform a audit on the repertable incident binder and charts of all residents that had a reportable incident this year to ensure that a copy of the incident report was put into the file. Starting 4/1/2024 the resident service director and administrator with conduct weekely meetings to go over, falls and all reportable incidents to ensure the incident reports and residents charts have the incident report. On 3/12/24 all staff were in serviced on notifying the administrator along with the resident service director, on any falls or incidents.

Licensee's Proposed Overall Completion Date: 05/30/2024

Not Implemented [REDACTED] - 05/15/2024)

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

May 15, 2024

[REDACTED]
MANATAWNY AL OPERATING COMPANY LLC
[REDACTED]

RE: THE RESIDENCES AT MANATAWNY
VILLAGE
30 OLD SCHUYKILL ROAD
POTTSTOWN, PA, 19465
LICENSE/COC#: 14851

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/24/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE RESIDENCES AT MANATAWNY VILLAGE License #: 14851 License Expiration: 12/14/2024
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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 04/24/2024

Inspection Dates and Department Representative

04/24/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124 Residents Served: 54

Secured Dementia Care Unit

In Home: Yes Area: Horizons Capacity: 24 Residents Served: 19

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 21 Have Physical Disability: 1

Inspections / Reviews

04/24/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: Not Required

NO DEFICIENCIES FOUND