

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

February 27, 2025

[REDACTED]
BROADWAY MANOR LLC
[REDACTED]

RE: BROADWAY MANOR
560 BROADWAY STREET
MILTON, PA, 17847
LICENSE/COC#: 23030

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2025 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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident, Interim* Exit Conference Date: *01/29/2025*

Inspection Dates and Department Representative

01/29/2025 - 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: *30* Are 60 Years of Age or Older: *24*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *8*
 Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

01/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2025*

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*

144d - Smoking Outside

1. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [redacted] and [redacted] at approximately 12:10am, resident [redacted] was smoking in the resident's bathroom near the nursing station, which is not the home's designated smoking area.

Plan of Correction

Accept [redacted] 02/27/2025)

Resident [redacted] was smoking in the residents bathroom near the nursing station, which is not the designated smoking area, Resident was given a 30 day notice [redacted] (see attached). Staff are to watch all Residents to ensure that they are smoking in the smoking area only.

Resident was reminded of the smoking policy both times.

Resident [redacted] has been discharged from Broadway as of [redacted]

All Residents are made aware of the House Rules, and Resident Rights upon admission. Administrator/Designee will go over house rules at our next Resident Council meeting. Administrator is to be responsible to ensure everyones safety while living in the home.

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented [redacted] - 02/27/2025)

201 - Positive Interventions

2. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

The home did not use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Resident [redacted] on [redacted], and [redacted] physically attacked direct care worker A. On [redacted] resident [redacted] punched staff person A in their arm leaving a bruise and imprint of the resident's hand. On [redacted] resident [redacted] punched staff person A in their chest, ribcage, and kicked the staff person in the leg. On [redacted] resident [redacted] slapped staff person A in the face, causing a bruise to their forehead. All three incidents involving physical assault to a staff member A, it was because the resident wanting to smoke after 11pm.

Plan of Correction

Accept [redacted] - 02/27/2025)

Resident [redacted] on 4 different dates there were altercations with Staff person A. After each incident Resident [redacted] and Staff person A were spoken to about what happened and how to prevent in the future. On [redacted] Resident A was sent to the Hospital (GMC) for evaluation. Resident was admitted to the medical floor due to CO level being high. Once cleared medically they will do a psych evaluation. on [redacted] there was a conference call with GMC and they were told that his medical needs are more than Broadway can handle, and they are looking for placement. Resident [redacted] has been discharged as of [redacted]

All staff have been retrained in Regulation 201 Safe Management Techniques on [redacted] by Compass Home Health. (see Attached)

Administrator/Designee is responsible for ensuring that all staff get the proper training. All reports were completed and sent on time.

201 Positive Interventions *(continued)*

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented [REDACTED] - 02/27/2025)