



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 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 licensing inspection on March 10, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

Sincerely,

A handwritten signature in cursive script that reads "Michele Moskalczyk".

Regional Licensing Administrator

Enclosure
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 18640		CURRENT LICENSE NUMBER 218691	
INSPECTION DATES (Include all dates of the inspection) 03/10/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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>Hebber Williams</i>	DATE 5-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 5-10-11

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
16c 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).	The home did not submit a Reportable Incident form as a result of resident #1 falling out of bed on 3/7/11 which resulted in severe facial bruising requiring medical treatment.	5-2-11	<i>In the future there will be reports made on any incidents involving residents and their medical treatment</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: 5-10-11 Initials (DPW): <i>DCV</i>
		5-2-11 and on-going	<i>The administrator and the Home's supervisor will be responsible to report to DPW on the required Reportable Incident Reporting Form any and all incidents required to be reported under 2600.16. If there is a question as to whether or not an incident must be reported, the administrator or the Home's supervisor will contact the DPW ARL Regional Office for further clarification DCV 5-10-11</i>	

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SIGNATURE OF LEGAL ENTITY <i>Hebbie Williams</i>	DATE <i>5-2-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C Valera</i>	DATE <i>5-10-11</i>

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
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The most recent PA Department of Labor and Industry boiler certificate expired 8/29/09. The home has yet to obtain a current boiler certificate. Repeated Violations: 11/19/2010	<i>5-2-11</i>	<i>In the future the the maintenance worker will make sure the boiler is inspected on time and the certificate is posted.</i>	<i>DCV 5-10-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Hebbie Williams</i>	DATE 5-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valene</i>	DATE 5-10-11

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
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.	An unlabeled bar of soap was hanging in a black toiletry bag located in the right shower stall in the third floor common bathroom. Repeated Violations: 11/19/2010	5-2-11	<p><i>In the future the housekeepers will check the bathrooms more often to make sure there are no bars of soaps</i></p> <p><i>The bar of soap was thrown out at the time of inspection</i></p>	<div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 5-10-11 Initials (DPW): DCV </div>

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SIGNATURE OF LEGAL ENTITY <i>Hebbie Williams</i>	DATE <i>5-2-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duneed Allen</i>	DATE <i>5-10-11</i>

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The following items located next in the hallway next to room 311 were blocking the route of egress: <ul style="list-style-type: none"> - A metal bed frame - Mattress - box spring - Lamp - small cabinet A wheelchair was located in the hallway next to room 211 and an electric scooter was located in the hallway next to room 207 which were blocking the route of egress.	<i>5-2-11</i>	<i>At the time of inspection we were changing rooms around. In the future maintenance staff will make sure that all stairways, hallways passageways are clear.</i>	<i>DCV 5-10-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Hebbie Williams</i>	DATE 5-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valone</i>	DATE 5-10-11

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
141a 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 initial medical evaluation in the record of resident #2 (admitted 11/22/10) was not dated and therefore it could not be determined if the medical evaluation was completed within 30 days of the resident's admission to the home.	5-2-11	<p><i>The medical evaluation was sent back to the doctor's office and dated.</i></p> <p><i>In the future the administrator and the supervisor will make sure all forms are dated</i></p>	<p><i>DCV</i></p> <p><i>5-10-11</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Helbie Williams</i>	DATE <i>5-2-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Salene</i>	DATE <i>5-10-11</i>

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141a2 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	The medical evaluation in the record of resident #3 (dated 12/7/10) and the medical evaluation in the record of resident #4 (dated 2/9/11) did not indicate the residents' body positioning needs, if any. Repeated Violations: 11/19/2010	<i>5-2-11</i>	<i>At the time there was no need for body positioning for both residents. In the future administrator and supervisors will make sure all med evals are filled out completely.</i>	<div style="text-align: center;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small; margin: 0;">Date: <i>5-10-11</i> Initials: <i>D.S.</i></p> </div>

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SIGNATURE OF LEGAL ENTITY <i>Heather Williams</i>	DATE <i>5-2-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Wallace</i>	DATE <i>5-10-11</i>

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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.			<i>on previous page</i>	<i>See previous page 6 of 9</i>

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SIGNATURE OF LEGAL ENTITY <i>Spencer Williams</i>	DATE <i>5-2-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune & Science</i>	DATE <i>5-10-11</i>

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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 (MAR) of resident #5 on 3/10/11 to indicate Reglan 5mg was administered at 12:00pm. Staff did not sign or initial the MAR of resident #6 on 3/10/11 to indicate Metformin 500mg was administered at 12:00pm.	<i>5-2-11</i>	<i>At time of inspection supervisor initial the MARs and in the future the supervisors will make sure all staff sign or initial MARs.</i>	Date <i>5-10-11</i> Initials (DPW) <i>DPW</i> Checks have been taken to correct violation; full compliance is not verifiable

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SIGNATURE OF LEGAL ENTITY <i>Nellie Williams</i>	DATE <i>5-2-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valense</i>	DATE <i>5-10-11</i>

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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>on previous page</i>	<i>See previous page 8 of 9</i>