

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

July 7, 2025

[REDACTED]
Blissful Prudence LLC
[REDACTED]

RE: Blissful Prudence LLC
509 Pembroke Avenue
East Lansdowne , Pa, 19050
LICENSE/COC#: 15229

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2025, 05/29/2025 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: *Blissful Prudence LLC* **License #:** *15229* **License Expiration:**
Address: *509 Pembroke Avenue , East Lansdowne , Pa 19050*
County: *DELAWARE* **Region:** *SOUTHEAST*

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: *Blissful Prudence LLC*
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* **Date:** *09/11/2024* **Issued By:** *Borough of East Lansdowne*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice:** *Announced* **BHA Docket #:**
Reason: *New* **Exit Conference Date:** *05/01/2025*

Inspection Dates and Department Representative

05/01/2025 - On-Site: [REDACTED]
05/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: *0* **Residents Served:** *0*
Secured Dementia Care Unit
In Home: *No* **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: *0*
Number of Residents Who:
Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *0*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *0* **Have Physical Disability:** *0*

Inspections / Reviews

05/01/2025 **Partial**
Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/13/2025*

Inspections / Reviews *(continued)*

07/01/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/13/2025
Reviewer: [REDACTED] Follow Up Type: *Bypass Document Submission*

07/07/2025 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 07/01/2025
Reviewer: [REDACTED] Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Care Facility Carbon Monoxide Alarms Standard Act- Enactment Act of 6/23/16 states:

Carbon Monoxide Alarms must be installed in proximity of, but no less than 15 feet from any fossil fuel burning device or appliance.

On 5/29/25 the home had a gas boiler in the basement. The home did not have a carbon monoxide detector in the basement of the home. The home had carbon monoxide detectors on the first and second floors of the home, but they were more than 15 feet from the boiler.

Plan of Correction

Accept [redacted] 06/16/2025)

On May 29th 2025, the facility did not have a carbon monoxide (CO) alarm installed within 15 feet of the gas boiler located in the basement, as required by the Care Facility Carbon Monoxide Alarms Standard Act of 6/23/16.

We received this violation because Carbon Monoxide Alarms must be installed in proximity of, but no less than 15 feet from any fossil fuel burning device or appliance. The CO alarms on the first and second floors were not compliant with proximity requirements. We must comply with these regulations because the risk of an undetected CO leak could be deadly.

On 6/6/25, a carbon monoxide detector was installed within 15 feet of the gas boiler in the basement, in accordance with the requirements of the Act by a Fire and carbon monoxide monitoring company (ADT). The East Lansdowne fire Marshall, Rufus Stroke, reviewed the placement of the carbon monoxide detectors in the basement, first floor, and the existing carbon monoxide detectors on the second and third floors to ensure they were working on 6/6/25.

As a preventative measure, the East Lansdowne fire Mashall will implement regular safety audits every year and as needed to ensure that all safety systems, including carbon monoxide detectors, are in good working order and compliant with relevant laws. The Administrator will schedule a monthly internal compliance check to ensure that all safety measures, including carbon monoxide detectors, are correctly installed and functioning, and sign off on a sign-off sheet. The Administrator will engage with the East Lansdowne Fire Mashall quarterly to ensure ongoing awareness of any updates to the health and safety of fire alarms and carbon monoxide detectors. The Administrator will maintain records of inspections, maintenance, and audits related to carbon monoxide safety.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 07/01/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] there were two cameras monitoring the exteriors entrances to the home. On camera was located at the

42s - Privacy (continued)

back of the home and one of the left side of the home. The home did not have anything posted providing notification that video monitoring was occurring on the premises.

Plan of Correction**Accept ([REDACTED] - 06/16/2025)**

On May 29, 2025, two surveillance cameras were observed monitoring the exterior entrances of the home—one located at the rear of the property and the other on the left side. However, no signage or notice was posted to inform residents, staff, or visitors that video monitoring was in use on the premises.

We received this violation because failure to post appropriate notification compromises the residents' right to privacy, as individuals entering or exiting the home may be unaware of surveillance, particularly in areas where privacy expectations may be heightened.

On 6/8/25, the Administrator posted visible signage at the front and back of the home informing individuals that video surveillance is in use.

