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

March 30, 2026

[redacted]
MANATAWNY AL OPERATING COMPANY LLC
[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 01/12/2026, 01/13/2026 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

Type: *C-1* **Date**: *06/08/2026* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *83* **Waking Staff**: *62*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *01/13/2026*

Inspection Dates and Department Representative

01/12/2026 - On-Site: [redacted]

01/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *52*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *24* **Residents Served**: *21*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *52*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *31* **Have Physical Disability**: *0*

Inspections / Reviews

01/12/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/21/2026*

02/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/23/2026*

Inspections / Reviews *(continued)*

03/04/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/14/2026*

03/30/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:45am, daily census treatment books were unlocked, unattended, and accessible at the memory care nurses station.

On [redacted], at 10:10am, daily census treatment books were unlocked, unattended and accessible at the memory care nurses station.

Plan of Correction ***Accept [redacted] - 03/04/2026)***

** Corrective action- All daily census treatment books will be locked in the nursing station med room and not accessible.*

** Systemic change - On 03/05/2026, the DON will conduct mandatory in-service training for all nursing staff (LPNs, RNs, and Med Techs) on the confidentiality requirements of 2600.17. The training will specifically address that all resident information, including census books, treatment sheets, and reports, must be kept out of view and secured in a locked area when not in direct use by staff. Attendance will be documented. Beginning 03/09/2026 and continuing indefinitely, the DON or designee will conduct daily, unannounced visual checks of the memory care nurses station and medication room during both day and evening shifts. They will verify that no confidential documents are left unlocked or unattended*

** Person responsible- DON and Administrator.*

Proposed Overall Completion Date: 03/10/2026

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 03/30/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Sani Bleach Wipes, with a manufacture's label indicating "to contact poison control if swallowed", was unlocked, unattended, and accessible to residents in memory care. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept ([redacted] 03/04/2026)***

** Corrective action - The bleach wipes were removed right away and locked for safety.*

** Systemic change -On 03/05/2026, the DON will conduct training for all clinical and housekeeping staff on the*

82c Locking Poisonous Materials (continued)

proper storage of poisonous materials as per 2600.82c. Starting 03/06/2026, the Housekeeping Director and the DON will conduct weekly, unannounced audits of the Memory Care unit and all other resident areas. These audits will specifically check for any cleaning supplies, bleach wipes, or other poisonous materials that are left unlocked or unattended

** Person Responsible DON/ Housekeeping Director*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 03/30/2026)

88a - Surfaces

3. 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

On [redacted] at approximately 10:15a, in the chaplain/activity the ceiling was stained with a brown ring with black specs which appear to be mold.

Plan of Correction ***Accept ([redacted] - 03/04/2026)***

** Corrective action The ceiling tile was replaced right away.*
** Systemic change Beginning 03/09/2026, the Maintenance Director will conduct weekly documented walk throughs of personal care, including resident rooms, common areas, and activity spaces to assess the condition of floors, walls, ceilings, windows, and doors for any damage, staining, or hazards.*
** Person responsible The Maintenance Director and Administrator*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 03/30/2026)

96b - First Aid Location

4. Requirements

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person A, did not know the location of the first aid kit.

Staff person B, did not know the location of the first aid kit.

Plan of Correction ***Accept [redacted] - 02/18/2026)***

** Corrective action Staff person A and B were reeducated on the location of the first aid kit. Staff person A also knew the location at the time of the inspection but was nervous and miss spoken.*
** Systemic change Staff to have training to make all staff be aware of where the first aid kits are on each unit. Signs are noted at each location for easy identification of the location.*
** Person responsible DON/ LPN*

Licensee's Proposed Overall Completion Date: *03/10/2026*

96b - First Aid Location *(continued)*

Implemented [redacted] - 03/30/2026)

102k - No Common Towel

5. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in common women's bathroom located on the 2nd floor across from the dining room.

Plan of Correction ***Accept [redacted] - 03/04/2026)***

** Corrective action - Paper towels were replaced immediately in the common woman's bathroom.*
** Systemic change- Beginning 03/09/2026, the Housekeeping Director will implement a new "Restroom Supply Log." Housekeeping staff will be required to check and initial the log for each common restroom (including the 2nd floor women's bathroom) twice daily—once in the morning and once in the afternoon—to verify that soap, paper towels, and toilet paper are fully stocked. The Housekeeping Director will conduct random spot checks of at least three common bathrooms per shift, three times per week, for the first month (through 04/09/2026)*
** Person responsible - Housekeeping Director/ Housekeeping Staff*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 03/30/2026)

183e - Storing Medications

6. 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

On [redacted], at approximately 10:02am, two containers of [redacted] Apply to lower gum topically 4 times daily and apply to lower gum topically as needed" were located in the medication cart for Resident 1 with no open date.

On [redacted], at approximately 10:05am, [redacted] "Place 1 drop into both eyes three times daily, was located in the medication cart for Resident [redacted] with no open date.

