

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

May 14, 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 03/12/2025, 03/17/2025 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:** Dept. of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 51 **Waking Staff:** 38

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident, Monitoring **Exit Conference Date:** 03/17/2025

**Inspection Dates and Department Representative**

03/12/2025 - On-Site: [REDACTED]  
 03/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 70 **Residents Served:** 47

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 32 **Are 60 Years of Age or Older:** 43  
**Diagnosed with Mental Illness:** 21 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 4 **Have Physical Disability:** 1

**Inspections / Reviews**

03/12/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/10/2025

05/14/2025 - Document Submission

**Submitted By:** [REDACTED] **Date Submitted:** 05/10/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:36a.m., resident [redacted] bedroom floor had an abundance of crumbs and was littered with several pieces of garbage. The private bathroom floor was littered with several wads of feces-stained toilet paper. The bathroom sink contained an empty yogurt container, a rotten apple core and approximately 2 potato chips. trash and pieces of potato chips.

On [redacted] at 11:40a.m. there were no paper towels or alternate way to dry hands in the shared bathroom between bedroom #105 and #106.

On [redacted] at 12:10p.m. in the red hall common bathroom, the bottom area of the shower wall had a black moldlike substance on the tile measuring approximately 3 ft. across on one wall and 5 ft. across on the adjoining wall and approximately 1 1/2 inches high.

On [redacted] at 11:51a.m. in shared bathroom between bedroom [redacted] and [redacted] there was a used brief on the floor and smears of what appeared to be feces on the corner of a plastic storage container measuring approximately 2 inches. Additionally in this bathroom there was approximately 1/4 inch of dirt on the overhead fan.

On [redacted] at 11:58a.m. in the shared bathroom between bedroom [redacted] and [redacted] there was approximately 1/4 inch of dirt on the overhead fan.

Repeat Violation: [redacted] et al.

Plan of Correction

Directed [redacted] - 04/22/2025)

By 4/25/25, the administrator or designee will ensure the following:

- \* Resident# [redacted] bedroom is clean and sanitary, to include the bedroom and bathroom floor and bathroom sink.
- \* Paper towels or an alternate way to dry hands are present in the shared bathroom between bedroom [redacted] and [redacted].
- \* The common bathroom in the red hall is clean and sanitary.
- \* The shared bathroom between bedroom [redacted] and [redacted] is clean and sanitary.
- \* The shared bathroom between bedroom [redacted] and [redacted] is clean and sanitary.

By 4/25/25 and daily thereafter, the administrator or designee will inspect all bathrooms and resident bedrooms to ensure sanitary conditions are maintained. Documentation will be kept.

By 5/2/25 and weekly thereafter, the administrator will review documentation of daily sanitary condition audits. Documentation will be kept.

Directed Completion Date: 05/02/2025

Implemented [redacted] - 05/14/2025)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On [redacted] at 9:27a.m. there was no screen in resident [redacted] window. There were also several leaves on the floor underneath the window.

On [redacted] at 10:44 a.m. there was no screen in the right-side window of bedroom [redacted] The window was open approximately 10 inches.

On [redacted] at 10:59a.m. there was no screen in the left-side window of bedroom [redacted] at 10:59am. The right-side window did have a screen; however, the screen had a hole in it measuring approximately 2 inches by 2 inches.

On [redacted] at 12:14p.m. there was no screen in the right-side window of bedroom [redacted] The window was open approximately two feet with a fan blowing air into the room.

Repeat Violation: [redacted] et al, [redacted]

Plan of Correction

Directed [redacted] - 04/22/2025)

By 4/29/25, the administrator will ensure screens are present and in good repair in the following locations:

- \* Resident [redacted] window
- \* The right-side window of bedroom [redacted]
- \* The left-side window of bedroom [redacted]
- \* The right-side window of bedroom [redacted]

By 4/29/25 and weekly thereafter, the administrator or designee will inspect all functioning windows to ensure a screen is present and is in good repair. Documentation will be kept.

By 5/6/25 and monthly thereafter, the administrator will review weekly screen inspections. Documentation will be kept.

Directed Completion Date: 05/06/2025

Implemented [redacted] - 05/14/2025)

101j3 - Bed/Linens/Pillows/Blankets

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On [redacted] at 12:14p.m., there was an approximate 2" x 4" soiled area of what appeared to be dried feces on the bed pad on top of resident [redacted] bed.

## 101j3 Bed/Linens/Pillows/Blankets (continued)

Repeat Violation: [REDACTED] et al.

**Plan of Correction**

**Directed [REDACTED] - 04/22/2025)**

By 4/25/25, the administrator or designee will ensure resident [REDACTED] has pillows, bed linens and blankets that are clean and in good repair. Documentation will be kept.

