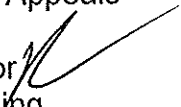


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

DATE: DEC 28 2011

SUBJECT: Personal Care Home Fine – Angel's Family Manor, Inc.

TO: Tracy Henry, Director
Bureau of Hearings and Appeals

FROM: Ronald Melusky, Director 
Adult Residential Licensing
Room 631, Health and Welfare Building

Attached is a request for appeal from Angel's Family Manor, Inc. appealing the Department of Public Welfare's (Department) decision to issue a fine. Also attached is the Department's enforcement action, fine notice and fine invoice.

Please notify this office, as well as Megan Wiest, Office of General Counsel, 1st Floor, Greco Building, 105 North Main Street, Wilkes-Barre, Pennsylvania 18701, as to the date and time of the hearing. If you have any questions, please call me at 783-3670.

Attachments

cc: Megan Wiest, Attorney, Office of General Counsel
Ronald Melusky, Director, Adult Residential Licensing
Bob Bisignani, Regional Licensing Director, Adult Residential Licensing
Jacob Herzing, Enforcement Director, Adult Residential Licensing
Kevin Brumbach, Fines Manager, Adult Residential Licensing



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

DEC 28 2011

Mr. Patrick Walsh, Esquire
Kelley & Polishan LLC
259 South Keyser Avenue
Old Forge, Pennsylvania 18518

RE: Angel's Family Manor, Inc.

Dear Mr. Walsh:

This is to acknowledge receipt of your request to appeal the Department of Public Welfare's (Department) decision to issue a fine to Angel's Family Manor, Inc. Your request has been forwarded to the Department's Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

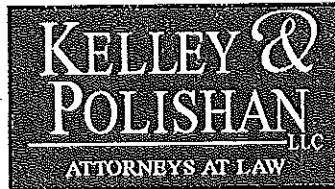
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', written over a long horizontal line.

Ronald Melusky
Director

c: Megan Wiest, Attorney, Office of General Counsel

PATRICK WALSH, ESQ.
E-MAIL: pwalsh@kelleypolishanlaw.com



259 South Keyser Avenue
Old Forge, PA 18518
Phone 570.562.4520
Fax 570.562.4531
www.kelleypolishanlaw.com

K&P File No: 1461.03

December 13, 2011
Via Certified Mail, Return Receipt Requested
7008 1140 0001 5313 5326

Anita Shafer, Bureau of Financial Operations
Financial Reporting and Payments Section
Department of Public Welfare
1401 North 7th Street
Harrisburg, PA 17105

RECEIVED

DEC 23 2011

Adult Residential Licensing

**Re: Angel's Family Manor, Inc.
Frank Minelli, Administrator/Owner
Personal Care Home Invoice Assessment #: N00171
Invoice Date: November 22, 2011**

Dear Ms Shafer:

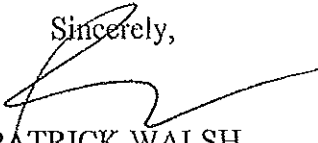
I represent Frank Minelli and Angel's Family Manor, Inc., in the above-referenced matter.

My client disagrees with the decision to assess a fine and hereby makes a formal written request for an appeal of the assessed fines set forth in the Personal Care Home Invoice, assessment number N00171, a copy of which is enclosed. Also enclosed is my client's check made payable to the "Commonwealth of Pennsylvania" in the amount of \$500.00.

Kindly forward all information regarding this appeal to my attention.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,



PATRICK WALSH

PW/pw
Encl.

G:\K&P\Minelli, Frank 1461.00\Pa Dept Welfare Appeal\Dept_Welfare_Ltr2.wpd



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 REQUESTED

MAILING DATE: NOV 22 2011

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

Dear Mr. Minelli:

On October 25, 2011, the Department of Public Welfare (Department) issued a notice of its intent to assess a fine for regulatory violations with 55 Pa.Code Ch. 2600 (relating to personal care homes) for the above personal care home.

