



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
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 18, 2012

Mr. Frank Minelli, Owner
Angel's Family Manor, Inc.
218 North Main Avenue
Scranton, Pennsylvania 18504

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on November 14, 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.


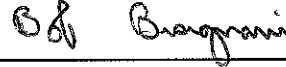
Sincerely,

Bob Bisignani

Regional Licensing Administrator


Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Angel's Family Manor, INC, 218 North Main Avenue Scranton, PA 18504		CURRENT LICENSE NUMBER 210621	
INSPECTION DATES (Include all dates of the inspection) 11/14/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/17/12

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
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 left the home at the end of September after providing the home a 30-day notice. The resident only paid the home \$100.00 for rent owed for the month of August and September. The home did not provide the resident with an itemized accounting of funds still owed to the home by the resident. Repeated Violations: 08/17/2011	12-15-11	<p><i>Resident #1 did sign for [redacted] meds and no refund was owed to this resident. Resident said [redacted] would send the home money [redacted] owed to the home. The home doesn't expect to receive any money from resident.</i></p> <p><i>In the future the Admin and staff who check residents out will ensure residents sign an accounting of residents funds.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/17/12 B.B.</p> <p>Date Initials (OPW)</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600



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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	<p>The following water temperatures at the stated locations were found to be above 120 degrees Fahrenheit with a provided 2-degrees flex:</p> <ul style="list-style-type: none"> - The women's bathroom adjacent to the TV room on the first floor; 129.2 F - The men's bathroom adjacent to the TV room on the first floor; 129.2 F - The bathroom utilized by room #304; 136 F - The bathroom utilized by room #306; 125.9 F <p>Repeated Violations: 08/17/2011</p>	12-15-11	<p><i>All water heaters were turned down again and all heaters are being checked every day by maintenance. All temperatures are at the correct temp. Residents are now complaining water is too cold.</i></p> <p><i>In the future maintenance person will check temp of water daily to insure temp is correct. The Administrator will require maintenance person assigned to conduct daily checks</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p>11/17/12 B.S. Date Initials (DPT)</p>

on a log sheet, which will be maintained for review

Bob B.
11/17/12


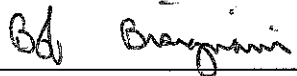
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The number for the Personal Care Home Hotline Number posted near the phone in the second floor nurse's office was posted incorrectly. The number posted was 1-800-254-5164; the correct number is 1-877-401-8835. Repeated Violations: 08/17/2011	12-15-11	<p><i>Hot line numbers had fell off the phone wire and are now hooked to phone</i></p> <p><i>In the future staff will ensure correct numbers are in place.</i></p> <p><i>The Administrator will assign a staff person of the home to conduct weekly checks of all the phones in the home to ensure that the emergency phone numbers required under this regulation are posted</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p style="text-align: center;"><u>11/7/12</u> <u>B.B.</u></p> <p style="text-align: center;">Date Initials (JPW)</p>

at all times *Bob B. 11/7/12*

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Four residents reside in room #203 but only 3 chairs were present. Repeated Violations: 08/17/2011	12-15-11	<p><i>One chair in room 203 was being replaced at the time of inspection and was placed in room at time of inspection</i></p> <p><i>In the future Housekeeping staff and D/C staff will ensure all residents have a chair in place</i></p>	11/7/12 B.S.