As a preventative measure, the Administrator will conduct monthly audits to ensure all surveillance signage remains posted and visible in place in compliance with the privacy regulations. Any concerns regarding surveillance or privacy will be documented and addressed within 24 hours by the Administrator.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([REDACTED] - 07/01/2025)**51 - Criminal Background Check****3. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The Administrator is not a resident of Pennsylvania. On [REDACTED] the Administrator did not have an FBI criminal history check from the Department of Aging.

Plan of Correction**Accept ([REDACTED] 06/16/2025)**

On 5/29/25, the Administrator, a non-Pennsylvania resident, did not have an FBI criminal history check from the Department of Aging.

We received this violation because it is important for future residents that we conduct a thorough background check of every on-ground staff member before employment, to ensure resident safety at our facility under the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

On 5/29/25, the Administrator immediately called IdentoGo to request a copy of [REDACTED] FBI record because IdentoGo is the PA Department of Aging's designated provider. Upon receipt of the FBI record, the Administrator emailed the record to the assigned inspector for verification.

51 - Criminal Background Check (continued)

As a preventative measure, the Administrator/HR Executive Manager will complete a background check with IdentoGo for all staff during orientation. The Administrator will quarterly review employee data to ensure that information is up to date and that all staff (including out-of-state hires) have required documents and information on file, for example, the background check.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 07/01/2025)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The home does not have a dumpster or trashcan outside. The home has trash and debris in the backyard. On [redacted] DHS Representative observed a large box with a trash bag taped to it, plywood, stones, a rusted oil storage tank, and trash in a large trash bag.

Plan of Correction

Accept [redacted] - 06/16/2025)

On 5/1/25, a DHS representative observed trash (including a taped trash bag, plywood, stones, and a rusted oil tank) in the backyard, with no covered receptacles present.

We received a violation because we did not have a secure means of waste disposal before the inspector came to the property. This is not only visually unappealing, but it risks attracting pests and rodents to the facility.

On 5/20/25, two commercial-grade, pest-proof trash receptacles with lids were purchased and installed. On 6/14/25, visible trash and debris will be removed by a professional disposal service.

As a preventative measure, the Administrator will conduct daily checks outside the home to ensure receptacles are used properly. The Administrator's daily checks will include these visual checks, as well as assurance that staff properly dispose of waste to prevent pests.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 07/01/2025)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The transition between flooring in the dining area leading to the common area is raised and a tripping hazard.

On [redacted] 4 areas on the outside of the home were observed to have areas in the wall that are broken or have holes allowing penetration or entry of insects and rodents:

88a - Surfaces (continued)

1. Two holes are present in the stone on the outside wall next to the hose
2. On the siding of the home closest to the driveway; several holes are present.
3. The outside wall of the home nearest the driveway next to the basement window there is a gapping between the stones.
4. The stone outside wall underneath the stairs leading from the kitchen egress shows large gaps and areas of potential penetration.

On [REDACTED], cracks were observed in the concrete floor of the basement showing moisture seeping up through the cracks. The drywall near the basement floor close to the double entry doors doors was visibly wet, posing a mold hazard.

Plan of Correction

Accept [REDACTED] - 06/16/2025)

The transition strip between dining and common area is raised, presenting a tripping hazard. Four external wall areas had holes or structural damage, allowing pest intrusion.

We received a violation because we must be cognizant of every point of danger and harm that could be brought upon residents outside and within the home, for example, tripping hazards or openings allowing pests.

On 6/13/25, the transition strip was repaired and leveled by a flooring contractor. A licensed contractor sealed all wall breaches with pest-resistant materials on 6/5/25.

As a preventive measure, the Administrator will conduct monthly walk-throughs beginning 6/13/25 to identify hazards. Maintenance and repairs will be conducted upon occurrence and if observed during the walk-throughs.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([REDACTED] - 07/01/2025)

89b - Hot Water Temperature

6. Requirements

- 2600.
- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [REDACTED] at 12:25 P.M., the hot water temperature at the kitchen sink measured 123.2 degrees Fahrenheit and at 12:30 P.M. it was 123.2 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 06/16/2025)

On 5/1/25, hot water at the kitchen sink was measured at 123.2°F, exceeding the 120°F limit.

