

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

February 27, 2025

[REDACTED], ADMINISTRATOR/OWNER
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 12/17/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROADWAY MANOR* License #: *23030* License Expiration: *03/02/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *12/17/2024*

Inspection Dates and Department Representative

12/17/2024 - 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: *41* Are 60 Years of Age or Older: *35*
 Diagnosed with Mental Illness: *40* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/17/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2025*

02/27/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/27/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

02/27/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], Resident #1 reported to staff [REDACTED] hit Resident #2. Resident #1 stated that Resident #2 was threatening [REDACTED]. Staff interviews indicate Resident #2 has a tendency to control and instigate confrontation with other residents. Neither resident was injured in the altercation, but both residents displayed a lack of dignity and respect for each other, violating the other's rights.

On [REDACTED], approximately [REDACTED], Resident #3 reported to staff that Resident #4 grabbed Resident #3 by the arm and smacked Resident #3 in the face. Resident #3 indicated there were no injuries but felt Resident #4 was disrespectful.

Resident interviews indicated that Staff member "A" enforced bedtime curfew onto the residents during the overnight shift. The staff member used their own discretion as the home doesn't have a bedtime curfew. This caused many residents to feel disrespected that their choice to stay awake was taken away as the residents didn't want to go to sleep at staff member "A's" discretion.

Repeat Violation-3-20-24

Plan of Correction

Accept [REDACTED] - 01/13/2025)

This violation happened as a result of Residents and staff were not treating each other with Dignity and respect. The Residents involed in the reportable incidents on [REDACTED] were spoken to on [REDACTED] reminding them of treating each other appropiatley an we keep our hand to ourselves inform a staff member of any problems before the situation excalates. The next incident that happened on [REDACTED] those residents were spoken to on [REDACTED] about how wer treat each other.

The incident that happened with staff person A enforcing bedtimes was in-serviced on 12-18. (copy attached)

All reportable were turned into appropriate agencies on time.

Ongoing:

To ensure ongoing compliance with Regulation 2600.42c the Executive Director or a designated Manager will in-service the residents on Resident Rights during the resident council meeting on January 16th The Executive Director or

Designated Manager will specifically be asking Residents. if they feel they are being treated with dignity and respect. Upon new admission, the Executive Director or Designated Manager notifies the new resident/family of their rights and obtains a signed acknowledgement. All new hires are trained in Resident Rights and Older Adult Protective Services Act then annually by the Executive Director or outside Agency as per Regulations.

All staff in-serviced on 1-9-25 on Resident Rights and Home Rules (copy attached).

The Home will continue to monitor for any issues and will report to agencies in a timely manor.

This violation will be discussed at the Quality Assurance meeting.

Administrator to monitor and ensure ongoing compliance.

42c - Treatment of Residents (continued)

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented (█) - 02/27/2025)

85d - Trash Receptacles

2. 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 in the 1st floor Women's common bathroom across from Resident Room #16 does not have a lid.

Plan of Correction

Accept (█) - 01/13/2025)

The Trash can in the 1st floor womens common bathroom across from Resident room #16 did not have a lid. A lid was placed on day of inspection by the Maintainance Director. (photos attached) This regulation is very important to prevent the penetration of insects and rodents .

The Director of Operations/Designee to ensure ongoing compliance by ensuring there are lids on all trash cans in the Kitchen and bathrooms. To ensure ongoing compliance audits will be done daily for 2 weeks, once a week for two weeks,weekly for two weeks, by the Director of operations/Designee. Copies of audits are attached and will be kept in the Administrators office. All staff were inserviced on this regulation on 1-9-25 (copy attached). Administrator to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented (█) - 02/27/2025)

87 - Lighting

3. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The 2 ceiling lights in the home's 2nd floor main emergency stairwell have faulty bulbs and do not fully illuminate.

Plan of Correction

Accept (█) - 01/13/2025)

The Ceiling lights in the homes 2nd floor main emergency stairwell had faulty bulbs and do not fully illuminate. The both bulbs were replace the day of inspection by the Maintainance Director. (photos attached) This regulation is very important to ensure the saftey of the Residents/ staff in the facility. The Director of Operations/Designee to ensure ongoing compliance by ensuring there is working lighting to ensure that residents, including those with vision impairments can safely move through the home and safely evacuate. To ensure ongoing compliance audits will be done daily for 2 weeks, once a week for two weeks,weekly for two weeks, by the Director of operations/Designee. Copies of audits are attached and will be kept in the Administrators office. All staff were inserviced on this regulation on 1-9-25 (copy attached). Administrator to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

87 - Lighting (continued)

Implemented () - 02/27/2025)

101r - Bedroom - shades/drapes/window covering

4. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The common bathroom on the 2nd floor, there is no window covering in the bathroom. The window looks out over a roof and toward other houses and buildings. This allows no privacy in the bathroom.

Plan of Correction

Accept () - 01/13/2025)

Regulation 101r is important to ensure privacy in the bathroom. The bathroom on the 4th floor did not have a curtain or shade. A blind was put on the window on 12-20-24. (pictures attached) Director Of Operations/Designee to ensure ongoing compliance by ensuring there are drapes, shades, curtains,blinds or shutters on all bedrooms and bathrooms.To ensure ongoing compliance audits will be done daily for 2 weeks, once a week for two weeks,weekly for two weeks, by the Director of operations/Designee. Copies of audits are attached and will be kept in the Administrators office. All staff were inserviced on this regulation on 1-9-25 (copy attached). Administrator to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented () - 02/27/2025)

125a - Combustible Storage

5. Requirements

2600.

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

Description of Violation

A piece of paper towel was noted in the home's laundry room behind the clothes dryer.

Repeat Violation-12-28-23, et al.

Plan of Correction

Accept () - 01/13/2025)

A piece of paper towel was found in the homes laundry room along side of the clothes dryer next to the garbage can. Te paper towel was removed at the time of the inspection. The garbarge can was moved to the other side of the room.

This regulation is important to ensure safety. Director Of Operations/Designee to ensure ongoing compliance by ensuring there is nothing combustibile anywhere around the dryer. To ensure ongoing compliance audits will be done daily for 2 weeks, once a week for two weeks,weekly for two weeks, by the Director of operations/Designee. Copies of audits are attached and will be kept in the Administrators office. All staff were inserviced on this regulation on 1-9-25 (copy attached). Administrator to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented () - 02/27/2025)