

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

September 14, 2026

[REDACTED]
WILSMAR FAMILY LLC
[REDACTED]
[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 06/16/2026 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:

Phone:

Email:

Legal Entity

Name: WILSMAR FAMILY LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: Other

Date: 12/31/1981

Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 24

Waking Staff: 18

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 06/16/2026

Inspection Dates and Department Representative

06/16/2026 - On-Site:

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: 2

Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 15

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

06/16/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 07/10/2026

07/13/2026 - POC Submission

Submitted By:

Date Submitted: 07/30/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 07/18/2026

Inspections / Reviews (*continued*)

07/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/30/2026

09/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [REDACTED] Resident [REDACTED] fell outside of the home, hitting their chin and forehead while attempting to elope from the personal care home. The resident did not see a physician for these injuries until [REDACTED] Resident [REDACTED] had a medical evaluation completed on [REDACTED] which indicated that they required secure care due to their dementia diagnosis. The home began searching for alternative placement in secure dementia care for this resident as they could no longer safely meet their needs. The home only employs one staff member to care for all residents of the home from 11:00pm to 7:00am daily and no additional staff were scheduled to ensure Resident [REDACTED] remained safe until alternative placement was obtained.

On [REDACTED] at approximately 1:00am, Staff Member A, the sole staff member in the home, observed Resident [REDACTED] roaming the halls and attempting to leave the home to "go back to [REDACTED] home." At approximately 3:00am, Resident [REDACTED] exited the personal care home through the front door while the staff member was assisting another resident. Staff Member A attempted to contact the home's administrator to report the missing resident; however, they received the administrator's voicemail. At approximately 5:00am, Resident [REDACTED] was located seven miles from the personal care home by emergency services and was taken to the hospital for evaluation, and observed soiled with urine and sustained an abrasion on the right knee. At approximately 10:00am, the hospital attempted to discharge the resident back to their personal care home as they were medically cleared and the personal care home refused to accept the resident due to safety concerns.

Plan of Correction

Accept [REDACTED] - 07/27/2026

On 7/13/26, the Administrator wrote 2 policies:

1. Regarding the on-call and posted the on-call # in the Medication Room for all to see (See attached). The Administrator or their designee will be an on call.
2. Policy on additional staffing to meet the needs of the residents. Any time a resident returns home with additional medical, behavioral or any other new needs, the Administrator will schedule a staff or contact a home health agency to support with additional staffing if needed (see attached Policies)

Administrator or their Designee will evaluate all the needs of residents who return from the hospital. If the resident has increased needs, the Administrator or designee will schedule more staff or contact a home health Agency for support if needed.

The Facility's Primary Care Practitioner or designee will conduct a by weekly progress check and later a monthly progress check / note to help determine the resident's needs for appropriate support (See attached). This will help in remaining compliance and no neglect or abuse issues.

Additionally, On 7/15/2026 the staff were trained by the Administrator on reporting and sending a resident to the ER right away for further checkup if the in-house PCP is not available to come out immediately or do Telehealth (See attached training signup sheet)

To ensure ongoing compliance in this matter, Administrator or Designee will conduct a Bi Monthly Training / Retraining to all staff -new and existing on the need to send residents out to the ER when a health need arises if the Facility Practitioner can't be reached right away via telehealth or coming physically. Next Training will be in

42b - Abuse (continued)

September 2026.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/14/2026)

63a - First Aid/CPR Training**2. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On () and (), from 7:00pm until 7:00am, 24 residents were present in the home. During this time no staff person was present in the home who was certified in CPR/first aid.

Repeat Violation: ()

Plan of Correction

Accept () - 07/27/2026)

On 6/17/2026, All staff were trained and certificates issued by Richard Goldsmith of Bensalem Rescue Squad.

On 7/15/2026, the Administrator created a Chart showing the due dates of CPR for all the staff. This will be In the Training Binder and on the Administrator's Bulletin board for constant reminder.