On [redacted] at approximately 10:06am, [redacted]" Insert 1 drop in both eyes three times a daily, with an expiration date of [redacted] remained in the medication cart for Resident [redacted]

Repeat violation: [redacted] et al and [redacted]

Plan of Correction ***Accept [redacted] 03/04/2026)***

** Corrective action - All 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.*
** Systemic change- On 03/05/2026, the DON will conduct a mandatory in-service for all nursing staff (LPNs, Med Techs) on proper medication storage per 2600.183e. The training will cover the requirements for dating multi-use*

183e - Storing Medications (continued)

containers upon opening and checking expiration dates. Effective 03/06/2026, the policy for medication cart audits will be revised. Each shift (days, evenings, nights) will be responsible for a designated cart check. Beginning 03/09/2026, the DON or a Designee will conduct a comprehensive, documented audit of all medication carts once per week

** Person responsible - Director of Nursing*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 03/30/2026)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

A bottle of [redacted] tab was unlabeled in the homes personal care medication cart; however, staff present in the home could not determine who the medication belongs too.

Plan of Correction ***Accept [redacted] 03/04/2026)***

** Corrective Action - Director of Nursing removed the unlabeled bottle of Mirtazapine immediately. All medications are to be labeled as followed:*

1. The resident's name.

2. The name of the medication.

3. The date the prescription was issued.

4. The prescribed dosage and instructions for administration.

5. The name and title of the prescriber.

** Systemic change- On 03/05/2026, the DON will conduct retraining for all nursing staff on the labeling requirements of 2600.184a. Emphasizing that a medication without a resident label is considered unidentifiable and a medication error. Effective 03/06/2026, the policy for medication cart audits will be revised. Each shift (days, evenings, nights) will be responsible for a designated cart check. Beginning 03/09/2026, the DON or a Designee will conduct a comprehensive, documented audit of all medication carts once per week*

** Person responsible- Director of Nursing.*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] 03/30/2026)

184b - Labeling OTC/CAM

8. Requirements

2600.

184b - Labeling OTC/CAM *(continued)*

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 approximately 10:17am a bottle of [redacted] tablets was unlabeled in the homes personal care medication cart; however staff present in the home could not determine who the medication belongs too.

Repeat violation: [redacted] et al.

Plan of Correction ***Accept [redacted] - 03/04/2026)***

** Corrective Action -Director of Nursing removed the unlabeled bottle of Tylenol immediately All medications are to be labeled as followed:*

1. The resident's name.

2. The name of the medication.

3. The date the prescription was issued.

4. The prescribed dosage and instructions for administration.

5. The name and title of the prescriber.

** Systemic change- On 03/05/2026, the DON will conduct retraining for all nursing staff on the labeling requirements of 2600.184b for OTC medications. Staff will be trained that OTC medications, when stored for a specific resident, must be labeled with that resident's name, just like a prescription. Effective 03/06/2026, the policy for medication cart audits will be revised. Each shift (days, evenings, nights) will be responsible for a designated cart check. Beginning 03/09/2026, the DON or a Designee will conduct a comprehensive, documented audit of all medication carts once per week*

** Person responsible- Director of Nursing*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 03/30/2026)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted] " Take 1 tube by mouth as directed as needed.", and [redacted] "Insert 10 mg rectally every 24 hours as needed." and [redacted] "Insert 1 unit rectally every 24 hours as needed." On [redacted] these medication(s) were not available in the home.

On [redacted] at 5:47pm, the glucometer for Resident [redacted] documented blood sugar of [redacted] but it was documented as [redacted] on the MAR.

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

Plan of Correction ***Accept ([redacted] - 03/04/2026)***

** Corrective action - Medications were available for administration on 1/15/2026. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.*

** Systemic change - On 03/06/2026, the DON will conduct a training session for all nursing staff on medication*

185a Implement Storage Procedures (continued)

availability and accurate documentation. Beginning 03/09/2026, during the weekly medication cart audit, the DON/Designee will cross reference a sample of residents' PRN orders with the medications physically present in the cart and medication room to ensure all prescribed PRNs are available.

** Person responsible Director of Nursing*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented (- 03/30/2026)

191 - Resident Right to Refuse

11. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident's and have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat violation:

Plan of Correction ***Accept (- 03/04/2026)***

** Corrective action : On 03/05/2026, the Move in Coordinator and DON will personally meet with Residents and (or their designated representatives) to provide education on their right to question or refuse a medication if they believe there may be an error. Documentation of this resident education shall be kept.*

** Systemic change On 03/09/2026, the Move in Coordinator will be trained on ensuring that during the admission conference, this specific right is reviewed with every new resident and their family, and the documentation is signed and dated. Beginning 03/09/2026, and continuing monthly thereafter, the Administrator or designee will audit the admission records of all new residents from the previous month. The audit will verify that the "Right to Refuse Medication" education is documented and signed*

** Person responsible Move in director and Administrator.*

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented - 03/30/2026)