

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

July 29, 2025

[REDACTED]  
WILSMAR FAMILY LLC  
[REDACTED]

RE: PARADISE MANOR  
206 EAST LINCOLN AVENUE  
HATFIELD, PA, 19440  
LICENSE/COC#: 15282

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2025 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: PARADISE MANOR License #: 15282 License Expiration: 11/21/2025  
 Address: 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440  
 County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: WILSMAR FAMILY LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 12/31/1981 Issued By: COPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 06/05/2025

**Inspection Dates and Department Representative**

06/05/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 25  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 22  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

06/05/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/10/2025

07/11/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/28/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/28/2025

Inspections / Reviews *(continued)*

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] [redacted] one puff by mouth once daily with pharmacy instructions to discard 42 days after opening the medication. Manufacturer's instructions state "Discard [redacted] 6 weeks after opening the foil tray or when the counter reads '0' (after all blisters have been used), whichever comes first." The medication was opened on [redacted] and on [redacted] the medication was still on the cart.

Plan of Correction

Accept [redacted] - 07/11/2025)

On 6/5/2025, the staff on duty removed the Resident [redacted] from the medication box and was discarded as per the policy.

Going forward the staff will always check all the medications and follow the dates as per the manufacturer's dates and Pharmacy labels and do as instructed In addition, the Medication Stop date will be placed in the Medication Administration Record (MAR). A retraining was conducted on 7/8/2025 towards the staff who had received the medication. The other staff members will receive retraining during the monthly training date on 7/28/25.

Going forward the PCH Administrator will check all discharge paperwork after a doctor's visit or hospitalization to ensure that TIME LIMITED MEDICATIONS have a start date and an end date on the Medication Administration Record.

See Attached Retraining

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented [redacted] - 07/29/2025)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted], does not include behavioral or cognitive needs and social and recreational needs. Pages 10 and 11 of resident [redacted] assessment dated [redacted] were blank.

Plan of Correction

Accept [redacted] 07/11/2025)

After 6/5/2025, the correct copy of Resident [redacted] RASP was located in the office. (See attached) with all the required spaces filled out.

Further all the staff were retrained on 7/9/2025 on how to write RASPs./ Assessments. The staff were shown how to make sure every section is check marked as required. ( See attached)

The PCH Administrator or designee will always make sure to check all the Assessments upon completion to ensure that all sections are completed.

All these items related to documentation will be repeated again to all staff during the monthly staff meeting /

225c - Additional Assessment (continued)

training on 7/28/25

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented [redacted] - 07/29/2025)

251b - Record Entries Legible

3. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Staff person A wrote over the date on resident's [redacted] RASP dated [redacted].

Plan of Correction

Accept [redacted] 07/11/2025)

After 6/5/2025, the correct copy of Resident [redacted] RASP was located in the office. (See attached) with all the required spaces filled out including legible signatures.

Further all the staff were retrained on 7/9/2025 on how to write RASPs./ Assessments. The staff were shown how to make sure every section is check marked as required. ( See attached)

The PCH Administrator or designee will always make sure to check all the Assessments upon completion to ensure that all sections are completed.

All these items related to documentation will be repeated again to all staff during the monthly staff meeting / training on 7/28/25

In unrelated circumstances, staff number A has no longer works Paradise Manor

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented [redacted] - 07/29/2025)