



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
January 14, 2025

[REDACTED]  
Owner/Administrator  
Sydlynn Inc  
[REDACTED]  
[REDACTED]

RE: Paradise Manor  
206 East Lincoln Avenue  
Hatfield, Pennsylvania 19440  
License #: 14446

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 19, 2024 and January 14, 2025 of the above facility, we have determined that your submitted plan of correction for the December 5, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *PARADISE MANOR* License #: *14446* License Expiration: *05/19/2025*  
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: [REDACTED]  
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: *19* Waking Staff: *14*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Fine* Exit Conference Date: *12/05/2024*

**Inspection Dates and Department Representative**

*12/05/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *37* Residents Served: *19*

**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: *18*  
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**12/05/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2024*

Inspections / Reviews (*continued*)

12/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/09/2025

01/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

## 187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*Resident #1 is prescribed Divalproex Sodium 250mg, one tab twice a day. This medication was administered on 12/03/24, 12/04/24 at 8pm and 12/04/24, 12/05/24 at 8am; however, this medication is not listed on resident #1's 12/2024 medication administration record.*

*Resident #1 is prescribed Mirtazapine 15mg, one tab daily. This medication was administered on 12/04/24, 12/05/24 at 8am; however, this medication is not listed on resident #1's 12/2024 medication administration record.*

*Resident #2 is prescribed Metoprolol ER 25mg, take one tablet daily morning. However, resident's #2 12/2024 medication administration record does not indicate the correct medication dosage. The 12/2024 medication administration record reads - Metoprolol ER 50mg, take one tablet daily morning.*

*Resident #3 is prescribed Tamsulosin cap .4mg, take one cap at bedtime. However, resident #3's 12/2024 medication administration record does not indicate the correct time for the medication administration. The 12/2024 medication administration record has Tamsulosin cap .4mg with administration time of 8:00 AM.*

*on 3/7/24, Resident #4 was prescribed Lidocaine Patch 5%, apply one patch over 12 hours daily and remove and discard within 12 hours or as ordered by MD. This medication is not listed on resident #4's 12/2024 medication administration record.*

*Repeat Violation: 1/18/24, 05/07/24, and 07/02/24.*

**Plan of Correction**

Accept ( ) - 12/19/2024

*Resident 1 medications were added to the MAR. Resident 2 the community confirmed correct dosage and added to the MAR. Resident 3 pharmacy corrected the timing of the order. Resident 4 was refusing lidocaine patch, so doctor changed to as needed.*

*Immediate: (12/5/24) Med Techs were immediately told by Administrator to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.*

*Training: (12/12/24) Med Techs were trained by a hired Pharmacy Consultant to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.*

*How trained: Inservice by Pharmacy Consultant using Regulatory Compliance Guide*

*Responsible Staff: Med Techs*

187a - Medication Record (continued)

On-Going: (12/12/24) Pharmacy Consultant will do bi-weekly checks of the MAR's to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. Pharmacy Consultant will use a checklist for the audit.

Licensee's Proposed Overall Completion Date: 12/18/2024

Not Implemented - (████) 1/14/25)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Aspercreme 4%, apply to affected area three times daily. However, resident #1 was not administered this medication on 12/03/24 at 8pm, 12/04/24 at 8am, 12pm and 8pm.

Resident #1 is prescribed Lotrimin 2%, apply to toenails daily. However, resident #1 was not administered this medication on 12/04/24.

Resident #1 is prescribed Fluphenazine tab 5mg, take one tablet by mouth twice daily scheduled for 8am and 8pm. However, resident #1 was not administered this medication on 12/04/24 at 8pm.

Resident #3 is prescribed Tamsulosin cap .4mg, take 1 cap at bedtime. However, resident #3 was administered Tamsulosin cap .4mg on 12/01/24 through 12/05/24 at 8am.

Resident #4 is prescribed Lidocaine Patch 5%, apply one patch over 12 hours daily and remove and discard within 12 hours. However, resident #4 was not administered this medication from 12/1/24 through 12/4/24.

Repeat Violation: 01/18/24, 05/07/24 and 07/02/24.

Plan of Correction

Accept (████) - 12/19/2024)

Resident 1 medications were added to the MAR. Resident 2 the community confirmed correct dosage and added to the MAR. Resident 3 pharmacy corrected the timing of the order. Resident 4 was refusing lidocaine patch, so doctor changed to as needed.

Immediate: (12/5/24) Administrator verbally spoke with all med techs regarding following directions of the prescriber and paying close attention.

Training: (12/12/24) Med Techs were trained by a hired Pharmacy Consultant to follow the directions of the prescriber and pay close attention to detail.

How trained: Inservice by Pharmacy Consultant using Regulatory Compliance Guide

Responsible Staff: Med Techs

On-Going: (12/12/24) Pharmacy consultant will audit the resident charts bi-weekly to ensure proper documentation and to ensure staff is following the directions of the prescribing physicians to prevent recurrence using a checklist.

187d - Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 12/18/2024

Not Implemented - ( [REDACTED] 1/14/25)