



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

E-mailed on: 4/8/25

[REDACTED], Owner
Ark Manor LLC
105 Sandra Drive
Delmont, PA 15626

RE: Ark Manor
License/COC #: 44686

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 12/05/2024 et al. of the above facility, we have determined that your submitted plan of correction 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: *ARK MANOR* License #: *44686* License Expiration: *01/26/2025*
Address: *105 SANDRA DRIVE, DELMONT, PA 15626*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ARK MANOR LLC*
Address: *105 SANDRA DRIVE, DELMONT, PA, 15626*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/2006* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *12/09/2024*

Inspection Dates and Department Representative

12/05/2024 - On-Site: [REDACTED]
12/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *39*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

12/05/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2024*

01/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/31/2025

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2025

01/15/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/31/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/30/2025

03/21/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/31/2025

Reviewer: [REDACTED] Follow-Up Type: Enforcement

83a - Indoor Temperature

1. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

At approximately 2:30 p.m., the hallway immediately outside of resident room #409 had a temperature of 66 degrees Fahrenheit.

At approximately 2:32 p.m., the hallway immediately outside of resident room #402 had a temperature of 67 degrees Fahrenheit.

At approximately 5:51 p.m. the hallway immediately outside of resident room #409, had a temperature of 64 degrees Fahrenheit.

At approximately 2:50 p.m., occupied resident room #411 had a temperature of 67 degrees Fahrenheit.

At approximately 5:51 p.m., resident room #409 had a temperature of 63 degrees Fahrenheit.

At approximately 3:00 p.m. resident #1's room had a temperature of 48 degrees Fahrenheit.

Plan of Correction

Accept (█ - 01/15/2025)

All staff will be retrained on 2600.83.a no later than 01/30/2025

Prior to inspector being on site, HVAC professional, █ contacted for service and scheduled to maintenance and repair boiler. All necessary repairs made to the facility's boiler on 12/05/2024. Upon repairs on 12/5/2024, the temp was monitored throughout the home confirming that all areas of the home was <70 degrees including the hallway outside room 409, hallway outside 402, room 411, room 409 and resident #1 room. The facility disputes this because this was an emergency because 1 of the 2 boilers down. Staff ensured with monitoring that all residents were safe and warm. additionally dispute resident #1's reading of 48 degrees due to the fact the inspector obtained reading against exterior window and did not accurately reflect temp in the bedroom.

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented (█ - 03/21/2025)

84 - Heat Sources

2. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At approximately 2:40 p.m., the gray metallic Utilitech space heater located directly across the hall from resident room #306 had a surface temperature of 128 degrees Fahrenheit. The space heater's surface was accessible to residents.

Plan of Correction

Accept (█ - 01/06/2025)

All space heaters were unplugged and removed from common areas when inspector was on site.

Administrator was reeducated on 2600.84 by inspector while on site 12/5/24.

84 - Heat Sources (continued)

Portable space heaters were removed from the premises 12/6/2024 facility disputes due to being a heat emergency - facility full heat was restored 12/5/24 and facility temps remain appropriate.

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented (█) - 03/21/2025)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 2:56 p.m., that were multiple wads of toilet paper covered in dried feces laying on the floor of the private bathroom located in resident #1's private resident room.

At approximately 2:58 p.m., there was a partially eaten bagel, and multiple wads of toilet paper covered in dried feces on the lid of the of the commode tank in private bathroom located in resident #1's resident room.

Plan of Correction

Accept (█) - 01/06/2025)

On 12/5/24, while inspector was on site, housekeeper tended to the bathroom and bedroom of resident number 1.

Staff will be reeducated on 2600.85.a on 1/3/25 by administrator.

Beginning 1/6/25, scheduled med tech will do routine walk throughs of the facility minimally of each shift to ensure sanitary conditions are being maintained. Administrator will do checks minimally of 3 times per week to ensure compliance. Documentation of checks will be kept x 4 weeks.

Licensee's Proposed Overall Completion Date: 12/27/2024

88a - Surfaces**4. 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 was a section of drywall approximately 16 x 40 inches in size missing from the left corner of resident #1's resident room.

Plan of Correction

Accept (█) - 01/06/2025)

Staff will be reeducated on 2600.88.on 01/03/24 by administrator.

Necessary repairs to the left corner of resident #1's bedroom to be complete by 1/6/25.

Designated staff member will do routine walk throughs of the facility in entirety to ensure floors, walls. ceilings, windows, doors and other surfaces are clean and in good repair and free of hazard. Any areas of concern will be maintenanced promptly. Documentation of checks will be kept x 4 weeks.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 12/27/2024

107b - Emergency Procedures

5. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

Description of Violation

The home's written emergency procedures do not include a plan for addressing a utility outage in a manner commensurate with regulatory guidelines.

Plan of Correction

Accept (█) - 01/15/2025

Appropriate staff will be retrained on 2600.107.b no later than 01/30/2025

The administrator will produce a procedure to include a plan for addressing a utility outage in a manner commensurate with reg guidelines. Procedure will be completed no later than 01/30/2025.

Within 30 days of the accepted plan of correction, administrator will review the homes written emergency procedures to ensure all areas, including utility outage, is addressed.

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented (█) - 03/21/2025

127a - Portable Space Heaters

6. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

At approximately 2:30 p.m., there was an operational black Polonius space heater approximately 12 x 12 inches in size located immediately across the hall from resident room #410.

At approximately 2:35 p.m., there was an operational gray metallic Utilitech space heater in contact with the hallway's carpeted floor and directly across the hall from resident room #102.

At approximately 2:35 p.m., there was an operational black Pro Fusion space heater positioned on the carpeted hallway directly next to resident room #107.

At approximately 2:35 p.m., there was an operational gray metallic Utilitech space heater approximately 12 x 20 inches in size positioned on an end table in the hallway directly across resident room #304.

Plan of Correction

Accept (█) - 01/06/2025

All space heaters were unplugged and removed from common areas when inspector was on site on 12/5/24.

Administrator was reeducated on 2600.84 by inspector while on site on 12/5/24.

Portable space heaters were removed from the premises 12/6/2024 by administrator.

127a - Portable Space Heaters (continued)

Facility disputes this as space heaters were used in an emergency situation to ensure safety and comfort of all residents within the home.

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented ([REDACTED] - 03/21/2025)