

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

April 20, 2026

[REDACTED], PARTNER  
BROADWAY MANOR LLC  
[REDACTED]

RE: BROADWAY MANOR  
560 BROADWAY STREET  
MILTON, PA, 17847  
LICENSE/COC#: 23030

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2026 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: <i>BROADWAY MANOR</i>	License #: <i>23030</i>	License Expiration: <i>03/04/2026</i>
Address: <i>560 BROADWAY STREET, MILTON, PA 17847</i>		
County: <i>NORTHUMBERLAND</i>	Region: <i>NORTHEAST</i>	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity		
Name: <i>BROADWAY MANOR LLC</i>		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: <i>C-1</i>	Date: <i>02/07/1974</i>	Issued By: <i>L &amp; I</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>42</i>	Waking Staff: <i>32</i>

Inspection Information		
Type: <i>Full</i>	Notice: <i>Unannounced</i>	BHA Docket #:
Reason: <i>Renewal</i>	Exit Conference Date: <i>02/05/2026</i>	

Inspection Dates and Department Representative	
<i>02/05/2026 - On-Site:</i>	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>49</i>		Residents Served: <i>42</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>37</i>		Are 60 Years of Age or Older: <i>32</i>	
Diagnosed with Mental Illness: <i>30</i>		Diagnosed with Intellectual Disability: <i>8</i>	
Have Mobility Need: <i>0</i>		Have Physical Disability: <i>3</i>	

Inspections / Reviews		
02/05/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>03/12/2026</i>
03/23/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: <i>04/15/2026</i>	
Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>03/30/2026</i>

Inspections / Reviews *(continued)*

04/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2026

04/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 9:24 a.m. the main floor emergency exit door by room 4 had approximately 3 inches of snow on the outside landing that prevented the door from fully opening.

Plan of Correction

Accept (█) - 03/23/2026

At the time of inspection, any and all snow obstructions were removed the day of inspection and the landing was salted to ensure safe exit during an emergency. The Director of operations directed PCH staff to make sure there are no obstructions in front of emergency exits during exterior building checks. Additionally, the director of operations of spoke to the maintenance crew about the importance of snow removal in front of emergency exits as well as walkways around the building.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█) - 04/20/2026

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:30 a.m. there was an approximate 1/8-inch accumulation of lint in the lint trap of the dryer located in the kitchen area. There was no clothing in the dryer at this time.

Plan of Correction

Accept (█) - 03/23/2026

On the day of inspection, lint was found in the dryer located next to the kitchen. To ensure compliance, the director of operations will continue daily lint checks in all laundry areas but will start a midday laundry walk-thru to ensure lint is removed to reduce any risk of combustion.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█) - 04/20/2026

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a fire drill during sleeping hours on 7/23/25 at 10:03 p.m. The home did not conduct a sleeping hour fire drill in the previous 6-month period.

The home reported conducting sleeping hour fire drills on 11/26/24 at 10:06 p.m. and on 7/23/25 at 10:03 p.m. Through interviews with staff, it was noted that the majority of residents are sleeping by 11:00 p.m.

132e Fire Drill Sleeping Hours (continued)

Plan of Correction

Accept ( ) - 03/23/2026

To meet compliance with regulation 2600 132.e, the home conducted an overnight fire drill on 3/11/2026 @ 2:01am. The reasoning behind the 2:01am fire drill was to ensure all residents were asleep. Moving forward, all overnight fire drills will be conducted at 12 am (midnight) or after to stay in compliance with 132.e regulation.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented ( ) - 04/20/2026

141a 1-10 Medical Evaluation Information

5. 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

The Medical Evaluation for resident #1 dated [redacted] is missing the following information: the resident's height, weight, pulse rate, temperature and the completion of Section 8, the ability to self administer.

Plan of Correction

Accept ( ) - 04/08/2026

Resident 1's DME was found to be not completed with vitals and section 8 not checked. New DME was completed by physician on 9/19/2026 with all accurate and up to date information. Please see attached new DME completed by Physician.

Administrator/ Designee will be responsible to be compliant in this regulation. DME audits were conducted and completed on 9/18 through 9/19/2026 by director of operation and no issues were found. Moving forward administrator/designee will review all DME's for accuracy before placing in chart. Within 28 days of new admissions and renewal, all DME's will be reviewed for accuracy by administrator/designee.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented ( ) - 04/20/2026

183e - Storing Medications

6. Requirements

183e - Storing Medications (continued)

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

At approximately 2:30 p.m. in the lower-level medication cart resident #2's Basaglar 100 unit/mi Kiwikpen was undated, and the manufacturer's instructions stated that any unused portion of the medication is to be discarded after 28 days.

Plan of Correction

Accept ( ) - 04/08/2026

Med cart audits conducted 9/13, 9/16, 9/17 to ensure accuracy on all medications and remove all discontinued or expired medications from all med carts.

All med tech's have been trained on how to properly date and document when starting any new insulin pens on 3.25.2026. Director of operations will continue to conduct med cart audits to ensure correct opening dates of all insulin pens are accurate. Director of operations will do audits for 3 weeks and then bi weekly audits and monthly there after. Audits started on 2/5/26. Audits will be kept in director of operations office for review. Administrator is responsible for reviewing all audits to be in compliance with this regulation.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented ( ) - 04/20/2026

183f - Discontinued Medications

7. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #3 was discharged from the home on [redacted]. A multidose pack of Resident #3's medications from [redacted] containing Acetaminophen 325 mg tablets, Amlodipine 10mg tablets, Divalproex Sodium, Duloxetine 60mg tablets, Levothyroxine 76 mg tablets, and Vitamin D3 2000 IU tablets was found attached to a disciplinary writeup in the employee file belonging to staff Person A. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulations.

Plan of Correction

Accept ( ) - 04/08/2026

During the staff chart review, the inspector found medication from a previously discharged resident in an employee A's file. To correct this, the director of operation's has destroyed the medication utilizing drug buster.

Moving forward, the administrator has instructed the director of operations to destroy the medication that was stapled to the employee's file. Additionally, the administrator has instructed the Director of operations to have multiple bottles of drug buster on hand to ensure that medication from previously discharged residents are destroyed immediately to ensure compliance with regulation 183.f.

To maintain compliance, the administrator or designee will conduct random employee files to ensure that no medications have been stapled to an employee's file. When corrective actions are by the director of operations

**183f Discontinued Medications (continued)**

*regarding medications, the administrator or designee will directly oversee and make sure the corrective action has been filed and drugs have been placed without error.*

**Licensee's Proposed Overall Completion Date: 03/30/2026**

**Implemented (█ - 04/20/2026)**

**187a - Medication Record**

**8. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*Resident #4 had a PRN order for Robitussin D that was discontinued by the resident's physician on 1/15/26. However, resident #4's medication administration record for February 2026 still listed the medication as a current prescription for the resident.*

**Plan of Correction**

**Accept (█ - 04/08/2026)**

*Med cart audits conducted 9/13, 9/16, 9/17 to ensure accuracy on all medications and remove all discontinued or expired medications from all med carts. No issues were found and previous Robitussin D, was removed from the residents MAR.*

*Moving forward, to ensure full compliance with removing the Discontinued medications, the administrator or designee will conduct random med observations over the next 30 days if a medication has been discontinued. The random observation will make sure med tech's remove and replace all medications from med carts and MARs to reduce any potential of administering the wrong medication.*

**Licensee's Proposed Overall Completion Date: 03/30/2026**

**Implemented (█ - 04/20/2026)**