

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

April 2, 2025

[REDACTED]
ARK MANOR LLC
[REDACTED]

RE: ARK MANOR
105 SANDRA DRIVE
DELMONT, PA, 15626
LICENSE/COC#: 44686

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2025 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: 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: [REDACTED]
 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: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/28/2025

Inspection Dates and Department Representative

02/28/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 Residents Served: 48

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

02/28/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2025

03/31/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/02/2025

Inspections / Reviews *(continued)*

04/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] for resident [redacted] indicates the resident requires assistance with personal hygiene. Staff person A, the home's administrator, indicated that each resident should receive two showers per week. However, resident [redacted] did not receive any showers in January 2025 and only received showers on [redacted], and [redacted] in February 2025.

Plan of Correction

Accept [redacted] - 03/31/2025)

On 03/03/2025 the administrator completed a new, updated, RASP for resident [redacted]. After completion of new RASP, all staff reviewed resident #1's updated RASP. Documentation of review was kept. DCS were verbally reminded of the shower list, the importance of documentation pertaining to showers, including completion and refusals each day. Beginning 03/31/2025, administrator will review the shower schedule/list each day [redacted] is scheduled at the home to ensure compliance. Documentation of checks will be kept.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/02/2025)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] requires hands-on assistance with bladder and bowel management, and personal hygiene to include showering twice weekly; however, the resident's support plan, dated [redacted] was not updated to indicate how these needs will be met.

On [redacted] the home became aware that resident [redacted] had congenital or hereditary multiple exostoses after receiving a mobile x-ray, and on [redacted], the resident was shown to have multiple osteochondromas after a hospital x-ray due to persistent leg pain. The resident's support plan, dated [redacted], was not updated to document how these medical needs will be met.

Plan of Correction

Accept [redacted] - 03/31/2025)

On 03/03/2025 resident [redacted] PCP, Dr Muthappan completed a new DME to include diagnosis of multiple osteochondromas. On 03/03/2025 the administrator completed a new RASP for resident [redacted] to include multiple osteochondromas and how [redacted] needs will be met. After completion of new RASP, all staff reviewed resident [redacted] updated RASP. Documentation of review was kept. On 03/27/2025, all DHS med techs were re trained by the home's administrator on 2600.227.d. A form was produced by the home's administrator for all med techs to utilize as a tool to track changes in

227d - Support Plan Medical/Dental (continued)

resident's diagnoses, relay the information to the administrator and ensure compliance with 2600.227.d. DHS med techs were introduced to the form during 03/27/25 med tech re training. Documentation of education kept. Administrator will check the diagnoses form each day [REDACTED] is scheduled in the home to ensure [REDACTED] is aware of all changes and necessary updates are made when applicable.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [REDACTED] - 04/02/2025)