

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

August 12, 2025

[REDACTED]  
MANATAWNY AL OPERATING COMPANY LLC  
[REDACTED]

Suite 107  
[REDACTED]

RE: THE RESIDENCES AT MANATAWNY  
VILLAGE  
30 OLD SCHUYKILL ROAD  
POTTSTOWN, PA, 19465  
LICENSE/COC#: 14851

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2025 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: THE RESIDENCES AT MANATAWNY VILLAGE License #: 14851 License Expiration: 12/06/2025
Address: 30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465
County: CHESTER Region: SOUTHEAST

Administrator

Name: Phone: Email:

Legal Entity

Name: MANATAWNY AL OPERATING COMPANY LLC
Address:
Phone: Email:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 06/03/2025

Inspection Dates and Department Representative

06/03/2025 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124 Residents Served: 55

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 24 Residents Served: 19

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

06/03/2025 Partial

Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 07/05/2025

07/07/2025 - POC Submission

Submitted By: Date Submitted: 07/28/2025
Reviewer: Follow-Up Type: POC Submission Follow-Up Date: 07/12/2025

Inspections / Reviews *(continued)*

## 07/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/27/2025

## 08/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct Care Staff Person A did not receive training in the topics listed below during training year April 1, 2024 to March 31, 2025:

1. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
2. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
3. Personal care service needs of the resident.
4. Safe management techniques.

Plan of Correction

Accept [REDACTED] - 07/14/2025)

Corrective Action: Training record audit and updates were completed for Staff member A. Proof of trainings attached.

Systemic Review: All employee trainings have been audited on 7/2/25. Trainings are combined and organized into 1 binder. Trainings are kept in an easily accessible location.

Preventative measure: Employees (DCS) will receive the required trainings throughout the year on a monthly basis. Employee trainings will be audited on a monthly basis to ensure trainings are being completed. (By CSD or PCHA). Next audit date 8/15/2025. Training and audits are on a continuous basis

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] - 08/12/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff Person A did not receive training in the below listed topics during training year April 1, 2024 to March 31, 2025:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by

65g Annual Training Content (continued)

- a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
- 5. Falls and accident prevention.

Plan of Correction

Directed ( [REDACTED] - 07/14/2025)

Corrective Action: Training record audit and update were completed for Staff member A. Proof of trainings attached.  
 Systemic Review: All employee trainings have been audited on 7/2/25 Trainings are combined and organized into 1 binder. Trainings are kept in an easily accessible location.  
 Preventative: All employee education will be tracked throughout the training calendar year 4/2025 3/2026 to ensure that all employees receive 12 hours of training. (PCHA/CSD)

Proposed Overall Completion Date: 07/16/2025

Directed Plan of Correction:

To clarify the above plan of correction: beginning within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit employee training records monthly to ensure completion of assigned trainings.

Directed Completion Date: 07/21/2025

Implemented [REDACTED] 08/12/2025)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 2 tablets by mouth at bedtime. However, this medication was not administered to Resident [REDACTED] on [REDACTED] and [REDACTED] because the medication was not available in the home.

Repeat Violation: [REDACTED] et al

Plan of Correction

Directed [REDACTED] 07/14/2025)

Corrective action: Resident [REDACTED] is deceased. [REDACTED]  
 Systemic review: Medication Audits are performed biweekly starting 6/10/2025.  
 (next audit 7/14/2025)  
 Medication Technicians and Nurses will receive training on administration rules, following prescribers' orders, safety and other medication topics. (training content uploaded) completed by 7/15/2025  
 Preventative measure: Medication Audits and cart audits will be assigned to nursing staff and monitored for completion biweekly by the CSD and or PCHA. Duration of auditing is continuous for 90 days

Proposed Overall Completion Date: 07/16/2025

Directed Plan of Correction:

187d Follow Prescriber's Orders (continued)

*To clarify the above plan of correction, within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall train all qualified medication administrators of the requirement of 187d.*

*Starting within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall conduct bi weekly medication cart and Medication Administration Record audits/reviews for three months. Documentation shall be maintained for department review.*

**Directed Completion Date: 07/26/2025**

**Implemented [REDACTED] - 08/12/2025)**