Pursuant to 62 P.S. §§ 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department hereby assesses a fine for the following uncorrected violations.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Initial Fine Assessment
89b	II	50	\$5	\$250	\$5,000
28f1	III	50	\$3	\$150	<u>\$3,000</u>

Total Fine Assessment for period October 26, 2011 through November 14, 2011 = \$8,000.

The enclosed Invoice for Personal Care Home Fine specifies the total amount of the fines for the period following the Department's notice of intent to assess a fine. The invoice is payable within 30 days from the mailing date of this letter. The fines will continue to accumulate and will be recalculated at the end of each month until all violations are fully corrected. 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. Even if you pay the full amount of this invoice, fines will continue to accumulate for each violation until you have provided written notice of full correction and the Department has verified that the violations are fully corrected.

In accordance with §2600.268 (relating to notice of violations), the personal care home administrator shall immediately post this written notice in a conspicuous and public place in the home, if this notice includes a Class II violation

If you disagree with the decision to assess a fine, 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 and 62 P.S. §1086(f). If you decide to appeal, a written request for an appeal with a check made payable to the "Commonwealth of Pennsylvania" for the total monthly fine amount or \$500, whichever is less, must be received within 30 days of the mailing date of this letter by:

Anita Shafer, Bureau of Financial Operations
Financial Reporting and Payments Section
Department of Public Welfare
1401 North 7th Street
Harrisburg, Pennsylvania 17105

This decision to assess a fine is final 31 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.

If you have any questions regarding this invoice please contact Kevin Brumbach, Adult Residential Licensing, at 717-783-3670.

Sincerely,



Ronald Melusky
Director

Enclosure
Personal Care Home Fine Invoice

Personal Care Home Invoice

PA Department of Public Welfare
 Bureau of Financial Operations
 Financial Reporting and Payment Section
 1401 North Seventh Street, 3rd Floor Bertolino Bldg
 Harrisburg, Pennsylvania 17102
 Fax: 717-772-2501

Assessment #: N00171

Invoice Date: NOV 22 2011

Billed To:

Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Re: Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Contact Name Frank Minelli

Licence Number 21062

Fine/Appeal	Description - 55 Pa.Code § 2800.	From:	To:	Fine Imposed	Line Total
Class III	28f1	10/26/2011	11/14/2011	\$3,000.00	\$3,000.00
Class II	89b	10/26/2011	11/14/2011	\$5,000.00	\$5,000.00

Invoice Total \$8,000.00

Please remit this portion with payment to ensure proper credit

Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Assessment #: N00171

Re: Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Please make checks payable to:
 Commonwealth of Pennsylvania
Remit to:
 Bureau of Financial Operations
 Bertolino Bldg, 3rd Floor
 1401 North 7th Street
 Harrisburg, PA 17102
 Attn: Anita Shafer

Total Due \$8,000.00

Payment Enclosed

cc: file - Open Fines



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 REQUESTED
MAILING DATE: OCT 25 2011

Mr. Frank Minelli, Administrator/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 (Department) licensing inspection on August 17, 2011 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.

Mr. Frank Minelli .

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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)
51/52	II	50	\$5	\$250	5 calendar days from mailing date of this letter
89b	II	50	\$5	\$250	5 calendar days from mailing date of this letter
28f1	III	50	\$3	\$150	15 calendar days from mailing date of this letter
91	III	50	\$3	\$150	15 calendar days from mailing date of this letter
101j2	III	50	\$3	\$150	15 calendar days from mailing date of this letter
103d	III	50	\$3	\$150	15 calendar days from mailing date of this letter
121a	III	50	\$3	\$150	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

3

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,



Ronald Melusky
Director

Enclosures
License
Violation Report

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANGEL'S FAMILY MANOR, INC.
LEGAL ENTITY

To operate ANGEL'S FAMILY MANOR, INC.
NAME OF FACILITY OR AGENCY

Located at 218 NORTH MAIN AVENUE, SCRANTON, PA 18504
(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 TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 53
MAXIMUM CAPACITY
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 October 25, 2011 until April 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 210621

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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 K. Merrill</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morsalez</i>	DATE 10.06.11

