

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

August 19, 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 06/12/2025 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: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 06/12/2025

Inspection Dates and Department Representative

06/12/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 50 Residents Served: 24
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 2
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

06/12/2025 - Partial
Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 07/11/2025

Inspections / Reviews (*continued*)

07/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/18/2025

07/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/08/2025

08/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at 8:52pm, Resident [redacted] entered the room of Resident [redacted] uninvited, through an unlocked door. In an interview with the Department, Resident [redacted] stated they awoke from a sound sleep with Resident [redacted] next to their bed in [redacted] wheelchair. Resident [redacted] stated they felt Resident [redacted]'s hand on their bare upper thigh and Resident [redacted]'s pants were pulled down to their knees. Resident [redacted] stated they screamed once they realized what was happening and yelled, "Get out!" Resident [redacted] then left the room. Resident [redacted] was in resident [redacted]'s room for approximately 10 minutes before Resident [redacted] awoke. Resident [redacted] locked the bedroom door after Resident [redacted] left. Resident [redacted] went back again shortly after and tried the doorknob to Resident [redacted]'s room, found it locked, then returned to their own room again. Resident [redacted] shares a room with another resident. Earlier in the day on [redacted] Resident [redacted] stated that Resident [redacted] told them that would be coming over to their room later because they knew their roommate was not going to be around. Resident [redacted] initially thought Resident [redacted] was joking but did not agree to have Resident [redacted] in their room for any reason.

Plan of Correction

Accept [redacted] - 07/21/2025)

Staff member A – The Administrator at the time of the incident addressed the matter with Resident [redacted] and the later apologized to Resident [redacted]. In unrelated circumstances, the family of Resident [redacted] decided to pull [redacted] out of Paradise Manor.

To make sure that this kind of an occurrence does not take place again staff received in-service training Titled - Supervision of Residents / Supervision and Reporting Issues. This training was provided by the PCH Administrator on 7/9/2025.

The PCH Administrator will frequently remind staff during the monthly meetings / trainings on the need to be vigilant and observant on what is going on in the building.

In the the July Meeting with the residents on 7/30/2025, the residents will be reminded to make sure they report to the Administrator or staff any and all unwanted gestures from other residents.

The PCH Administrator or Designee will start conducting random interviews to different residents on bi-weekly basis starting on 8/5/25. There will be a Form used with 10 questions and one will be open ended to allow for residents to share anything not captured.

Subsequently the Administrator will report promptly to the Older Adult Protective Services any abusive or suspicious issues among the residents.

(See attached.)

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented [redacted] - 08/19/2025)

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

Per an incident report filed [redacted] to the Department of Human Services, Staff Member A reviewed surveillance

42s - Privacy (continued)

footage that showed Resident [REDACTED] entering the room of Resident [REDACTED] on [REDACTED] at 8:52pm. Recording of interior areas, such as resident bedroom doors, by the home is a violation of resident privacy and is therefore prohibited, with the exception of camera views that only capture images of the entrances and exits to the home.

Plan of Correction

Accept [REDACTED] 07/15/2025)

The hallway cameras have been switched off upon the recommendation of the DHS Officer. Further a contractor is scheduled to come in and remove the physical cameras from the hallway on 7/30/2025. The only cameras to be left in the building will be on the entrances and exit points of the building..

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented [REDACTED] 08/19/2025)

141a 1-10 Medical Evaluation Information**3. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED]'s medical evaluation dated [REDACTED] did not include all of the resident's medical diagnoses.

Plan of Correction

Accept (MS - 07/21/2025)

The Medical Evaluation form for Resident [REDACTED] has been updated to have all areas included and no spaces left out. The PCH Administrator will always make sure all the pertinent sections of the DME are filled out by the Physician after every visit. The PCH Administrator will audit the DME's by comparing the completed one with the sample given from the DHS. A sample of a completed form shall be kept in the PCHA's office and will be available for use by all staff to make sure no sections are left out. A comparison will be made with the old ones which were correctly done. There will also be a monthly audit done to all resident's binders for accuracy of the information. This will be done on Wednesday of the 4th week of every month by the PCHA or Designee.

In case of any areas being left out the Physician will be notified immediately by PCHA. A tracker was formed so that the Administrator can keep an eye on the due dates and the time to inspect the completed DME's. The tracker will start being used as of 8/1/2025 and will be reviewed every first week of the month 1st to 5th of every month.

The PCH Administrator provided all the trainings- (See attached).

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented [REDACTED] - 08/19/2025)

183a - Original Containers and Injections

4. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [redacted] at 12:30pm, multiple pills for Resident [redacted] were pre-poured into a medication cup, which was found in the locked medication cabinet. Resident [redacted] already received their morning medications and was not due to be administered additional medications until 8:00pm.

Plan of Correction

Accept [redacted] 07/21/2025)

on 7/9/2025, The PCH Administrator did an in- service training to staff on Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.,

Starting on 7/30, The PCH Administrator will be inspecting the medications administration area weekly on random days to ensure that medications are not being poured more than 2 hours before the administration time. In service and retraining will be meted on any staff not following this directive. Continuous failure to follow this will result in a disciplinary action from the Administrator.

(See attached)

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented [redacted] - 08/19/2025)

184b - Labeling OTC/CAM

5. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] at 12:30pm, a bottle of [redacted] and a bottle of [redacted] were found in the medication cart. They were not labeled with a resident's name.

Plan of Correction

Accept [redacted] 07/21/2025)

The medications were removed from the cart right away.

On 7/9/2025,the PCH Administrator retrained / gave in-service to staff on ensuring that the OTC medications and CAM belonging to the resident, they shall be identified with the resident's name.

Starting on 7/30/ 2025, the PCH Administrator will be inspecting the medications administration area weekly on random days to ensure that medication are labeled accordingly. In service and retraining will be meted on any staff not following this directive. Continuous failure to follow this will result in a disciplinary action from the Administrator.

(See attached)

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented [redacted] - 08/19/2025)

225c - Additional Assessment

6. Requirements

225c - Additional Assessment (continued)

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

The assessment for Resident [REDACTED] dated [REDACTED] does not indicate the degree of assistance needed in doing laundry.

Plan of Correction

Accept ([REDACTED] - 07/21/2025)

The Assessment for Resident [REDACTED] has been updated to have all areas included and no spaces left out indicating the level of assistance in completing the laundry.

From 8/1/2025, the PCH Administrator will start using an in-house created RASP audit Tool to always make sure all the pertinent sections of the Assessment are filled out on the completion date.

In case of any sections being left out the matter will be addressed immediately by PCHA and the required information placed in the RASP by the staff who missed it or by the PCH Administrator.

A tracker was formed so that the Administrator can keep an eye on the due dates of all RASP's in order to inspect the completed Assessments. The tracker will start being used as of 8/1/2025 and will be reviewed every first week of the month 1st to 5th of every month by the PCH Administrator or a Designee.

On 7/9/2025 the PCH Administrator retrained staff / provided in-service on matters related to RASP completion. - See attached

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented ([REDACTED] - 08/19/2025)