



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 30, 2012**

Mr. Frank Minelli, 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 December 5, 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 218690	
INSPECTION DATES (Include all dates of the inspection) 12/05/2011		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 <i>Amy Lamarca</i>	DATE <i>1-12-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalozyn</i>	DATE <i>1-27-12</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
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	The assessment in the record of resident #1 (dated 5/14/11) indicates the resident requires full physical assistance with hygiene related to personal grooming. Resident #1 indicted staff has not provided assistance with personal hygiene regarding grooming since the resident's date of admission which was 5/3/11. Staff person who were interviewed were not able to refute the claim made by the resident.	<i>12-19-12</i>	<i>Staff instructed by supervisor to provide assistance daily with resident's personal hygiene and log daily what's being done for each resident. In the future supervisors will monitor that the personal hygiene being performed is being documented</i>	

**RECEIVED**

*JAN 26 2012*

SCRANTON FIELD OFFICE  
Adult Residential Licensing

Steps have been taken to correct violation; full compliance is not verifiable  
Date *1/27/12* Initials (DPW) *MP*

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) 12/05/2011		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 <i>Amy Lamarca</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 1-27-12

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
42o A resident has the right to freely associate, organize and communicate with others privately.	The home's rules state, "Residents should not have any other residents in their room." The establishment of this home rule is in direct violation of the residents' right to socialize and communicate privately.	1-19-12 Line # 24 removed.  1-30-12 Residents rules to be rewritten + signed by each resident. This is in process.	Line #24 removed from residents rules on all charts. Although residents have always had the right to socialize and communicate privately in their rooms. In the future staff will ensure that residents can have other residents and visitors in their rooms.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: right top;">                     Steps have been taken to correct violation, full compliance is not required.                      Date: _____                      Initials (DPW): <i>WJ/abk</i> </div>

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) 12/05/2011		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 <i>Amy Lamarca</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalezyk</i>	DATE 1-27-12

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
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Resident #2 was observed smoking in the designated smoking area with several other residents the morning of 12/5/11. The resident's portable oxygen container was located next to the resident as the resident smoked.	12-5-12	<i>Resident given verbal warning re: smoking and the use of portable O2. All residents who smoke and use O2 must leave their tanks @ the nsg. station. In the future all residents who smoke and use O2 will sign in and out @ the nurses station</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>1/27/12</i> Initials (DPW): <i>ML</i>	

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) 12/05/2011		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 <i>Amy Lamasca</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshkolczyk</i>	DATE 1-27-12

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
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home does not have a fire safety policy regarding smoking. Resident #2 was observed smoking in the designated smoking area with several other residents the morning of 12/5/11. The resident's portable oxygen container was located next to the resident as the resident smoked. Staff person A stated portable oxygen containers are not permitted in the home's designed smoking area. In addition, staff person B stated they observe resident #2 smoking with the oxygen in use several times a week.	12-6-12	Home has smoking area policy which includes fire safety recommendations. Policy will be updated as needed and residents who smoke will be monitored for compliance to policy by staff and supervision so that there are no fire safety issues in the future.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <i>1/27/12</i> Initials (DPW): <i>MP</i></p> </div>

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) 12/05/2011		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 <i>Amy Lamarca</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Noskiewicz</i>	DATE 1-27-12

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
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 #1 to indicate the following medications were administered on the stated dates and times: - Lamictal 200mg: 8:00am on 11/20/11 and 11/24/11 - Genasyme 80mg: 8:00am and 12:00pm on 11/24/11 and 11/26/11 - Robaxin 500mg: 8:00am and 2:00pm on 11/24/11 and 2:00pm and 8:00pm on 11/26/11 - Prilosec 20mg: 8:00am on 11/24/11 - Ferrous Sulfate 325mg: 8:00am on 11/24/11 - Flonase nasal spray: 8:00am on 11/24/11	12-12-12	<i>Med Tech's re-instructed in the importance of initialing and signing for any med administered to a resident. In the future the med book will be evaluated daily by the supervisor to see that staff is compliant.</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p align="center">Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: _____ Initials (DPW): <i>MM</i></p> </div>

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) 12/05/2011		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 <i>Amy Zamara</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Nozka</i>	DATE

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.		12-16-12	Physician made aware of resident's refusal to take meds prescribed and meds were eventually discontinued by physician however documentation was not evident on all occasions were there was a refusal. In the future physician will be made aware of each time resident refuses medication so that the situation can be resolved. In this case physician was	<i>Cont. from previous page</i>

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) 12/05/2011		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 <i>Amy Lamasca</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 1-27-12

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	187c Resident #1 refused the following medications on the stated dates and times. The home did not notify the prescribing physician of the medication refusals: Lamictal XR 200mg at 8:00am; 11/8/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, and 11/28/11- 11/30/11 Genasyme 80mg at 8:00am and 12:00pm; 11/8/11- 11/11/11, 11/14/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, and 11/28/11- 11/30/11 Genasyme 80mg at 4:00pm; 11/17/, 11/18/11, 11/24/11 and 11/29/11 Robaxin 500mg at 8:00am and 2:00pm; 11/8/11- 11/11/11, 11/14/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, and 11/28/11- 11/30/11 Prilosec 20mg at 8:00am; 11/8/11- 11/11/11, 11/14/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, and 11/28/11- 11/30/11 Ferrous Sulfate 325mg at 8:00am; 11/8/11- 11/11/11, 11/14/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, and 11/28/11- 11/30/11 Flonase nasal spray at 8:00am; 11/8/11- 11/11/11, 11/14/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, 11/28/11- 11/30/11 and at 8:00pm on 11/24/11	12-16-12 + ONGOING	notified and sent documentation that he was aware and eventually de'd the medication which was also documented on script by physician - however this documentation was not evident for each occasion. In the future Dr. will be asked to send documentation on each and every occasion he is made aware of the refusals. * The administrator will monitor weekly for ongoing compliance.	Steps have been taken to correct violation; full compliance is not yet achieved. Date: 1/27/12 Initials (DPW): [Signature]

*mm/27/12*

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) 12/05/2011		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 <i>Amy Lamarca</i>	DATE <i>1-12-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognulczyn</i>	DATE <i>1-27-12</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
	Lidoderm patch 5% at 8:00; 11/1/11- 11/11/11, 11/14/11, 11/16/11- 11/18/11, 11/21/11- 11/23/11, 11/25/11, and 11/28/11- 11/30/11		<p><i>- Cont. from previous page -</i></p>	

RECEIVED

JAN 26 2012

SCRANTON FIELD OFFICE  
Adult Residential Licensing