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								
20b6 If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.	The home manages the following residents' personal funds and has not been offering them the option to deposit their money into an interest-bearing account on a regular basis when their balances have exceeded \$200 in two consecutive months, as noted below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15%;"><u>Resident</u></td> <td style="border-bottom: 1px solid black;"><u>Months balances exceeded \$200</u></td> </tr> <tr> <td>#1</td> <td>5/11, 6/11, 7/11</td> </tr> <tr> <td>#2</td> <td>1/11, 2/11, 3/11</td> </tr> <tr> <td>#3</td> <td>4/11, 5/11, 6/11</td> </tr> </table> The only time each of these residents was offered an interest-bearing account was on 1/4/10, 1/18/10, and 1/22/10, respectively. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <p style="text-align: center;">SEP 30 2011</p> <p style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<u>Resident</u>	<u>Months balances exceeded \$200</u>	#1	5/11, 6/11, 7/11	#2	1/11, 2/11, 3/11	#3	4/11, 5/11, 6/11	10-20-11 - ongoing	The home was not aware it had to offer an option to deposit the residents' money every two months. The home will offer this to residents. In the future the Admin. will insure all residents with over \$200.00 in their account will be offered to deposit their money in an interest bearing account. * Documentation of the residents wishes will be maintained by the home's administrator M.M. 10/6/11	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>10/6/11</i> Initials (DPW): <i>MM</i>
<u>Resident</u>	<u>Months balances exceeded \$200</u>											
#1	5/11, 6/11, 7/11											
#2	1/11, 2/11, 3/11											
#3	4/11, 5/11, 6/11											

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 210620	
INSPECTION DATES (include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>Susan Bennett</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 10-06-11

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										
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co signed by the resident's designated person if any, if the resident agrees.	The contracts of the following residents were not signed by the payers, as noted below: <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"><u>Resident</u></td> <td style="border-bottom: 1px solid black;"><u>Contract dated</u></td> </tr> <tr> <td>#4</td> <td>6/04/11</td> </tr> <tr> <td>#5</td> <td>5/27/11</td> </tr> <tr> <td>#6</td> <td>9/07/10</td> </tr> <tr> <td>#7</td> <td>8/01/11</td> </tr> </table>	<u>Resident</u>	<u>Contract dated</u>	#4	6/04/11	#5	5/27/11	#6	9/07/10	#7	8/01/11	9-22-11	Residents 4-5-6-7 have a person who sends a check for their rent but that person isn't their power of attorney. These residents are all capable of signing their own paper work. In the future if a resident is not capable of handling their paperwork the admin will insure the proper person signs for the resident. All residents who have a power their contracts will be signed by the payer, if the payer will and is willing. <i>Resident #4 Susan Bennett</i>	<div style="text-align: right; font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____ </div>
<u>Resident</u>	<u>Contract dated</u>													
#4	6/04/11													
#5	5/27/11													
#6	9/07/10													
#7	8/01/11													

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>Sue A. Howell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 100611

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.	The home did not provide resident #8 with an itemized financial accounting of funds the home owes the resident, or that this resident owes to the home, within 30 days of discharge from the home. Staff person A, who is the administrator, stated this resident departed from this facility on 6/29/11 and all personal belongings were removed from the resident's room by 7/5/11. Repeated Violations: 05/13/2010	9-22-11	Resident #8 left the home without any notice had address changed and moved out without telling the home of his new address. In the future the home will try to get an address on their storage account for resident if possible and if the home knows of the resident's intentions. * The administrator will maintain an itemized financial accounting of funds owed home or resident and will keep the itemized statement in the D/C resident's record for review by the department.	Steps have been taken to correct violation; full compliance is not verifiable Date 10/6/11 Initials (DPW) MM

MM 10/6/11

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>Scott McMill</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 10 06 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
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	Staff person "C." had a hire date 6/28/11 and no PA state background check or FBI background Check had been completed by the home. Repeated Violations: 05/13/2010	10-20-11 ongoing	A background check has been sent for and received. In the future Admin and Supervisor will insure staff paperwork will be completed in the proper time. The administrator will monitor STAFF records for accurate and up to date criminal background checks in accordance with OAPSA. Staff without a current accurate criminal BG check will not be allowed to work in the facility until	Steps have been taken to correct violation; full compliance is not verifiable Date: 10/20/11 Initials: MAAV (DPW)

