



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 12, 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 inspection on August 13, 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: 43 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident, Monitoring Exit Conference Date: 08/13/2025

Inspection Dates and Department Representative

08/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 Residents Served: 41

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 27 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 2 Have Physical Disability: 1

Inspections / Reviews

08/13/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type:

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a strong odor of urine near the front door of the home which lingered throughout the day.

Plan of Correction

Directed [REDACTED] - 09/03/2025)

Within 15 days of receipt of the plan of correction: The administrator or designee shall determine the source of the odor and sufficiently clean or replace items so that the odor no longer persists near the front door of the home. Possible remedies shall include having any carpets or furniture in this area deep cleaned. If deep cleaning does not remove the urine odor, any carpets or furniture in this area shall be removed or replaced.

Within 15 days of receipt of the plan of correction: The administrator or designee shall review the support plans of residents who require incontinence care to ensure their needs are being met timely by staff. Per 2600.60a, staffing shall be increased if needed to meet the incontinence needs of the residents.

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).

88a - Surfaces

2. Requirements

2600.

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

Description of Violation

There was a 5 foot by 5 foot hole in the drywall ceiling at the wing 4 emergency exit.

Plan of Correction

Directed [REDACTED] 09/03/2025)

Within 15 days of receipt of the plan of correction: The administrator or designee shall ensure that the hole in the ceiling at the wing 4 emergency exit is repaired so that it poses no hazard to residents or staff.

Within 15 days of receipt of the plan of correction and weekly thereafter: The administrator or designee shall conduct a weekly walkthrough of the home to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Documentation of these checks shall be kept.

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).

144c2 - Smoking Area Distance

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is on the outside patio to the south of the large dining room. However, on 7/6/25 at approximately 10:00 a.m., the home's fire alarm sounded and staff found a small fire in resident #1's bedroom. Staff extinguished the fire and evacuated all residents from the home. The local fire department determined the cause of the fire to be a cigarette butt in the resident's closet.

Plan of Correction**Directed (█) - 09/03/2025)**

Within 5 days of receipt of the plan of correction: The home shall document this incident of the breaking of the home's rules and inform resident #1 that further breaking of the home's rules may result in a 30-day notice of involuntary discharge. The resident's assessment and support plan will be updated to reflect this behavior.

Within 5 days of receipt of the plan of correction: The administrator or designee shall review the supervision needs of residents who smoke and ensure that proper supervision is provided during resident smoking, including the extinguishing of smoking materials before leaving the smoking area. The residents' assessments and support plans will be reviewed and updated, if necessary, to align with supervised smoking needs.

Within 5 days of receipt of the plan of correction and at least weekly thereafter: The administrator or designee shall check the designated smoking area to ensure it remains compliant with 2600.144c1-3, including providing fireproof receptacles and ashtrays. Documentation of these checks shall be kept.

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).