We received this violation because hot water temperature in areas accessible to the resident may not exceed 120°F.

On 6/3/25, the hot water heater thermostat was immediately adjusted to maintain a safe temperature of 120°F by the Maintenance Technician.

89b - Hot Water Temperature (continued)

As a preventive measure, a thermometer reading will be taken twice daily for 7 days to ensure consistent compliance, then weekly thereafter, starting on 6/3/25, by the Administrator. This all will be documented within our company drive, as well as a part of the weekly checklist. Further, the Maintenance Technician, under the supervision of the Administrator, will check and document the kitchen's hot water quarterly to ensure the temperature remains at 120°F.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] 07/01/2025)

93a - Handrails

7. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The two steps leading to the walkway outside the home does not have a handrail and is a tripping hazard.

The three steps leading up the main stairs inside the home does not have a handrail and is a tripping hazard.

Plan of Correction

Accept [redacted] - 06/16/2025)

Missing handrails on:

- Two exterior steps leading to the walkway.
- Three steps inside the home.

We received this violation because each ramp, interior stairway and outside steps must have a well-secured handrail.

The Maintenance will install secure, graspable handrails on both interior and exterior steps. Installation will occur no later than 6/18/25.

As a preventive measure, residents will be verbally reminded to use alternative entrances where available. The stability and usability of these handrails will be checked monthly by the Administrator.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 07/01/2025)

95 - Furniture and Equipment

8. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The drain pipe leading from the roof next to the front porch is broken and not attached to the pipe that leads into the drain.

Plan of Correction

Accept [redacted] - 06/16/2025)

A broken roof drainpipe near the front porch not properly connected to the drainage system.

95 - Furniture and Equipment (continued)

We received this violation because furniture and equipment must be in good repair, clean and free of hazards. There was a broken drainpipe near the front porch that was not properly connected to the drainage system.

On 6/3/25, the broken pipe was assessed by Maintenance and a replacement pipe ordered. A licensed plumber will reconnect the drainpipe and test drainage flow to prevent water pooling and trip hazards.

As a preventive measure, the Administrator will check and document the status of the drainpipe monthly to ensure it is safe and free of tripping hazards.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([redacted] - 07/01/2025)

96a - First Aid Kit

9. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the medication box does not include gloves or a thermometer.

Plan of Correction

Accept ([redacted] - 06/16/2025)

First aid kit missing nonporous gloves and a thermometer.

We received this violation because the home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

On 5/15/25, the gloves and a thermometer were added to the first aid kit by the Administrator.

As a preventive measure, the Administrator will include these checks in the monthly checklist to ensure first aid kits are fully stocked. The Administrator will train direct care staff on the required first aid kit contents during orientation.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([redacted] - 07/01/2025)

100a - Exterior - Free of Hazards

10. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The home has a driveway on the side of the house that has two pieces of gravel with grass growing between them.

100a Exterior Free of Hazards (continued)

The gravel and the grass are not at the same level and dip down about 2 inches creating a tripping hazard.

The home's front walkway connected to the driveway is cracked and crumbling, dips down about 2 inches, and is a tripping hazard.

Plan of Correction

Accept ([redacted]) - 06/17/2025)

Driveway uneven with grass and gravel dips (~2 inches); walkway cracked and crumbling, creating tripping hazards.

We received this violation because the exterior of the building and the building grounds or yard must be in good repair and free of hazards. The home's front walkway connected to the driveway was cracked and crumbling, dips down about 2 inches, and was a tripping hazard

On 5/25/25, licensed contractors level the gravel/grass driveway section and resurface the front walkway.

As a preventive measure, the Administrator placed signage in these areas until repairs are completed. Repairs were completed by 5/25/2025 by the contractor. The Administrator will inspect the driveway monthly, to ensure the driveway is free of tripping hazards.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([redacted]) - 07/01/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

12. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar next to the toilets in the first floor bathroom in bedroom 1 and the shared bathroom on the second floor.

Plan of Correction

Accept ([redacted]) - 06/17/2025)

There were no bars on the 1st floor (Bedroom 1) or 2nd floor shared bathrooms toilet.

We received this violation because toilet and bath areas must have grab bars, hand rails, or assist bars. Furthermore, Bathtubs and showers must have slip resistant surfaces.