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>John A. Howell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 1006 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
(relating to protective services for older adults) and other applicable regulations.			<i>Cont. from previous page</i>	

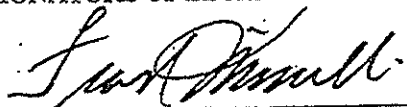
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ANGEL S. FAMILY MANOR INC, 218 NORTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>Sean P. Smith</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Koskalyzka</i>	DATE 100611

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person "D" did not have a record in their staff record that they possessed any of the following qualifications : A high school diploma , CNA registration or a GED certificate.	10-25-11 + ongoing	Staff person D has contacted her school for the proper diploma and they do not have the records after 10 years. Staff person B will get a letter from the school stating this and get a notary letter stating she has a diploma. In the future Admin will insure all Direct Care workers have the proper documents in the proper time limit. * The administrator will monitor STAFF records for compliance with regulations on a ongoing basis.	Steps have been taken to correct violation; full compliance is not verified. Date: _____ Initials (DPW): _____

M.M 10/6/11

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 210620	
INSPECTION DATES (include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Mostakczyk	DATE 100611

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
services with reasonable skill and safety.				Cont. from previous page.

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 210620	
INSPECTION DATES (include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>Scott Maxwell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Gualciga</i>	DATE 10 06 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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>Located in the common living area adjacent to room #s 202A and 202B, at approximately 11:00am on the day of the inspection, a cleaning cart containing the following poisonous items was left unattended, unlocked, and accessible to residents in the home:</p> <ul style="list-style-type: none"> • Proctor and Gamble® Comet – (1) 1-quart 32-fluid ounce plastic bottle; the label stated, "If swallowed, drink a glass of water. Call a physician immediately." • "Betco® Best Scent Odor Counteractant – (2) 1-quart plastic bottles; the labels stated, "If swallowed, dilute with two glasses of water. Call a physician." • "Pledge® Revitalizing Oil with Natural Orange Oil – (1) 16-fluid ounce bottle; the label stated, "If swallowed: Do not induce vomiting, immediately call a Poison Control Center or a physician." <p>On the dresser top belonging to resident # 9 in room #302, shared by four residents, a 16-ounce plastic bottle of "Walgreens" Hydrogen Peroxide</p>	8-17-11	<p><i>During the inspection the Housekeepers were informed not to leave the cleaning cart unattended. All staff persons were trained and asked to check all residents on a regular basis to insure no poisonous materials are found.</i></p> <p><i>In the future supervisor and Housekeepers will insure all poisonous material is locked up.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date Initials (OPM)</p>

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ANGEL S FAMILY MAJOR INC, 218 NORTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 210620	
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SIGNATURE OF LEGAL ENTITY <i>Sam Munnell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proszalczyk</i>	DATE 100611

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>was stored unlocked and accessible to residents. The label stated, "In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately." Also, a 16-fluid ounce bottle of "Family Dollar Savings" Isopropyl Rubbing Alcohol was on stored next to this bottle of Hydrogen Peroxide.</p> <p>Staff person A, who is the administrator, stated all residents are not assessed to have unsupervised access to poisons, including resident # 9.</p> <p>The home does not include as part of their resident assessment their ability to safely manage household chemicals and the following items were found unlocked and unsecured in the 2nd floor laundry room. All chemicals listed had stated directions to seek immediate medical attention if chemicals are ingested.</p> <p>(1) 2 quart size containers of "Betco" brand Best Scent sanitizer. (2) 2-32 oz bottles of spray "Comet" brand of cleaner. (3) 1-2 liter bottle of "Best Sent" brand sanitizer (4) 1-64 oz bottle of "Fast Brand" glass cleaner (5) 1-1.12 gal. bottle of "Clorox" brand pine sol</p>	8-17-11	<p><i>Resident # 9 was informed [redacted] can't have poisonous item in [redacted] room they must be locked up at all times. In the future staff will check [redacted] room daily to ensure no poisonous items are there.</i></p>	<p><i>Cont. from previous page</i></p>

