

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

November 5, 2025

[REDACTED]
WASHINGTON MANOR PERSONAL CARE HOME LLC

[REDACTED]
P O BOX 1935
[REDACTED]

RE: WASHINGTON MANOR PERSONAL
CARE HOME LLC
320 SOUTH WASHINGTON STREET
BUTLER, PA, 16003
LICENSE/COC#: 44863

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2025 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: WASHINGTON MANOR PERSONAL CARE HOME LLC **License #:** 44863 **License Expiration:** 11/27/2025
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003
County: BUTLER **Region:** WESTERN

Administrator

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

Legal Entity

Name: WASHINGTON MANOR PERSONAL CARE HOME LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/24/1985 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 26 **Waking Staff:** 20

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/23/2025

Inspection Dates and Department Representative

09/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 25 **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: 24 **Are 60 Years of Age or Older:** 19
Diagnosed with Mental Illness: 24 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

09/23/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/14/2025

10/16/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/29/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/23/2025

Inspections / Reviews *(continued)*

10/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/21/2025

11/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85b Infestation

2. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

At approximately 1:59 p.m., there was a Ground Bee nest in the bricking of the wall directly above the furthest left side of the home's rear porch. The home's residents had access to the area.

Plan of Correction

Accept ([redacted] - 10/24/2025)

The administrator/care home agrees with only part of this violation. A nest of yellow jackets appeared at the time of inspection. Upon discovering the nest, the administrator called Budget Pest Control and had an exterminator sent out to remove the infestation. The nest was on the outer wall of the home and no bees were ever inside the care home resident areas. The earliest date an exterminator could come was Sunday morning 09-28-2025. The exterminator came and sprayed the nest and it was immediately eliminated on Sunday 09-28-2025. No activity has occurred again.

The administrator doesn't agree that this yellow jacket nest was in an area in which the home's residents had access. This is completely untrue as the nest was on the back porch area of the building which is ONLY used by staff members and employees of various community agencies. To ensure that this violation will not occur in the future the administrator will conduct weekly inspections of the building exterior (starting 10-22-2025) areas to look for potential cracks in which a bees nest/insect/rodent access may arise and repair those areas if found. If any type of infestation would ever occur again the administrator will call a licensed pest control service to eliminate the infestation immediately.

Licensee's Proposed Overall Completion Date: 10/22/2025

Implemented [redacted] - 11/05/2025)

101r Bedroom shades/drapes/window covering

3. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

At 10:47 a.m., there was a gap in coverage approximately 0.5 x 9 inches in size along the bottom of the screen's frame in the first window located in resident room #9.

Plan of Correction

Accept [redacted] 10/24/2025)

The resident in room [redacted] that has their bed nearest the window places many items along the window sill and apparently the screen was damaged as a result. A temporary window screen was placed in the window on 09-24-2025 as the main screen was sent to be repaired after the inspection was completed. A corrective action was the screen repair on 09-26-2025 being completed. To ensure this violation doesn't occur again, the administrator and manager will conduct weekly physical site assessments using the screen physical site checklist (see attached) beginning 10-22-2025.

Licensee's Proposed Overall Completion Date: 10/22/2025

Implemented [redacted] - 11/05/2025)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:35 a.m., there was an undated, unlabeled plastic container of approximately two dozen shrimp in the left white stand-up refrigerator near the home, kitchen, rear exit.

At approximately 10:35 a.m., there was an undated, unlabeled piece of frozen French bread pizza in the middle, white stand-up freezer immediately next to the home's kitchen's rear exit.

Plan of Correction

Accept [redacted] - 10/24/2025)

The resident policy at the care home is that resident's are to hand any outside food that they bring back to the home from outside sources to direct care staff who will label and date the item. The resident violated this policy and simply placed the item from a restaurant outing in the resident's refrigerator without handing it to the staff on duty. The item was removed as an immediate action from the refrigerator and discarded on 09-23-2025 by the administrator. A resident's meeting was conducted as a corrective action after the inspection on 09-24-2025 at 5:30 p.m. and this policy was reviewed. To ensure this violation doesn't occur again the home has created a checklist to be completed by staff at the beginning/end of each shift starting 10-22-2025 to make certain no unmarked items are placed in the refrigerator which will be reviewed by the administrator to find resident patterns of house rule violations to prevent this violation from occurring in the future.

Licensee's Proposed Overall Completion Date: 10/22/2025

Implemented [redacted] - 11/05/2025)

132f - Alternate Exit Routes

5. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front and ramp exit routes were the only exit routes used during the fire drills conducted from August 2024, through August 2025. However, the home has 4 exit routes.

Plan of Correction

Accept [redacted] - 10/24/2025)

The Butler Fire Chief conducted a fire drill in August 2025 and commended the care home on how quickly residents accessed the exits. The Fire Chief designated these two exit routes on the main floor as the shortest and quickest routes which are located at opposing points of the building in case one is obstructed and both lead to the designated meeting area to take role call/attendance. The care home conducted a fire drill on October 4, 2025 at 11:00 a.m. using the additional exits not used in prior drills as an immediate action. As of October 1, 2025 and every month afterwards fire drills will be conducted by the administrator to ensure that all four exit areas are utilized in the fire drills. A second October fire drill conducted Sunday October 19, 2025 at 8:15 p.m. focused on all four exits being used at a different time of day than the October 4, 2025 drill. The administrator will continue overseeing fire drills each month that utilize all four exits at different times of the day to prevent future violations of this regulation.

Licensee's Proposed Overall Completion Date: 10/22/2025

132f Alternate Exit Routes (*continued*)*Implemented* [REDACTED] - 11/05/2025)

141a 1 10 Medical Evaluation Information

6. 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] most recent Documented Medical Evaluation was completed on [REDACTED]. However, the Documented Medical Evaluation did not include an assessment of Medical Information Pertinent to Diagnosis and Treatment, Medication, and Body Positioning / Movement. The fields were blank.

Resident [REDACTED] most recent Documented Medical Evaluation was completed on [REDACTED]. However, the Documented Medical Evaluation did not include an assessment of Medical Information Pertinent to Diagnosis and Treatment. The field was blank.

Resident [REDACTED] most recent Documented Medical Evaluation was completed on [REDACTED]. However, the Documented Medical Evaluation did not include an assessment of Medical Information Pertinent to Diagnosis and Treatment, and Medication. The fields were blank.

Plan of Correction*Accept* [REDACTED] - 10/24/2025)

The designated areas on the Documented Medical Evaluation are to be completed by a physician and these areas weren't completed. The care home house physician was faxed the DME's to complete these areas on 09-24-2025 as an immediate action. The physician completed these areas by 09-26-2025 as a corrective action. Beginning 09-24-2025, to ensure this violation doesn't occur again, the care home administrator will review with the manager all DME's and have the designated physician complete all required areas of the form by fax or on his next scheduled monthly visit.

Licensee's Proposed Overall Completion Date: 10/22/2025

Implemented [REDACTED] - 11/05/2025)