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

September 8, 2026

[redacted]
WILSMAR FAMILY LLC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2026 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**: *04/30/2027*

Address: *206 EAST LINCOLN AVENUE, HATFIELD, PA 19440*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WILSMAR FAMILY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *12/31/1981* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *NaN* **Waking Staff**: *NaN*

Inspection Information

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

Reason: *Incident, Monitoring* **Exit Conference Date**: *08/04/2026*

Inspection Dates and Department Representative

05/28/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *21*

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

Have Mobility Need: *NA* **Have Physical Disability**: *1*

Inspections / Reviews

05/28/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/23/2026*

09/02/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/08/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/07/2026*

Inspections / Reviews *(continued)*

09/08/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *09/08/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

09/08/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *09/08/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] fell and hit their head on the concrete walking path outside the home and was transported to the hospital and admitted. The home did not submit an incident report to the Department.

Plan of Correction ***Accept[redacted] 09/08/2026)***

Resident [redacted] passed away on [redacted] An incident report on this matter was sent to DHS on 5/18/2026. However, the DHS reviewers stated that as per RCG 2600.15 an incident report was required after the fall on 5/10/2026.
To ensure immediate reporting of incidents to the DHS, PCH staff received reporting training by the Administrator on 8/18/2026, referencing RCG 2600.15. Staff will report to DHS either in writing or otherwise any reportable incidents as stipulated in 2600.16.c.
Starting on 9/4, there will be a Bi Weekly, spot check/audits for 6 months and thereafter on monthly basis, on the Nurses' shift notes to make sure there are no unreaported reportable incidents. Any unreported incidents will mean a retraining on the nurses part.

Licensee's Proposed Overall Completion Date: *09/07/2026*

Implemented [redacted] - 09/08/2026)

17 - Record Confidentiality

2. 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 9:10 am, blood sugar readings for resident [redacted] were unlocked, unattended, and accessible at the nurse's station.

Plan of Correction ***Accept[redacted] - 09/02/2026)***

The nurse on duty this day was reminded by the administrator right away of the need to have all residents' health care and other documents locked at all times.
A retraining by the administrator to all the staff occurred on 8/18/2026 on matters related to 2600.17.
Starting on 8/21/2026 the administrator or designee will be conducting a bi-weekly unannounced for 3 months and thereafter monthly checks onto the nursing station to ensure all residents' records are kept locked when not in use by a nurse at the nursing station.

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented [redacted] - 09/08/2026)

85e - Trash Outside Home

3. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted], at approximately 11:01 am, there were two recliners behind the homes' dumpster. One recliner was brown and the other was cream. An inoperable Maytag dryer was observed outside the home in front of the garage.

Plan of Correction ***Accept [redacted] 09/02/2026)***

This item was corrected while the DHS reviewers were still on site. Administrator and the staff placed the 2 recliners and the dryer into the dumpster.
The DHS reviewers were made aware of the correction by the administrator before they left the premises.
The Administrator will be doing bi-weekly checks for 3 months starting in on 8/21/2026 and later monthly checks starting in December 2026 around the building to ensure no trash is within the building in or out. Anything debris found will be removed right away.

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented ([redacted] - 09/08/2026)

100a Exterior Free of Hazards

4. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted] there were two rolled rugs, twisted metal with black straps and two wooden plank boards partially obstructing the walkway on the back porch.

Plan of Correction ***Accept [redacted] - 09/02/2026)***

This item was corrected while the DHS reviewers were going on site. The Administrator picked up the two rolled rugs, twisted metal with black straps and two wooden plank boards from the back porch right away and placed them in the dumpster.
The DHS reviewers were made aware of the correction by the administrator before they left the premises.

The Administrator will be doing bi-weekly checks for 3 months starting on 8/21/2026 and later monthly checks (starting in December 2026) around the building to ensure no trash is within the building in or out. Any debris found will be removed right away.

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented [redacted] - 09/08/2026)

121a Unobstructed Egress

5. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], at approximately 11:30 am, the left side of the double doors located at the front entrance were locked and blocked egress from the home's first floor living room.

