

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PITTSTON HEAVENLY MANOR, INC.

LEGAL ENTITY

To operate PITTSTON HEAVENLY MANOR

NAME OF FACILITY OR AGENCY

Located at 51 NORTH MAIN STREET, PITTSTON, PA 18640

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 55
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 11, 2011 until July 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 218691

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE:

FEB 18 2011

Mr. Frank Minelli, Administrator/Owner
Pittston Heavenly Manor, Inc.
Pittston Heavenly Manor
51 North Main Street
Pittston, Pennsylvania 18640

Dear Mr. Minelli:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 19, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
107c	II	52	\$5	\$260	5 calendar days from mailing date of this letter
141a2	II	52	\$5	\$260	5 calendar days from mailing date of this letter
187d	II	52	\$5	\$260	5 calendar days from mailing date of this letter
18	III	52	\$3	\$156	15 calendar days from mailing date of this letter
51/52	III	52	\$3	\$156	15 calendar days from mailing date of this letter
102i	III	52	\$3	\$156	15 calendar days from mailing date of this letter
132g	III	52	\$3	\$156	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

Mr. Frank Minelli

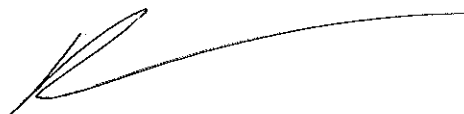
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If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Pittston Heavenly Manor, 51 North Main Street Pittston, PA 18540		CURRENT LICENSE NUMBER 218690	
INSPECTION DATES (Include all dates of the inspection) 11/19/2010		REGIONAL REPRESENTATIVE Gerald Dumas, Michele Moskalczyk	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
X 18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home's Pennsylvania Department of Labor and Industry boiler certificate expired on 8/29/09.	1-21-11	Mechanical Systems is coming out to fix and inspect Boiler. A New certificate will then be issued.	Steps have been taken to correct violation; full compliance is not verifiable Date: 1-21-11 Initials (DPW): <i>[Signature]</i>

Repeated Violations: 10/13/2009

RECEIVED

JAN 03 2011


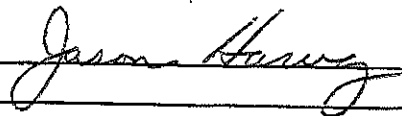
SCRANTON FIELD OFFICE
Adult Residential Licensing


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. A. Howell</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 1-3-11


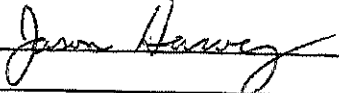
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28f1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident # 1 admitted 3-5-08 and discharged 8-10-10 and resident #2 admitted 4-15-09 and discharged 8-11-10, both records did not have an itemized written account of the resident's funds.	1-21-11	<p><i>Both residents ^{records} were checked and a written account was added.</i></p> <p><i>In the future all residents records will have itemized account of what is owed either by home or resident</i></p>	1-3-11 JH

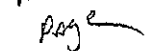
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✓ 51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Criminal background checks for staff person A (Date of Hire 10/15/2010) and staff person B (Date of Hire 5/31/10) were not completed. The staff persons were retained beyond the 30 day permissible time frame. Repeated Violations: 10/13/2009	1-2-11	Background check for staff person A was misplaced The home now has background check for staff person B. In the future supervisor will make sure all backgrounds are done in the proper time.	Steps have been taken to correct violation; full compliance is not verifiable Date: 1-2-11 Initials (DPW): 

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(relating to protective services for older adults) and other applicable regulations.				See Previous Page 