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SIGNATURE OF LEGAL ENTITY <i>S. A. Howell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Maghazizyk</i>	DATE 100611


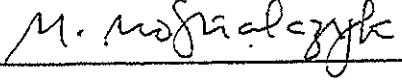
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	cleaner (5) 1 gallon bottle of "Austins" brand bleach	8-17-11		
			Cont. from previous 2 pages	

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SIGNATURE OF LEGAL ENTITY <i>Scott Minell</i>	DATE 9-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morkalczka</i>	DATE 10-6-11

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
85a Sanitary conditions shall be maintained.	The 2nd floor air exchange vent, located across the from the elevator near room # 201 had a thick layer of dust and grime on the vent's surface.	8-17-11 <i>ongoing</i>	<p><i>at time of inspection Housekeepers were informed of cleaning the vents. and they were cleaned In the future supervisor will ensure House keeper are keeping these vents clean by keeping documentation of the vent cleaning available for review by the department upon request</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p>Date _____ Initials (DPW) _____</p> <p><i>10/6/11</i></p>

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SIGNATURE OF LEGAL ENTITY 	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-06-11

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
89b. Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperatures in the sinks of the common female and male bathrooms located adjacent to the "Television Room" on the first floor exceeded 120° F; they measured 129.0° F and 128.3° F, respectively. Repeated Violations: 05/13/2010	8-17-11	<p>Hot water temp was turned down at time of inspection by maintenance person. In the future maintenance person and supervisor will insure water temp is at the correct temp.</p> <p>* The administrator will monitor and document water temperatures weekly. Temperature log must be maintained by the administrator for review by the</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>10-06-11</u> Initials (DPW): <u>MWB</u></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Frank J. Kowal</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 10-06-11

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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal, emergency management agency and personal care home complaint hot line shall be posted on or by each telephone with an outside line.	The phone located in the "Sitting Room" adjacent to the kitchen did not have the current personal care home complaint hot line number posted on or near it. The number posted on it was 1-800-254-5164; the current phone number is 877-401-8835. Repeated Violations: 05/13/2010	8-17-11 + ongoing	At time of inspection the new phone number was corrected. In the future supervision and staff will insure all numbers are correct. The administrator will monitor all phone for the correct numbers on a weekly basis. M.M. 10/6/11	Steps have been taken to correct violation, full compliance not verifiable Date: 10/6/11 Initials: (DPW)

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SIGNATURE OF LEGAL ENTITY <i>John P. Howell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalezyk</i>	DATE 10-06-11


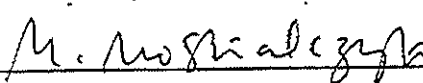
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	In room #201, shared by resident #s 10 and # 11, there was only one wooden chair with a padded blue fabric back and seat and one metal folding chair in it. The records of these residents did not include a statement allowing for or requesting the use of a folding chair in their bedroom. Repeated Violations: 05/13/2010	8-17-11	In room 201 the folding wooden chair was taken out and a new chair was in place. In the future Housekeepers and supervisor will insure proper chairs are in place. The administrator will monitor residents chairs located throughout the facility and assure that resident records have proper documentation for the use of folding chairs in residents rooms. (M. 10/6/11)	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

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SIGNATURE OF LEGAL ENTITY <i>Stan Knull</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proszalczyn</i>	DATE 100611

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
101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The slats of the mini-blinds in room #s 203, 204, 302, 303, 304B, and 306A were caked with dust. The brown sheer curtains in bedroom #202B were too sheer to provide privacy for the resident who resides in this room.	8-17-11 10-25-11	At time of inspection Housekeepers were informed of the mini blinds and they were cleaned. In the future Housekeepers and supervisor will ensure mini blinds are cleaned. A mini blind will be in place for privacy in room 202B. In the future maintenance person and Housekeepers will ensure blinds and or curtains will be in place for privacy.	mm 10-6-11 Date _____ Initials (DPW) _____ Steps have been taken to correct violation; full compliance is not verifiable.

