



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 23, 2025

[REDACTED]
Ark Manor LLC
105 Sandra Drive
Delmont, Pennsylvania 15626

RE: Ark Manor
License #: 44686

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 29, 2025, and May 30, 2025, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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]

Legal Entity

Name: ARK MANOR LLC
Address: 105 SANDRA DRIVE, DELMONT, PA, 15626
Phone: [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: 50 Waking Staff: 38

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Monitoring Exit Conference Date: 07/08/2025

Inspection Dates and Department Representative

05/29/2025 - On-Site: [REDACTED]
05/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	70	Residents Served:	45
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income:	30	Are 60 Years of Age or Older:	42
Diagnosed with Mental Illness:	21	Diagnosed with Intellectual Disability:	3
Have Mobility Need:	5	Have Physical Disability:	1

Inspections / Reviews

05/29/2025 - Partial
Lead Inspector: [REDACTED] Follow-Up Type:

121a - Unobstructed Egress

1. 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

The emergency exit door at the end of wing 4 was difficult to open and required an agent of the Department to use force on the opener bar in order to open it.

A door in the common room opens to an enclosed deck with no means of egress from the deck; however, a sign over the door clearly marks this as an exit.

Repeat Violation: 1/17/25, 11/7/24 et al

Plan of Correction

Directed [REDACTED] - 07/09/2025)

Within 5 days of receipt of the plan of correction: The administrator or designee shall repair or replace the emergency exit door at the end of wing 4 so that it opens easily and does not impede egress.

Within 5 days of receipt of the plan of correction and weekly thereafter: The administrator or designee shall check all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they remain unlocked and unobstructed. Documentation of the weekly checks shall be kept.

Within 20 days from receipt of the plan of correction - The home will contact the local building code official to reassess the exit signage and take one of the following remedial actions:

- Removal of the exit sign only with the local building code official's issuance of a new certificate of occupancy or documentation from the local building code official that a new certificate of occupancy isn't required.
- The home will construct a means of egress to a public thoroughfare from the deck only with the local building code official's issuance of a new certificate of occupancy or documentation from the local building code official that a new certificate of occupancy isn't required. Documentation of the option chosen and verification of completion will be submitted to [REDACTED] via e-mail.

Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) – (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c).

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132b - Safety Inspection/Fire Drill (continued)

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection and fire drill conducted by a fire safety expert was conducted on 3/6/24.

Plan of Correction

Directed [REDACTED] - 07/09/2025)

Within 15 days of receipt of the plan of correction: The administrator or designee shall have a fire safety inspection and fire drill conducted by a fire safety expert completed. Documentation of the fire safety inspection and fire drill shall be kept.

Within 15 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure the fire safety inspection and fire drill by a fire safety expert are conducted annually.

Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) – (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c).

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 4/24/25 at 5:40pm exceeded 2 minutes and 30 seconds. The drill took 6 minutes and 28 seconds to complete. However, the home does not have a safe evacuation time specified in writing from a fire safety expert in the last 12 months.

Plan of Correction

Directed [REDACTED] - 07/10/2025)

Within 15 days of receipt of the plan of correction: The administrator or designee shall have a fire safety inspection and fire drill conducted by a fire safety expert completed. Documentation of the fire safety inspection and fire drill shall be kept.

Within 15 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure the fire safety inspection and fire drill by a fire safety expert are conducted annually.

Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) – (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c).

132d - Evacuation (continued)