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p><i>done</i></p> <p>85a Sanitary conditions shall be maintained.</p>	<p>Located in the 3rd floor shower room around the base of the walk in shower and around the chair connected to the wall in the same shower was a layer of black mold.</p> <p>Resident bedroom #301 had an overpowering urine odor.</p>	<p>1-21-11</p>	<p><i>The shower was cleaned and repaired in future housekeeping and will make sure all showers are maintained</i></p> <p><i>Room 301 was cleaned and sanitized in future housekeeping will make sure all rooms are cleaned and sanitized</i></p>	<p>1-3-11 <i>[Signature]</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Frank A. Minelli</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hamer</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<div style="position: absolute; left: -40px; top: 50px; font-size: 2em;">2</div> 85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in the kitchen did not contain a lid.		<i>A lid was placed on at time of inspection. Staff will make sure the lids are on at all times. AND A SIGN WAS posted.</i>	<i>1-3-11 JKR</i>

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SIGNATURE OF LEGAL ENTITY <i>Frank Marshall</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Harvey</i>	DATE 1-3-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<i>about</i> 88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The 3rd floor tub-shower unit was pulled away from the sheetrock on the wall.		MAINTENANCE fixed the tub-shower unit DW future maintenance will make sure everything in good repair.	1-3-11 <i>WJM</i>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Fran Smith</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 1-3-11


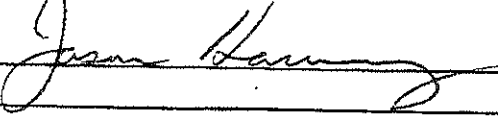
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<p><i>done</i></p> <p>95 Furniture and equipment shall be in good repair, clean and free of hazards.</p>	<p>There was a full size resident's bed frame, still intact with bolts, positioned with the head board on the ground and the frame in the air up against the wall outside of resident's bedroom #305.</p> <p>Large round hallway lights located on the walls on all three floors, one on the first, three on the second and two on the third, the bulbs were all burnt out.</p> <p>The metal exterior door leading to the rear smoking area of the home, the entire bottom of the door is rusted with sharp edges exposed.</p> <p>The bottom of the home's front all glass vestibule door, rubs against the flooring when opening the door.</p>		<p><i>Bed frame and headboard was removed at time of inspection Staff will make SURE all areas are cleared</i></p> <hr/> <p><i>The bulbs were all replaced and staff will make sure all lights are working</i></p> <hr/> <p><i>The bottom of the rear door was replaced and will make sure its kept in good repair</i></p> <hr/> <p><i>The glass door was fixed and maintenance will make sure in good repair</i></p>	<p><i>1-3-11</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Lawrence M. ...</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean ...</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A large concrete cinder block wall which stands, 18 blocks high and 13 blocks wide. The upper 12 rows of blocks are leaning forward towards the left hand side of the resident/staff exterior smoking area. Resident's stated through the day that they are afraid that the wall is going to fall over and hurt someone.		<i>Contacted the city still waiting for verification who owns the wall. We moved the smoking area away from the wall</i>	Steps have been taken to correct violation, full compliance is not verifiable Date _____ Initials (DPW) <i>[Signature]</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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101j1 ✓ Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	The mattress located in resident bedroom #201 was in poor condition. In the middle section of the mattress, contained a large visible mattress indentation.		<i>The mattress for Room 201 was replaced And Staff will check all Beds to make sure they are in good repair</i>	<i>1-3-11 JM</i>

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SIGNATURE OF LEGAL ENTITY <i>Jan A. Smith</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan H. [Signature]</i>	DATE 1-3-11


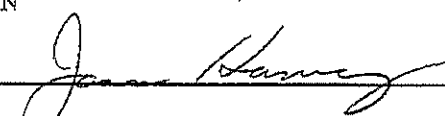
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201c Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	The ceilings blocks located throughout the second floor hallway area were water damaged and in poor condition, they were located on the outside of resident's bedroom's #208, 209 and 210.	1-21-11	<i>The ceiling blocks were all replaced in the future maintenance will check to make sure all blocks are in good repair</i>	1-3-11 <i>JK</i>

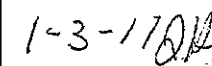
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SIGNATURE OF LEGAL ENTITY <i>Frank M. M... ..</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 1-3-11

