



# Pennsylvania Department of Human Services

Sent via e-mail [REDACTED]  
May 22, 2025

[REDACTED]  
PCHA, Vice President  
Wilsmar Family, LLC  
[REDACTED]  
[REDACTED]

RE: Paradise Manor  
206 East Lincoln Avenue  
Hatfield, Pennsylvania 19440  
License #: 15282

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on March 25, 2025 of the above facility, we have determined that your submitted plan of correction for the January 15 and February 11, 2025 inspection is not 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**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *22* Waking Staff: *17*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Provisional, Monitoring* Exit Conference Date: *02/11/2025*

**Inspection Dates and Department Representative**

01/15/2025 - On-Site: [REDACTED]  
02/11/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *37* Residents Served: *22*

**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: *21*  
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**01/15/2025 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/02/2025*

Inspections / Reviews (*continued*)

## 03/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/28/2025

## 03/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/04/2025

## 05/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 02/11/2025 around 09:30 AM, resident #1 stated that the resident had an argument with staff A a couple of days before, which escalated to resident A physically pushing staff A out of the room. The home did not report this incident to the Department.

Plan of Correction

Directed (█ - 03/25/2025)

Resident #1 incident report was sent to the department on 2/14/25

Immediate: (2/14/25) Administrator sent the incident report late.

Training: (2/14/25) Administrator trained █ to read the Regulatory Compliance Guide section on incident reporting.

How trained: Administrator read Regulatory Compliance Guide on incident reports.

Responsible Staff: Administrator

On-going: (2/14/25) Administrator will send in a state reportable for all necessary incidents in a timely fashion.

Update: (3/24/25) Home will measure ongoing compliance by reviewing incident reports upon completion to determine if they are a reportable incident.

Proposed Overall Completion Date: 03/24/2025

Directed Plan of Correction:

Immediately, the administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Documentation of reviews shall be kept.

Directed Completion Date: 03/28/2025

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2's bed is equipped with a bedside mobility device with an opening measuring 12 inches by 5 inches between the top and the middle of the enabler, which is not covered.

Plan of Correction

Accept (█ - 03/25/2025)

Resident 2's █ ordered a cover for opening of bedside mobility device on 1/15/25.

Immediate: (1/17/25) Cover was applied to opening of bedside mobility device.

Training: (2/25/25) The Administrator trained all staff to notify management of any bedside devices or any devices that may be hazardous.

How trained: Inservice by Administrator

Responsible Staff: All staff

**81b - Resident Personal Equipment (continued)**

*On-going: (2/25/25) Resident Care Coordinator will check all rooms weekly looking for hazardous bedside devices using a checklist.*

**Licensee's Proposed Overall Completion Date: 03/24/2025**

**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 #2 is prescribed Diazepam 10 mg every 12 hours as needed. The resident's January medication administration record does not include the initials of the staff person who administered it on the following dates/times:*

- *01/01/2025 at 08:00 PM,*
- *01/05/2025 at 08:00 PM,*
- *01/09/2025 at 08:00 AM.*

**Plan of Correction**

**Accept ( [REDACTED] - 03/25/2025)**

*Immediate: (1/15/25) Administrator spoke to all med techs to make sure the information is recorded at the time the medication is administered.*

*Training: (1/30/25) Administrator called a certified med trainer to come out and re-train all med techs. Training took place from 1/30/25 through 2/2/25. Training and trainer credentials are on file in the community.*

*How trained: Certified Med Trainer at the community.*

*Responsible Staff: Med Techs*

*On-going: (2/25/25) Resident Care Coordinator will audit Medical Access Records weekly to ensure compliance using a checklist. The Resident Care Coordinator has also signed up for the train the trainer medication administration and is in the process of completing.*

*Update: (3/24/25) Resident Care Coordinator will observe med pass weekly to ensure staff compliance.*

**Licensee's Proposed Overall Completion Date: 03/24/2025**

**187c - Refusal of Medication****4. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*Resident #3 is prescribed blood sugar test four times a day (before meals and at bedtime). The resident is prescribed Levemir 30 units at 08:00 AM daily and Novolog 10 units at 08:00 AM, 12:00 PM, and 04:00 PM daily. Resident #3 refused bedtime blood sugar test from 01/01/2025 till 01/14/2025, 08:00 AM test from 01/05 till 01/09/2024 and insulin injections, 04:00 PM test and insulin injections from 01/01/2025 till 01/05/2025. The home did not report these refusals to the prescriber.*

187c - Refusal of Medication (continued)

Repeat Violation: 07/02/2024

**Plan of Correction**

Directed ( [redacted] - 03/25/2025)

1/22/25 Doctor was informed of refusals. The doctor then sent an order asking only to be informed after five consecutive refusals. Order was placed in charts.

Immediate: (1/22/25) Administrator spoke with med techs about notifying doctor if resident refuses unless the doctor has given an order regarding refusals. The refusal will still be documented in the residents record and on the medication record.

Training: (2/25/25) Med Techs were trained to report medication refusals to the physician unless the physician has given an order regarding refusals. The refusal will still be documented in the residents record and on the medication record.

How trained: Inservice by Administrator using the Regulatory Compliance Guide

Responsible Staff: Med Techs

On-Going: (2/25/25) Med Techs or Resident Care Coordinator will report resident refusals to their physician unless the physician has given an order regarding refusals. The refusal will still be documented in the residents record and on the medication record.

Resident Care Coordinator will do random spot checks to make sure refusals are reported to physician if necessary and that the refusal will still be documented in the residents record and on the medication record. This will be done weekly to make sure the staff comply with the regulations using a checklist.

Proposed Overall Completion Date: 03/24/2025

**Directed Plan of Correction:**

Within 5 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff persons administering medications concerning the regulatory requirement that all medication refusals are reported to the resident's prescriber. Documentation of education and training materials shall be provided to the department.

Starting within 10 days from the receipt of the acceptable plan of correction, the administrator shall conduct weekly audits of medication records for 2 months to ensure prescribers have been informed of every refusal. Documentation of reviews shall be kept.

Directed Completion Date: 04/03/2025

227c - Support Plan Revision

**5. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

Resident #2's initial assessment and support plan, dated [redacted] does not include the use of a bedside mobility device. However, this device was observed attached to the frame of the resident's bed on 01/15/2025.

**Plan of Correction**

Accept ( [redacted] - 03/25/2025)

Immediate: (1/17/25) Resident 2 support plan was revised to show bedside device.

**227c - Support Plan Revision (continued)**

*Training: (2/25/25) The Administrator trained the Resident Care Coordinator to add the use of a bedside device to the support plan if a resident starts using one.*

*How trained: Inservice by Administrator*

*Responsible Staff: Resident Care Coordinator*

*On-going: (2/25/25) Resident Care Coordinator will check all rooms weekly looking for bedside devices using a checklist. They will be added to the support plan as necessary.*

**Licensee's Proposed Overall Completion Date: 03/24/2025**