

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

September 3, 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 06/25/2025 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: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: MANATAWNY AL OPERATING COMPANY LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 80 Waking Staff: 60

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Fine Exit Conference Date: 06/25/2025

Inspection Dates and Department Representative

06/25/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124 Residents Served: 59

Secured Dementia Care Unit

In Home: Yes Area: Horizons 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: 59
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

06/25/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/12/2025

08/26/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 07/10/2025
Reviewer: [Redacted] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

09/03/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 07/10/2025)

1. Corrective Action: Staff member A is no longer employed by the facility as of 7/3/2025. Employees' last day worked was 6/22/2025.

2. Systemic Review: All current direct care staff files were audited on 07/7/2025 to verify compliance with 55 Pa. Code § 2600.54a. No additional deficiencies were found.

3. Preventive Measure:

HR will implement a dual-verification process for new hires: Qualifications will be confirmed via diploma/GED/nurse aide registry before employment.

Quarterly file audits will be conducted; next audit due 10/07/2025.

Licensee's Proposed Completion Date: 07/07/2025 (Staff A termination and file audit).

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented [REDACTED] - 09/03/2025)

64a Admin Training

2. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.

Description of Violation

Staff person B, who is the home's administrator, has not successfully completed an orientation program approved and administered by the Department.

Plan of Correction

Accept [REDACTED] - 07/10/2025)

1. Corrective Action: Staff member is B enrolled in the next DHS-approved orientation program (Scheduled: July 18,2025).

2. Interim Measure: Staff B will refrain from independent administrative decision-making until training completion. Decisions will be reviewed by Executive Director (M. Kessler).

3. Preventive Measure:

Future administrators will complete orientation prior to hire.

Training records will be tracked via centralized HR database with expiration alerts.

Licensee's Proposed Completion Date: 07/18/2025 (training completion).

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 09/03/2025)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The home does not have a document on file for staff A (whose first day of work was [redacted] and C (whose first day of work was [redacted] indicating that they received orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Repeat Violation: [redacted] et al., [redacted]

Plan of Correction

Accept [redacted] - 07/10/2025)

Corrective Action: Staff member A is no longer employed by the facility as of 7/3/2025. Employees' last day worked was 6/22/2025.

1. Staff member C received comprehensive fire safety training on 06/29/2025. Documentation attached.
2. Systemic Review: All current facility and agency staff will be retrained on fire safety orientation training. Employee files (including substitutes/volunteers) were audited 07/9/2025. 100% compliance confirmed.
3. Preventive Measure:

New hires will complete orientation using a mandatory checklist, signed by staff members on Day 1. Monthly audits of training files; next audit 08/9/2025.

Licensee's Proposed Completion Date: 07/9/2025 (audit completion

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented [redacted] - 09/03/2025)

88a - Surfaces

4. Requirements

2600.

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

88a Surfaces (continued)

Description of Violation

On [REDACTED] around 09:30 AM, stained ceiling tiles were observed in stairwell A, in men's bathroom, and around the corner of A hallway dead end.

Repeat Violation: [REDACTED] et al., [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/10/2025)

- 1. Corrective Action: All stained tiles were replaced on 06/25/2025 (same day as inspection).
- 2. Systemic Review: Facility wide inspection conducted 06/26/2025; no additional hazards found.
- 3. Preventive Measure:
 Maintenance will conduct biweekly surface inspections (next: 07/11/2025).
 Hazard reporting protocol added to resident/staff handbooks.
 Licensee's Proposed Completion Date: 06/25/2025.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [REDACTED] - 09/03/2025)