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* 101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	Resident bedroom #205 did not contain window covering.	1-21-11	<p style="font-size: 1.2em; margin: 0;">A window blind or shade will be put on</p> <p style="font-size: 1.2em; margin: 0;">In the future staff will make sure all windows have blinds to provide privacy for the residents</p>	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">Date <u>1-5-11</u> Initials (DPW) <u>AM</u></p>

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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	Located in the third floor bathroom area were two unlabeled bars of soap, one on the shared sink and one in the common tub/shower area. Repeated Violations: 10/13/2009	1-21-11	ALL BAR SOAP WAS DISCARDED AT TIME OF INSPECTION IN THE FUTURE HOUSEKEEPING WILL MAKE SURE BAR SOAP IS NOT LEFT OUT ON SINKS	1-3-11 

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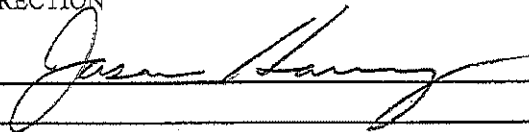
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✓ 103g Food shall be stored in closed or sealed containers.	A box of Price Rite Cornflakes in the kitchen closet was opened and unsealed.	1-21-11	THE CEREAL WAS DISCARDED AT TIME OF INSPECTION WILL MAKE SURE ALL FOOD IS STORED IN SEALED CONTAINERS	1-3-11 JH

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Pittston Heavenly Manor, 51 North Main Street Pittston, PA 18640		CURRENT LICENSE NUMBER 218690	
INSPECTION DATES (Include all dates of the inspection) 11/19/2010		REGIONAL REPRESENTATIVE Gerald Dumas, Michele Moskalczyk	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Frank M. Mill</i>	DATE 12-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
107c ✓ The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home's emergency water letter from Culligan Water Company dated 11/14/08 states the home will deliver 150 gallons of water in an emergency. The resident census today is 52 and the home will require a total of 156 gallons provided by Culligan Water Company. Repeated Violations: 10/13/2009	1-21-11	<i>Water company has been called at time of inspection and a new letter is being sent out. In the future supervisor will make sure letter is up to date</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: 1-3-11 Initials (DPW): <i>DPW</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home failed to update their initial notification letter to the local fire department concerning the location of resident #3 who has mobility needs.	12-1-11	<p>The local fire Dept was notified and a letter was saved. There is a copy on hand. In the future, supervisor will make sure the notification is updated.</p>	1-3-11 QK

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Janet Smith</i>	DATE 12-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janet Smith</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
125a ✓ Combustible and flammable materials may not be located near heat sources or hot water heaters.	Tissues, small pieces of paper and a 4 inch bundle of lint was found behind both Kenmore dryers in the home's laundry room. These items could potentially cause a fire.	1-2-11	STAFF WILL CHECK EVERY DAY TO MAKE SURE THE AREAS ARE CLEAR AND CLEAN A SIGN WAS PUT UP IN LAUNDRY ROOM	1-3-11 <i>JD</i>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Frank Smellie</i>	DATE 12-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harny</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
127a Portable space heaters are prohibited.	Located in resident bedroom #100, 104, 201 and 101 were Rinnai space heaters, these units were located in front of the broken wall heaters and are electrical plug-in models with a yellow coiled gas line connected to them. These units could be relocated throughout the building as needed.	1-21-11	<i>New heaters were ordered and will be put in.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: 1-21-11 Initials (DPW): <i>DPW</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Frank Vancelli</i>	DATE 12-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
✓ 132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The written fire drill record for the fire drills held on 12/12/09, 8-13-10, 9/5/10 and 11/17/10 did not identify the exit routes used; the exit route section of the log was left blank.	1-21-11	All fire drills logs will be filled out and exclude everything that is listed. Alternate exits routes will be used at every fire drill.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 1-3-11 Initials (DPW): <i>[Signature]</i>

