



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 15, 2026

[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 February 26, 2026 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

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

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: *37* Waking Staff: *28*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *03/17/2026*

Inspection Dates and Department Representative

02/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *35*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *25* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

02/26/2026 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/4/26 at 8:00 PM, resident #1 and resident #2 began arguing over snacks in the living room. Resident #1 pushed resident #2, and resident #2 fell to a seated position hitting ■■■ head on a table. As a result, resident #2 was in pain and was diagnosed with a closed head injury at the emergency room the same day.

Plan of Correction

Directed ■■■- 04/07/2026)

Within 5 days of receipt of the plan of correction: A designated staff person shall update resident #1's assessment and support plan to address the resident's physically aggressive behaviors and include a plan to safely manage or eliminate this behavior.

Within 15 days of receipt of the plan of correction: All staff persons shall receive training in abuse prevention and safe management techniques. Documentation of the trainings shall be kept.

Within 15 days of receipt of the plan of correction: The administrator or designee shall review all resident support plans to ensure any problematic behaviors of current residents are addressed including a comprehensive plan to manage and prevent aggressive toward residents in the home. Documentation of the support plan review shall be kept.

83a - Indoor Temperature

2. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 2/26/26 at 10:00 AM, when residents were present in the home, the temperature in resident #3's bedroom was 59 degrees Fahrenheit. The hallway thermostat directly across from the room indicated 59 degrees Fahrenheit at 9:59am.

Plan of Correction

Directed ■■■ 04/07/2026)

Within 5 days of receipt of the plan of correction: The administrator or designee shall diagnose the reason for the colder temperature in resident #3's bedroom and take corrective action to ensure the temperature of all areas on the home used by residents is at least 70 degrees Fahrenheit. Corrective measures can include turning up the thermostat for that area of the home, weather sealing windows and any other areas letting in outside drafts, fully opening all heating vents in resident #3's bedroom, or contacting a professional heating/cooling company to diagnose and correct the heating issue. Documentation of the corrective measures shall be kept.

Within 10 days of receipt of the plan of correction and at least weekly thereafter: A designated staff person shall

83a - Indoor Temperature (continued)

check all areas of the home used by the residents to ensure the temperature is at least 70 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps**3. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The walk-in freezer in the kitchen measured 20 degrees Fahrenheit at 9:49 AM.

Plan of Correction

Directed [REDACTED] - 04/07/2026)

Within 5 days of receipt of the plan of correction: The administrator or designee shall diagnose the reason for the elevated freezer temperature and take corrective action to ensure the temperature remains at or below 0 degrees Fahrenheit. Corrective measures can include turning down the temperature setting on the freezer, replacing the thermometer if that is the root of the problem, or contacting a professional refrigeration company to diagnose and correct the freezer temperature issue. Documentation of the corrective measures shall be kept.

Within 10 days of receipt of the plan of correction and weekly thereafter: A designated staff person shall check the refrigerator and freezer temperatures to ensure food requiring refrigeration is stored at or below 40°F and frozen food is kept at or below 0°F. Documentation of these checks shall be kept.

131f - Fire Extinguisher Inspection**4. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in the home were last inspected in January 2025.

Plan of Correction

Directed [REDACTED] 04/07/2026)

Within 15 days of receipt of the plan of correction: The administrator or designee shall ensure that all fire extinguishers in the home are inspected and approved by a fire safety expert and the date of the inspection is on the extinguishers. Documentation shall be kept.

Within 15 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system that ensures fire extinguishers are inspected and approved by a fire safety expert annually. Documentation of the tracking system shall be kept.