



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  
1-800-833-5095  
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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 28, 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 Mostkalczyk".

Regional Licensing Administrator

Enclosure  
Violation Report

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

|   |                |  |                 |
|---|----------------|--|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>PITTSTON HEAVENLY MANOR, 51 NORTH MAIN STREET PITTSTON, PA 18640  |                | CURRENT LICENSE NUMBER<br>218691   |                 |
| INSPECTION DATES (Include all dates of the inspection)<br>03/28/2011  |                | REGIONAL REPRESENTATIVE<br>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<br><i>Spencer Williams</i>  | DATE<br>5-2-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Doreen Valance</i> | DATE<br>5-10-11 |

| REGULATION<br>55 Pa.Code §2600   | VIOLATION  | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION<br>(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<br>A home shall comply with applicable Federal, State and local laws, ordinances and regulations. | The home did not receive their inspection certificate from the PA. Dept. of L&I. The home did have their inspection completed on 3/11/11 but no certificate has been issued by the PA. Dept. of L&I. | 5-2-11                      | <p><i>At the time of inspection the boiler inspection was completed and the certificate was issued 3-7-11 but we didn't receive until a couple days later. In future we will make sure the certificate is on hand and posted.</i></p> | DCV<br>5-10-11              |

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

|   |                    |  |                     |
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| SIGNATURE OF LEGAL ENTITY<br><br><i>Hebbie Williams</i>   | DATE<br><br>5-2-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><br><i>Dune O'Plene</i> | DATE<br><br>5-10-11 |

| REGULATION<br>55 Pa.Code §2600   | VIOLATION   | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION<br>(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<br>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. | Resident # 1 Medical Evaluation dated 8/15/10 under the medication section stated "see current MAR attached " no MAR or list of resident's medications was documented. This resident record was not corrected and continues as a violation. | 5-2-11                      | The resident's Eval was sent back to the physician and the medications were lost.<br>In the future the supervisor will make sure all med evals are completed within the time. | DCV<br>5-10-11              |