VIOLATION REPORT
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	A review of the home's fire drill log from 12/12/09 to 10/09/10 indicates that the non-waking hour drills are being routinely conducted at approximately the same times. Non-waking hour drills were recorded as follows: <table border="1"> <tr><td>Date</td><td>Time</td></tr> <tr><td>12/12/09</td><td>6:00am</td></tr> <tr><td>5/14/10</td><td>6:30am</td></tr> <tr><td>10/09/10</td><td>6:00am</td></tr> </table> Repeated Violations: 10/13/2009	Date	Time	12/12/09	6:00am	5/14/10	6:30am	10/09/10	6:00am	1-25-11	<i>Third shift staff were informed over night fire drills will be conducted at various times between the hours of 11 PM and 6 AM. The supervisor will make sure the fire drills are at different times over time</i>	Steps have been taken to cc: [unclear] full Date 1-3-11 [unclear] (DPM)
Date	Time											
12/12/09	6:00am											
5/14/10	6:30am											
10/09/10	6:00am											

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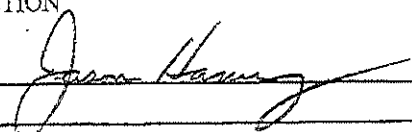
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>Resident #4, medical evaluation dated 5-6-10, under the medication section stated "see current MAR", no medication regimen was documented.</p> <p>Resident #5, medical evaluation dated 5-17-10, under the medication section indicated "see MAR", no medication regimen was documented.</p> <p>Resident #6, medical evaluation dated 8-27-09, under the medication section indicated "see MAR".</p> <p>Resident #7, medical evaluation dated 4-16-10, under the medication section stated "see current MAR". Also, the WT section was left blank.</p> <p>Resident #8, medical evaluation dated 9-5-10, under the medication section stated "see current MAR", no medication regimen was documented.</p> <p>Resident #9, medical evaluation dated 3-30-10, under the medication section stated "see current MAR", no medication regimen was documented.</p> <p>Resident #10, medical evaluation dated 8-15-10,</p>	1-21-11	<p><i>Medication will be listed on ALL MASI forms.</i></p> <p><i>In the future the SUPERVISER will MAKE SURE MEDICATION OR a list is ATTACHED</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 1-21-11 Initials (DPW): <i>[Signature]</i></p>

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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.	under the medication section stated "see current MAR", no medication regimen was documented. Resident #11, medical evaluation dated 3-10-10, under the medication section stated "see current MAR", no medication regimen was documented. Repeated Violations: 10/13/2009			See Previous Page

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	The following resident's are receiving Hospice services in the home. The medical evaluations for these resident's were never updated to indicate the hospice services. Resident #11 medical evaluation dated 3-10-10, hospice services ordered 7-30-10, resident #12, medical evaluation dated 3-31-10, hospice services were ordered 6-30-10 and resident #6 medical evaluation dated 8-27-10, Hospice ordered 9-17-10.	1-21-11	<p><i>Residents medical evaluations are updated to indicate what hospice services are needed</i></p> <p><i>In future we will make sure every services that ordered will be dated at that time</i></p>	1-3-11 <i>JM</i>

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SIGNATURE OF LEGAL ENTITY <i>James A. McMillan</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Henry</i>	DATE 1-3-11

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✓ 144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The facility exterior smoking area contained piles of leaves and 6 overstuffed cigarette butt receptacles, cigarette butts were also mixed in with the piles of leaves located in the area.	1-21-11	<i>The area was cleaned up and the RECEPTACLES WERE EMPTY. STAFF WILL MAKE SURE AREA IS CLEAN & SAFE</i>	1-3-11 <i>DA</i>

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SIGNATURE OF LEGAL ENTITY <i>Janet Howell</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>	DATE 1-3-11