The Administrator or Designee will do a quarterly inspection of all staff files to ensure compliance in all trainings including First Aid/ CPR starting on 7/15/2026. (see attached charts)

Going forward, the Administrator or designee will contact the trainer -Richard Goldsmith or any other Certified Trainer to come in and train new staff who may not have been trained on First Aid /CPR. If the new staff has been trained credibly - they will be asked to bring certificates before being placed on the schedule.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/14/2026)

63b - Current First Aid Training**3. Requirements**

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons A and B were certified in CPR/AED/First-Aid by The National CPR Foundation. This is an online course. This training source is not certified as a trainer by a hospital or other recognized health care organization.

63b - Current First Aid Training (*continued*)**Plan of Correction****Accept** [REDACTED] - 07/27/2026)

On 7/15/2026, the Administrator created a Chart showing the due dates of CPR for all the staff- This will be In the Training Binder and on the Administrator's Bulletin board for constant reminder..

The Administrator or Designee will do a quarterly staff training binder audit /inspection of staff files to ensure compliance in all trainings including First Aid / CPR starting on 7/15/2026. (see attached charts)

Starting immediately, and going forward, the Administrator or Designee will contact the trainer -Richard Goldsmith or any other Certified Trainer to come in and train new staff who may not have been trained on First Aid /CPR. If the new staff has been trained credibly - they will be asked to bring certificates before being placed on the schedule.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/14/2026)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on 2/1/26, began providing unsupervised ADL services on 2/3/26; however, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 6/16/26.

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Accept** [REDACTED] - 07/27/2026)

On 6/17/26, staff A, completed and successfully passed the DHS approved Temple University Department-approved direct care training course (see attached certificate).

On 7/13/2026, an addendum was put on the Staff Selection / Training Policy by the Administrator. No new staff will be placed on the schedule before completing all the Trainings / Orientation as stipulated in 2600.65 (a), (b), (c) and (d). (see attached Policy.)

On 7/15/2026, the Administrator created a checklist for using to audit the staff training binders. The Administrator or Designee will do a quarterly audit/ inspection of staff files using the checklist (attached) to ensure compliance in all trainings starting on 7/15/2026. (see attached)

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] 09/14/2026)

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 [REDACTED], dated [REDACTED], does not include their medical diagnosis including physical or mental disabilities of the resident, if any or medical information pertinent to diagnosis and treatment in case of an emergency.

On the form, the section which states "The resident's needs can be met safely at the Personal Care Home" is checked with a style checkmark that differs from the other checkmarks on the form, and in black ink which differs from entries on the form which are all in blue ink, to include the medical professional's signature.

Plan of Correction**Accept** [REDACTED] - 07/27/2026)

Starting on July 15, 2026, The Administrator will be checking and rechecking all the discharge paperwork, comparing the physician notes with all the other information on the DME and ensuring that all sections are completely done by the Physician. In case any lines are missed, the Administrator will reach out to the Primary Care Physician to ensure it's all completed.

The Monthly Checklist was started and completed on 7/15/2026 by the Administrator to make sure that all

141a 1-10 Medical Evaluation Information (continued)

sections of the DME, Assessments and Support Plan are fully completed correctly.. This will be done by the Administrator or Designee every month for 90 days from 7/15/2026-10/15/2026 and thereafter on a quarterly basis starting November 15, 2026 (see attached checklists)

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () 09/14/2026)

225c - Additional Assessment**6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident () assessment, dated (), was not updated to include the resident's change in supervision needs since their recent dementia diagnosis. Resident () behavioral or cognitive needs to include orientation to time, place and person, judgement, short-term memory, long-term memory or their ability to use and avoid poisonous materials were also not updated after the resident received this diagnosis.

Plan of Correction

Accept () - 07/27/2026)

Starting on July 15th, 2026, the Administrator or a Designee will revise the Residents' Assessment and the Supports Plans to reflect any changes in a resident's needs for support.

The Administrator created and A Monthly Checklist and completed the July one on 7/15/2026. This will help to note any revisions / changes that need to be put on the Assessment and the Support Plan. This will be done by the Administrator or Designee every month for 90 days from 7/15/2026-10/15/2026 and thereafter on a quarterly basis starting November 15, 2026 (see attached checklists)

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented () - 09/14/2026)