By 4/25/25 and daily thereafter, the administrator or designee will perform daily checks to ensure each resident has pillow, bed linens and blanket that are clean and in good repair. Documentation will be kept.

By 5/2/25 and weekly thereafter, the administrator will review documentation of daily bed linen checks. Documentation will be kept.

**Directed Completion Date: 05/02/2025**

**Implemented [REDACTED] - 05/14/2025)**

## 103g - Storing Food

**4. Requirements**

2600.  
103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

On [REDACTED] at 10:49a.m. there was an uncovered pan of Jello in the home's main refrigerator.

On [REDACTED] at 10:50a.m. there was a piece of bread on the left side floor of the walk in freezer.

Repeat Violation: [REDACTED] et al.

**Plan of Correction**

**Directed [REDACTED] - 04/22/2025)**

By 4/23/25, the administrator or designee will ensure there is no uncovered food in the main refrigerator and there is no food on the left side floor of the walk in freezer.

By 4/25/25 and daily thereafter, the administrator or designee will inspect all food storage areas to ensure food is stored in closed or sealed containers. Documentation will be kept.

By 5/2/25 and weekly thereafter, the administrator or designee will review the daily food storage inspections. Documentation will be kept.

**Directed Completion Date: 05/02/2025**

103g - Storing Food (continued)

Implemented [REDACTED] - 05/14/2025)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] resident [REDACTED] monitor was not set to the correct time. At 2:30p.m. the [REDACTED] monitor indicated a time of 12:01p.m.

On [REDACTED] at 11:00a.m. resident # [REDACTED] March 2025 medication administration record (MAR) indicated a [REDACTED] reading of [REDACTED]; however, the [REDACTED] reading indicated [REDACTED]

On [REDACTED] at 11:41a.m. resident [REDACTED] was [REDACTED] however, the reading recorded on the resident's March 2025 MAR was [REDACTED]

On [REDACTED] at 11:50a.m. resident [REDACTED]'s glucometer reading was [REDACTED] however, the reading recorded on the resident's March 2025 MAR was [REDACTED]

On [REDACTED] at 7:51p.m. resident [REDACTED] reading was [REDACTED] however, the reading recorded on the resident's March 2025 MAR was [REDACTED].

On [REDACTED] at 4:06p.m. resident [REDACTED] reading was [REDACTED] however, the reading recorded on the resident's March 2025 MAR was [REDACTED].

On [REDACTED] at 8:38a.m. resident [REDACTED]'r reading was [REDACTED]; however, the reading recorded on the resident's March 2025 MAR was [REDACTED]

On [REDACTED] at 10:41a.m. resident [REDACTED] reading was [REDACTED]; however, the reading recorded on the resident's March 2025 MAR was [REDACTED]

Repeat Violation: [REDACTED] et al., [REDACTED]

Plan of Correction

Directed [REDACTED] 04/22/2025)

By 4/25/25, the administrator or designee qualified to administer medication will ensure resident #3's blood glucose monitor is set to the correct date and time.

By 4/25/25 and daily thereafter, the administrator or designee qualified to administer medication will audit all resident glucometer readings, to include comparing the readings on the resident's glucometer to the reading on the resident's medication administration record. Documentation will be kept.

Buy 4/29/25, weekly for 1 month then monthly for 2 months, the administrator or designee qualified to administer medication will observe all staff persons responsible for diabetic care perform a blood glucose check to ensure blood glucose readings are accurately documented on the resident medication administration record, and Insulin, to

**185a Implement Storage Procedures (continued)**

include sliding scale, is administered according to the directions of the prescriber and properly documented on the resident medication administration record. Documentation of the observations will be kept.

Directed Completion Date: 04/29/2025

Implemented [REDACTED] - 05/14/2025)

**187a - Medication Record****6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

**Description of Violation**

On [REDACTED] resident [REDACTED] was prescribed [REDACTED] unit/ml. per sliding scale:

Less than 119 0U,

120 150 6U

151 200 8U

201 250 10U

251 300 12U

301 350 14U

351 400 20U

401 450 22U

Greater than 450 24U.

However, the sliding scale on resident's # [REDACTED] March 2025 MAR indicates:

<120 0U

121 150 6U

151 200 8U

201 250 10U

250 300 12U

301 350 14U

>350 CALL MD

**Plan of Correction**

Directed [REDACTED] - 04/22/2025)

By 4/25/25, the administrator or designee qualified to administer medication will contact resident [REDACTED] prescriber, verify the sliding scale order, and update resident [REDACTED]'s medication administration record to match the prescriber's orders.

**187a - Medication Record (continued)**

By 5/2/25, the administrator will reeducate all staff qualified to administer medication regarding the required information that must be included in the resident's medication record in accordance with 2600.184a.

By 5/9/25 and monthly thereafter, the administrator or designee qualified to administer medication will audit all physician orders and resident medication administration records to ensure all prescribed medications are present in the home, indicated on resident medication administration records, administered in accordance with the prescriber's directions and administration is documented on the resident medication administration record. Documentation of audits will be kept.

Directed Completion Date: 05/09/2025

Implemented [REDACTED] - 05/14/2025)

**187d - Follow Prescriber's Orders****7. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] unit/ml. Inject before meals and at bedtime per sliding scale:

151-180 = 2U

181-200 = 4U

201-250 = 6U

251-300 = 8U

301-350 = 10U

351-400 = 12U

>400 call MD

On [REDACTED] at 2:41p.m. resident [REDACTED] blood glucose reading was [REDACTED]. According to the prescriber's orders, [REDACTED] units of [REDACTED] should have been administered. However, the resident was administered [REDACTED] units of [REDACTED].

From [REDACTED] to [REDACTED] resident [REDACTED] was prescribed [REDACTED] /ml. per sliding scale:

Less than 89 = 0U

90-119 = 8U

120-150 = 10U

151-200 = 12U

201-250 = 14U

251-300 = 16U

301-350 = 18U

351-400 = 20U

401-450 = 22U

Greater than 450 = 24U

On [REDACTED] at 8:26a.m., resident [REDACTED] blood glucose reading was [REDACTED]. According to the prescriber's orders, [REDACTED] units of [REDACTED] should have been administered. However, the resident was administered [REDACTED] units of [REDACTED].

On [REDACTED] resident [REDACTED] physician changed the sliding scale order to:

Less than 119 = 0U

## 187d - Follow Prescriber's Orders (continued)

120-150 = 6U  
 151-200 = 8U  
 201-250 = 10U  
 251-300 = 12U  
 301-350 = 14U  
 351-400 = 20U  
 401-450 = 22  
 Greater than 450 = 24U.

On [REDACTED] at 10:53a.m. resident [REDACTED] reading was [REDACTED]. According to the prescriber's orders, [REDACTED] units of [REDACTED] should have been administered. However, the resident was administered [REDACTED] of [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] units/ml [REDACTED]. Check [REDACTED] before meals and at bedtime. Administer [REDACTED] per sliding scale:

0-150 = 0U  
 151-200 = 2U  
 201-250 = 4U  
 251-300 = 6U

On [REDACTED] at 11:50a.m. resident [REDACTED] s [REDACTED] reading was [REDACTED]. According to the prescriber's orders, [REDACTED] units of [REDACTED] should have been administered. However, the resident was administered [REDACTED] units of [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] units/ml. Inject sub-Q per sliding scale with meals:

0-150 = 0U  
 151-200 = 4U  
 201-250 = 6U  
 251-300 = 8U  
 301-350 = 12U  
 351-400 = 14U  
 401-450 = 18U  
 451-500 = 20U  
 501-OVER = 22U and send to hospital.

On [REDACTED], at 4:06p.m. resident [REDACTED] [REDACTED] reading was [REDACTED]. According to the prescriber's orders, [REDACTED] of [REDACTED] should have been administered. However, the reading was incorrectly documented on the resident's March 2025 MAR as [REDACTED] and the resident was administered [REDACTED] of [REDACTED].

Repeat Violation: [REDACTED]

**Plan of Correction**

**Directed [REDACTED] - 04/22/2025)**

By 4/29/25, the administrator will reeducate all staff who perform diabetic care regarding the requirement to follow the prescriber's directions, with specific focus on accurate administration of sliding scale Insulin. Documentation will be kept.

Buy 4/29/25, weekly for 1 month then monthly for 2 months, the administrator or designee qualified to administer

**187d Follow Prescriber's Orders (continued)**

*medication will observe all staff persons responsible for diabetic care perform a blood glucose check to ensure blood glucose readings are accurately documented on the resident medication administration record, and Insulin, to include sliding scale, is administered according to the directions of the prescriber and properly documented on the resident medication administration record. Documentation of the observations will be kept.*

*By 5/9/25 and monthly thereafter, the administrator or designee qualified to administer medication will audit all physician orders and resident medication administration records to ensure all prescribed medications are present in the home, indicated on resident medication administration records, administered in accordance with the prescriber's directions and administration is documented on the resident medication administration record. Documentation of audits will be kept.*

**Directed Completion Date: 05/09/2025**

**Implemented [REDACTED] 05/14/2025)**