



Pennsylvania Department of Human Services

Emailing Date: April 30 ,2026

[REDACTED]
[REDACTED]
Wilsmar Family, LLC
[REDACTED]
[REDACTED]

RE: Paradise Manor
206 East Lincoln Avenue
Hatfield, Pennsylvania 19440
License #: 152820

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on March 11, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 27, 2026

[REDACTED]
WILSMAR FAMILY LLC
[REDACTED]

RE: PARADISE MANOR
206 EAST LINCOLN AVENUE
HATFIELD, PA, 19440
LICENSE/COC#: 15282

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2026 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: PARADISE MANOR License #: 15282 License Expiration: 05/21/2026
 Address: 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440
 County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: WILSMAR FAMILY LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 12/31/1981 Issued By: CWOPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Provisional Exit Conference Date: 03/11/2026

Inspection Dates and Department Representative

03/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 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: 1	Are 60 Years of Age or Older: 19		
Diagnosed with Mental Illness: 7	Diagnosed with Intellectual Disability: 2		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

03/11/2026 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2026

04/14/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/25/2026

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/24/2026

Inspections / Reviews *(continued)*

04/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/11/2026 at 9:55am, there was no means of hand-drying in the common bathroom in the hallway next to room 6.

Repeat violation date: 3/17/25

Plan of Correction

Accept (████) - 04/14/2026)

On 3/11, when the DHS officer arrived, the housekeeper was going round replenishing the toiletries and all required items in the bathrooms. Unfortunately, the reviewer went to this particular bathroom before our housekeeper had placed the paper towels there. However, they were placed there right away.
The housekeeper was retrained by the PCHA to ensure that all paper products, hand soap etc are in the bathrooms before they leave for the day in the evening. This will help in making sure that all necessities for the toilets are available even when █████ happens to run late.
In addition, the PCHA will be checking all the bathrooms on a weekly basis and giving a feedback in case there is anything missing. The PCHA will have a written checklist to assist in knowing what he is checking. This will create awareness in the staff to make sure that everything is done as required.

Licensee's Proposed Overall Completion Date: 04/17/2026

Evidence of Completion

Implemented (████) - 04/27/2026)

See attached.

107d - Procedure Emergency Management Agency Submission

2. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 1/22/2025.

Plan of Correction

Accept (████) - 04/14/2026)

On 3/11/2026, the PCHA presented a written Emergency Plan to the Hatfield Borough for approval, and the Borough approved it see attached.
To avoid delays in future, a 2026/2027 Due Dates Chart has been created by the PCHA and it will be placed on a bulletin board in the PCHA's office. The due dates are for any Annual Documentations for the PCH, such as Fire Inspection, Fire Extinguisher's Inspection, Emergency Management Plan among others.

Licensee's Proposed Overall Completion Date: 04/17/2026

Evidence of Completion

Implemented (████) - 04/27/2026)

See attached.

144c1 Smoking Area Guidelines

3. Requirements

144c1 Smoking Area Guidelines (continued)

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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permit's smoking in a designated area which is located at the side of the building. On 3/11/26, at approximately 9:00am, a resident of the home was observed smoking on the front porch. This area has no smoking signs posted and does not have any fireproof receptacles or other proper safeguards

Plan of Correction

Accept (█ - 04/14/2026)

Paradise Manor has a smoking area at the back of the building. There is also a NO SMOKING sign in the front porch. The PCHA asked the resident why they were smoking there are they claimed they did not see the "NO SMOKING" sign. The PCHA has placed a new bigger NO SMOKING sign and placed it conspicuously on the front porch. The PCHA has also requested the staff to make sure they remind the smoking residents to go to the designated smoking area at all time. The PCH Management plans to build a smoking bay this summer of 2026 in a quickly reachable place in the compound-

Licensee's Proposed Overall Completion Date: 04/17/2026

Evidence of Completion

Implemented (█ - 04/27/2026)

See attached.

187a - Medication Record

4. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed Lithium Carb 300mg caps, Atorvastatin 10mg, Hydroxyz HCL 25mg, Aspirin 81mg, Metformin 1000mg, Risperidone 3mg, Varenicline 1mg, Novolog Flex Pen, Vitamin D3 50,000IU. However, resident 1's 3/2026 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

Plan of Correction**Directed** [REDACTED] - 04/14/2026)

The PCHA changed the Pharmacy from April 1st 2026 to ensure that the new one places the medications and the diagnosis of all the patients. The PCHA or designee will be checking medication administration Record books at the start of every month to ensure that all the information pertaining to the reason diagnosis of the resident is there. See attached.

Directed Plan of Correction [REDACTED] 4/14/26):

In addition to the plan of correction submitted the homes administrator will add the following steps:

1. The administrator or director of nursing will conduct monthly reviews of 10% of the MAR's to ensure the reason for the medication is noted, each month for the next six months., starting immediately.
2. The administrator will review the outcome of the monitoring of the MAR's at the QA meeting at least annually.
3. Copies of the monthly reviews will be maintained for the Departments review.

Proposed Overall Completion Date: 04/17/2026

Directed Completion Date: 04/27/2026

Evidence of Completion**Implemented** [REDACTED] - 04/27/2026)

The homes administrator will add the following steps:

1. The administrator or director of nursing will conduct monthly reviews of 10% of the MAR's to ensure the reason for the medication is noted, each month for the next six months., starting immediately.
2. The administrator will review the outcome of the monitoring of the MAR's at the QA meeting at least annually.
3. Copies of the monthly reviews will be maintained for the Departments review.

See Attached.