

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 08/03/2026 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

Staffing Hours

Resident Support Staff:

Total Daily Staff: 23

Waking Staff: 17

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 08/03/2026

Inspection Dates and Department Representative

08/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 23

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: 14

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/03/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

08/25/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/30/2026

Inspections / Reviews (*continued*)

09/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/03/2026

09/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On [REDACTED], the home did not have a background check on file for direct care staff A, hired on [REDACTED].

Repeat Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/25/2026)

Staff A had done a criminal background check for another job place prior to being hired at Paradise. Staff A had requested for time to trace it but was not successful.

On 8/4/2026, Staff A obtained and supplied a copy of the Criminal Background check to the Administrator for [REDACTED] file.

To avoid having such issue from happening again the Administrator will make sure that all any new employee completes a background check before they are hired at Paradise Manor.

On 8/17/2026, the Administrator made the change in the Policy and Highlighted that starting in August 2026, all newly hired staff will first do Background check and supply a copy to the Administrator before starting employment. The Administrator will audit all employees files monthly starting in August 2026 to ensure compliance with all required clearances and trainings.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented [REDACTED] - 09/14/2026)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/25/2026)

The administrator requested the Primary Care physician to complete the DHS DME appropriate forms on 8/9/2026 - Resident [REDACTED] had been seen by the Primary care physician on 2/12/2026 and Resident 2 had been seen on 3/20/2026.

The Administrator will utilize an internal tracking spreadsheet to track and monitor the due dates and completion dates for the residents' annual medical evaluations. The Administrator will then schedule the date for the Medical Evaluation to be done with the Primary Care Practitioner.

The Administrator will supply the DHS approved forms to the PCP for completion.

The Administrator will check the forms to ensure proper and accurate completion.

A monthly tracking / audit will be done by the Administrator, FOR 6 MONTHS and thereafter on a Quarterly basis starting in August 2026 and February 2027 respectfully, to ensure no gaps and also compliance.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented [REDACTED] - 09/14/2026)

141b1 - Annual Medical Evaluation (continued)

144c1 - Smoking Area Guidelines

3. Requirements

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's designated smoking area is at the back of the building. On [REDACTED] at 09:00 AM, one resident was observed smoking on the home's front porch right next to the home's main entrance. A "No Smoking" sign was posted at the porch. The porch does not have any fireproof receptacles/ashtrays. A wicker chairs was present and covered with a cushion that has several round, black holes and was stained with a black substance. Cigarette butts were present on the ground of the porch and in the raised flower bed. Also present in the flower bed was what appeared to be a tattered rug or doormat; plastic lining protruded between decorative gardening stones.

Repeat Violation - [REDACTED]

Plan of Correction**Accept [REDACTED] 09/01/2026)**

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 smoke at the designated spots only.

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.

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. 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)..

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/14/2026)

162c - Menus Posted

4. Requirements

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.

162c - Menus Posted (*continued*)**Description of Violation**

The home's menu posted on the bulletin board was for the week of July 05. The menu for current week was not posted.

Plan of Correction

Accept () - 08/25/2026)

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: 08/24/2026

Implemented () - 09/14/2026)

225c - Additional Assessment

5. 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 () most recent assessment was completed on ().

Resident ()'s most recent assessment was completed on ().

Plan of Correction

Accept () - 09/01/2026)

The Administrator / Program Director completed Residents' () and ()'s assessment by on 8/3/2025.

The Administrator / Program Director developed an internal spreadsheet to track and monitor due dates /completion dates for residents' assessments.

Starting on 8/28/2026, there will be monthly Audits done by the administrator or designee on all the residents Assessments to ensure they are completed as required.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/14/2026)