On 6/18/25, ADA compliant grab bars will be installed next to each affected toilet by the contractor. Slip resistant adhesive surfaces will be applied to shower/bath floors within the same week. These tasks will be completed by maintenance staff or a licensed contractor by 6/18/25.

As a preventive measure, the Administrator will check each bathroom as part of the monthly checklist to ensure grab bars are in place for resident safety.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([redacted]) - 07/01/2025)

103f Refrigerator/Freezer Temps

13. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the kitchen.

On [redacted] at 9:25 A.M. the freezer was 4 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 06/17/2025)

The freezer had no thermometer, in the kitchen and on 5/29/25, the freezer was 4 degrees Fahrenheit.

We received this violation because food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. There was no thermometer in the freezer in the kitchen and the freezer was 4 degrees Fahrenheit.

On 5/2/2025, A digital thermometer was immediately installed in the freezer by the Administrator. On 05/29/2025, weekly temperature checks and logs were put in place as a part of the weekly checklist.

As a preventive measure, the Administrator will check monthly to ensure the thermometer works properly.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([redacted] - 07/01/2025)

107c Food/Water 3 Day Supply

14. Requirements

2600.

107.c. The home shall maintain at least a 3 day supply of nonperishable food and drinking water for residents.

Description of Violation

On [redacted] the home did not have any residents. The home had one can of beans as the emergency food storage.

Plan of Correction

Accept ([redacted] - 06/17/2025)

On 5/1/25 the home did not have any residents. The home had one can of beans as the emergency food storage.

We received this violation because the home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

On 06/10/2025, a full 3-day supply per expected resident count was purchased and stored.

As a preventive measure, an emergency inventory checklist was created and reviewed monthly by the Administrator as part of the monthly checklist. The Administrator will replace any missing items in the emergency supplies immediately

Licensee's Proposed Overall Completion Date: 06/13/2025

107c Food/Water 3 Day Supply (continued)

Implemented [redacted] - 07/01/2025)

121a Unobstructed Egress

15. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:49 A.M., the home had a pile of plywood, stones, and a bucket that blocked egress from the home's second floor fire escape.

Plan of Correction

Accept [redacted] - 06/17/2025)

On 5/1/25 at 9:49 A.M., the home had a pile of plywood, stones, and a bucket that blocked egress from the home's second floor fire escape.

We received this violation because Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.

On 5/20/2025, all obstructing items were removed.

As a preventive measure, the Administrator will conduct weekly safety inspections, which now include egress pathways. Further, Staff will be trained on fire safety protocols during orientation.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 07/01/2025)

131c Kitchen Fire Extinguisher

16. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A 10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The home had no fire extinguisher present in the kitchen on [redacted].

Plan of Correction

Accept [redacted] - 06/17/2025)

The home had no fire extinguisher present in the kitchen on 5/1/25.

We received this violation because a fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

On 6/2/2025 2A-10BC rated fire extinguisher was installed in the kitchen by the fire extinguisher inspection company and also inspected by the Lansdowne Fire Marshal.

As a preventive measure, the Administrator will conduct monthly inspections of the fire extinguisher to verify functionality and presence. The Administrator will ensure that only a 2a-10BC is installed in the kitchen. Further, Staff will be trained on fire safety protocols during orientation.

131c - Kitchen Fire Extinguisher (continued)

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [REDACTED] 07/01/2025)

144c1 - Smoking Area Guidelines

17. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has a chair with a soft cushion and two wicker couches with soft cushions, the soft cushions on the furniture are not California rated as fire safe.

Plan of Correction

Accept ([REDACTED] - 06/17/2025)

The home's designated smoking area had a chair with a soft cushion and two wicker couches with soft cushions, the soft cushions on the furniture were not California rated as fire safe.

We received this violation because proper fire safety safeguards are required in smoking areas .

On 6/6/25, fire-resistant furniture per California standard was purchased and installed at the back of the building as a designated area for smoking only..

As a preventive measure, the Administrator will conduct Fire safety procedures with staff during orientation. Further, the Administrator will conduct a monthly check to ensure that there are no cushion chairs and wicker couches near the smoking area.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [REDACTED] - 07/01/2025)