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✓ 162c 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.	The home's menu for 11/14/2010 through 11/21/2010 was not posted in a conspicuous and public place in the home.	1-2-11	<p style="font-size: 1.2em; margin: 0;"><i>THE MENU WAS POSTED IN DINING ROOM AT TIME OF INSPECTION.</i></p> <p style="font-size: 1.2em; margin: 0;"><i>IN FUTURE MENUS WILL BE POSTED IN DINING ROOM & KITCHEN.</i></p>	1-3-11 <i>JH</i>

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Located outside of bedroom # 305 were 5 free-standing oxygen tanks located in the hallway propped up against the wall.	1-25-11	<i>The tanks were removed at time of inspection. Staff will make sure medical equipment is stored in a secure place.</i>	1-3-11 <i>JH</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME Pittston Heavenly Manor, 51 North Main Street Pittston, PA 18640		CURRENT LICENSE NUMBER 218690	
INSPECTION DATES (include all dates of the inspection) 11/19/2010		REGIONAL REPRESENTATIVE Gerald Dumas, Michele Moskalczyk	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>James Harney</i>	DATE 12-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Harney</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a 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	Staff did not sign or initial the Medication Administration Record of resident #9 on 11/5/10 to indicate that 500mg of Depokote had been administered at 8pm. Staff did not sign or initial the Medication Administration Record of resident #13 on 11/15/10 to indicate that 4mg of Detrol had been administered at 8am. Staff did not sign or initial the Medication Administration Record of resident #14 on 11/14/10 to indicate that 25mg of Metaprofol had been administered at 8pm.	1-25-11	<i>Mar's were signed by staff that dispensed the medication.</i> <i>In future supervisors and med staff will make sure all MARs ARE initial at the appropriate times and make aware of the importance that everything is checked</i>	1-3-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Frank Merrill</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawey</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
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.				<i>See previous page</i>

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SIGNATURE OF LEGAL ENTITY <i>Jan A. Mucill</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Prescribed medication Lorazepam take 1 tab orally 3 times daily as needed for resident #14 was not available for administration. Repeated Violations: 10/13/2009	1-2-11	<i>Med personal will make sure all medication is on hand for residents</i>	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p style="text-align: center; margin: 0;">Steps have been taken to correct violation. Full compliance is not verifiable</p> <p style="margin: 0;">Date: 1-3-11</p> <p style="margin: 0;">Initials: <i>Jan Harvey</i> (SRW)</p> </div>

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SIGNATURE OF LEGAL ENTITY <i>Jan Stinell</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c 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.	The personal care home assessment for resident #11 dated 3-11-10 was not updated to include the resident's hospice services or required hospice needs. This resident's hospice services began 7-30-10. The personal care home assessment for resident #12 dated 3-31-10 was not updated to include the resident's hospice services or required hospice needs. This resident's hospice services began 6-30-10.	1-3-11	The personal care assessment were updated and provided the hospice services and needs for the residents. In the future supervisors will make sure all records are updated.	1-3-11 <i>JG</i>

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SIGNATURE OF LEGAL ENTITY <i>Janet McMillan</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janet Hawley</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	<p>The support plan for resident #11 dated 3-11-10 was not updated to include the resident's hospice services or required hospice needs. This resident's hospice services began 7-30-10.</p> <p>The Support plan for resident #12 dated 3-31-10 was not updated to include the resident's hospice services or required hospice needs. This resident's hospice services began 6-30-10.</p>	1-21-11	<p><i>The support plans was updated for hospice services</i></p> <p><i>In future all charts will be revised for all services</i></p>	1-3-11 <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Frank M. Miller</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The following support plans were not signed by the residents nor were there any documentation of the resident's inability or refusal to sign their support plans: Resident #7, support plan dated 4-21-10. Resident #4, support plan dated 5-6-10.		<i>Both support plans were signed at time of inspection. In the future the supervisor will make sure all papers are signed.</i>	<i>1-3-11</i>

RECEIVED

JAN 03 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing