

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

July 28, 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 04/23/2025, 04/24/2025 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 Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 52 **Waking Staff:** 39

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident, Fine **Exit Conference Date:** 04/23/2025

**Inspection Dates and Department Representative**

04/23/2025 - On-Site: [REDACTED]  
 04/24/2025 - 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:** 4  
**Diagnosed with Mental Illness:** 21 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 5 **Have Physical Disability:** 1

**Inspections / Reviews**

04/23/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/24/2025

05/30/2025 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 07/28/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/06/2025

Inspections / Reviews *(continued)*

06/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/24/2025

07/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [redacted] at approximately 7:40p.m., resident [redacted] approached resident [redacted] yelling, grabbed [redacted] face and shook [redacted] back and forth. Staff persons A and B intervened. Resident [redacted] did not sustain injuries; however, the police were onsite to ensure safety. The home did not report this incident to the department until [redacted] at 11:00a.m.

Plan of Correction

Directed [redacted] - 06/18/2025)

On 04/24/2025, administrator re educated [redacted] on 2600.16.c to ensure compliance will be maintained moving forward. Each incident in reg 2600.16 will be reported to the state within the aloted time period.

The administrator will check tabula pro and with staff each scheduled day to ensure no incidents have occured that need reported per regulations.

All reports will be submitted by administrator per regulation timeline.

Proposed Overall Completion Date: 06/06/2025

Directed:

By 6/23/25 and daily thereafter, the administrator or designee will ensure all reportable incidents and conditions are reported to the Department within 24 hours. Documentation will be kept.

[redacted] 6/18/25

Directed Completion Date: 06/23/2025

Implemented [redacted] - 07/28/2025)

185a - Implement Storage Procedures

2. 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

Resident [redacted] indicated a [redacted] level of [redacted] on [redacted] at 8:08a.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]

Resident [redacted] indicated a [redacted] level of [redacted] on [redacted] at 3:31p.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]

Resident [redacted] indicated a [redacted] level of [redacted] on [redacted] at 8:03a.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]

Resident [redacted]'s [redacted] indicated a [redacted] level of [redacted] on [redacted] at 11:50a.m.; however, the resident's MAR

185a Implement Storage Procedures (continued)

indicated a [redacted] reading of [redacted] level of [redacted] on [redacted] at 12:01p.m.; however, the resident's MAR indicated a [redacted] reading of [redacted] level of [redacted] on [redacted] at 7:34a.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]

Resident [redacted] indicated a [redacted] level of [redacted] on [redacted] at 4:49p.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]. Resident [redacted] indicated a [redacted] level of [redacted] on [redacted] at 7:47p.m. and [redacted] should have received [redacted] units of [redacted], however it was documented as no reading on the resident's MAR, and [redacted] received 0 units of insulin. Resident [redacted] glucometer indicated a [redacted] level of [redacted] on [redacted] at 3:43p.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]

Resident [redacted] indicated a [redacted] level of [redacted] on [redacted] at 4:27p.m.; however, the resident's MAR indicated a [redacted] reading of [redacted]

Plan of Correction

Directed [redacted] - 06/18/2025)

on 04/24/2025 the administrator did a full glucose meter and mar audit. Administrator trained med techs how to properly conduct full meter and mar audits.

Minimal of weekly checks have been completed since 4/24/25 by administrator and by med techs to ensure continued compliance.

Weekly checks by administrator and med techs will continue indefinitely to ensure compliance continues. documentation of checks will be kept.

Proposed Overall Completion Date: 06/06/2025

Directed:

By 6/23/25, weekly thereafter for 1 month and monthly thereafter, the administrator or designee qualified to administer medications, qualified to conduct blood glucose testing, and qualified to administer insulin injections will observe blood glucose testing and/or administration of insulin injections and documentation for all staff performing blood glucose testing and/or administration of insulin injections. Observation will include ensuring staff properly document blood glucose readings and administer insulin injections per the prescriber's orders. Documentation will be kept.

[redacted] 6/23/25

Directed Completion Date: 06/23/2025

Implemented ([redacted] - 07/28/2025)

187d - Follow Prescriber's Orders

3. Requirements

- 2600. 187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] 100unit/ml, inject before meals and at bedtime per sliding scale. [redacted]  
On [redacted] at 8:21a.m. resident [redacted] blood glucose measured [redacted] and [redacted] received [redacted] units of [redacted] however [redacted] should have only received [redacted] units of [redacted]

Resident [redacted] is prescribed [redacted], inject subcutaneously with meals per sliding scale: [redacted]  
[redacted] and send to hospital.  
On [redacted] at 8:28a.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received [redacted] of [redacted] however [redacted] received [redacted] of [redacted].  
On [redacted] 8:03a.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received [redacted] of [redacted], however [redacted] was indicated on the MAR and [redacted] received [redacted] of [redacted]

Resident [redacted] is prescribed [redacted], inject subcutaneously before meals and at bedtime per sliding scale: [redacted]  
[redacted] call MD.  
On [redacted] at 4:00p.m. there was no blood glucose taken as ordered for resident [redacted]  
On [redacted] at 7:05p.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received [redacted] of [redacted] however [redacted] of [redacted] were given.  
On [redacted] at 4:49p.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received 0 units of [redacted] however the reading was documented as [redacted] and [redacted] was administered [redacted].  
On [redacted] at 7:47p.m. resident [redacted]'s blood glucose reading was [redacted] and [redacted] should have received [redacted], however it was documented as no reading on the MAR and [redacted] received 0 units of insulin.  
On [redacted] at 11:52a.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received 0 units of insulin, however [redacted] was administered [redacted].  
On [redacted] at 7:50a.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received [redacted], however [redacted] was administered [redacted].

Resident [redacted] is prescribed [redacted], inject [redacted] under the skin 3 times daily with meals per sliding scale: [redacted]  
[redacted] call MD.  
On [redacted] at 4:27p.m. resident [redacted] blood glucose reading was [redacted] and [redacted] should have received [redacted], however [redacted] was administered [redacted].

Plan of Correction

Directed [redacted] - 06/18/2025)

on 04/24/2025 the administrator did a full glucose meter and mar audit. Administrator trained med techs how to properly conduct full meter and mar audits.  
Minimal of weekly checks have been completed since 4/24/25 by administrator and by med techs to ensure continued compliance.  
Weekly checks by administrator and med techs will continue indefinitely to ensure compliance continues.  
documentation of checks will be kept.

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

*Proposed Overall Completion Date: 06/06/2025*

**Directed:**

*By 6/23/25, weekly thereafter for 1 month and monthly thereafter, the administrator or designee qualified to administer medications, qualified to conduct blood glucose testing, and qualified to administer insulin injections will observe blood glucose testing and/or administration of insulin injections and documentation for all staff performing blood glucose testing and/or administration of insulin injections. Observation will include ensuring staff properly document blood glucose readings and administer insulin injections per the prescriber's orders. Documentation will be kept.*

■ **6/23/25**

**Directed Completion Date: 06/23/2025**

**Implemented** ■ **- 07/28/2025)**