121a - Unobstructed Egress *(continued)*

Plan of Correction ***Accept (- 09/02/2026)***

The main entrance of the home has double doors. The right side of the entrance was broken and awaiting a piece to be fixed. However,, the left side of the double entrance was operational.
A new set of double doors is being installed.
The Administrator will be doing a monthly checks starting on August 21 2026 to ensure that all egresses are unobstructed.

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented - 09/08/2026)

144d - Smoking Outside

6. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On , at 8:53 am, a resident was observed smoking on the steps next to the generator which is not the home's designated smoking area. The home's designated smoking area is located at the rear of the home.

On , signs of smoking were observed on the wooden back porch, the walking path that leads from the back porch to the front entrance, the perimeter of the parking lot next to the walking path and the patio located near the front entrance where signage is hanging "No Smoking". The home's designated smoking area is located in the rear of the home.

Plan of Correction ***Accept - 09/08/2026)***

Signage has been placed in the front porch reading "No Smoking". Unfortunately, the residents who smoke have continued to violate this order. and still smoke on the wrong areas.
On 8/19/2026, the Administrator spoke with the residents who smoke and reminded them to only smoke at the designated spots..
The home has erected a smoking gazebo (done in July, 2026) as a designated smoking area. The residents and staff that smoke are frequently reminded by the Administrator to smoke at the right place.
The resident who smoke signed a written document by the administrator to ensure they understood the seriousness of this matter.
The Administrator or designee will be having a Weekly random monitoring (starting on 8/25/26) for 5 months) and thereafter on Monthly basis (starting in January 2027).The person checking will document any issues found and debrief with the concerned resident (s
Any resident who violates this rule will receive a written warning from the Administrator or designee. Continuous refusal to comply may lead to termination of their stay at Paradise Manor

Licensee's Proposed Overall Completion Date: *09/07/2026*

Implemented - 09/08/2026)

162c - Menus Posted

7. Requirements

162c - Menus Posted *(continued)*

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] was posted. However, the following week starting [redacted] was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] - 09/02/2026)***

While the DHS reviewers were still at Paradise Manor, the Chef updated the menus in the hallway and in the kitchen. The DHS reviewers were informed of the correction and they were shown the menus posted before they left Paradise Manor.
The Chef was retrained by the Administrator on 8/18/2026 to 2600.162.c. Menus will be posted at all times past 2 weeks mark
The Administrator will be doing a monthly check starting on 8/21/2026 to ensure menus are always posted as per 2600.162.c

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented ([redacted] - 09/08/2026)

183b - Meds and Syringes Locked

8. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted], at 9:02 am, the medication cart was unlocked, unattended, and accessible in nurses station.

Plan of Correction ***Accept [redacted] - 09/02/2026)***

The nurse on duty this day corrected this matter right away. [redacted] locked the medication cart that houses all the medications and syringes. [redacted] was further reminded by the administrator of the need to the medication cart locked at all times.
A retraining by the administrator to all the staff occurred on 8/18/2026 on matters related to 2600.183.b.
Starting on 8/21/2026, the administrator or designee will be conducting a bi-weekly unannounced checks onto the nursing station to ensure all medications and medical supplies are kept locked when not in use by a nurse at the nursing station.

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented [redacted] - 09/08/2026)

253a - Record 3 Years

9. Requirements

2600.
253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Description of Violation

Resident [redacted] was discharged from the home on [redacted]. However, on [redacted], the home was no longer in

253a - Record 3 Years (continued)

possession of the resident's complete record.

Plan of Correction ***Accept ([redacted] - 09/02/2026)***

The discharge paperwork from the from rehabilitation center in Quakertown had been received at the home but misplaced. The Administrator was able to retrieve a copy from the Quakertown Center on 6/5/2026.
On 8/18/2026, the staff were trained by the Administrator on making sure that any discharge paperwork was placed in the resident's binders for easy access.
The Administrator or designee will ensure that all discharged residents' paperwork remains in accessible area up to 3 years.

Licensee's Proposed Overall Completion Date: *08/23/2026*

Implemented [redacted] - 09/08/2026)