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

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SIGNATURE OF LEGAL ENTITY 	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 100611

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102k Use of a common towel is prohibited.	<p>The first floor common women's and men's bathrooms did not have a means for residents to dry their hands after washing them; the paper towel holders were empty and there were not any mechanical air blowers or individual cloth towels for each resident in them.</p> <p>The bathrooms adjoining bedroom #s 202, 203, and 206 did not have a means for the residents to dry their hands after washing them; there were not individual towels for these residents to use in these bathrooms or the adjoining bedrooms, paper towels, or mechanical air blowers in them. The towels are stored in the hallway linen closets which had locks on them and required staff assistance for the residents to obtain the towels.</p>	8-17-11	<p><i>During the inspection paper towels were placed in all bathrooms.</i></p> <p><i>In the future the home will inquire about air blowers for bathrooms for now housekeeper will insure all bathrooms will have paper towels in place</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <u>10/06/11</u> Initials (DPW): <u>AM</u></p>

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SIGNATURE OF LEGAL ENTITY <i>Sam A. Merrill</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyuk</i>	DATE 100611

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
103d Food shall be stored off the floor.	The home was storing a 50 lbs. bag of potatoes directly on the floor of the fire stairwell landing. This landing was at the rear of the building adjacent to the kitchen. Repeated Violations: 05/13/2010	8-17-11	<p><i>At time of inspection Potatoes were just recently delivered, they were moved and taken off the floor</i></p> <p><i>In the future Staff and Supervisors will ensure food items do not stay on the floor</i></p> <p><i>The administrator will monitor areas where food is stored for ongoing compliance with this regulation</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>Date</i></p> <p><i>Initials (DPW)</i></p> <p><i>10/6/11</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Scott McNellis</i>	DATE 9-22	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 10-06-11

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
121a Stairways, hallways, doorways, passageway and egress routes from rooms and from the building shall be unlocked and unobstructed.	The home's rear egress located on the first floor was blocked by a 50 lbs. bag of cooking potatoes that was being stored on the landing level of the home. Repeated Violations: 05/13/2010	8-17-11	At time of inspection potatoes were taken off the floor. In the future staff and supervisor will ensure food items are not on the floor. The administration will assure that all the egress routes from the facility are unlocked and unobstructed.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 10-06-11 Initials (DPW): <i>MM</i> 10/06/11

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SIGNATURE OF LEGAL ENTITY <i>Frank Minelli</i>	DATE 9/22	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magdziak</i>	DATE 10/6/11

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.	The home's 2nd floor laundry room dryer had a dark colored towel that was found to be located directly behind the dryer on the electrical plug unit. This was creating a potential fire hazard.	8-17-11	<p>The towel fell behind the dryer when doing laundry, it was picked up at time of inspection.</p> <p>In the future housekeepers will ensure clothing items are not behind dryers.</p> <p>The administrator will assure that combustible + flammable material are not located near heat sources.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10/6/11 Initials: (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>John A. McMill</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No grade zijk</i>	DATE 100611

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.	An updated medical evaluation was not completed for resident #1 due to a significant change in condition when the resident began receiving hospice services through Compassionate Care Hospice on 12/9/10.	8-31-11	<i>The doctor completed a new MA 51 for Resident #1 on 8-31-11 to indicate Hospice. In the future Admin and supervisor will insure the proper paper work is complete in any resident changes The administrator will assure that all residents who have a change in their medical condition will have a New Medical evaluation completed on the Department specified form -</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date _____ Initials (DPW) _____

Steps have been taken to correct violation; full compliance is not verifiable

The administrator will assure that all residents who have a change in their medical condition will have a New Medical evaluation completed on the Department specified form -

10/10/11

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 210629	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>S. J. McNeill</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Goralczyk</i>	DATE 100611

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 is not following its policy and procedures for smoking. In the designated outside smoking area (in the rear of the building) over 15 extinguished cigarette butts were on the grass to the right of the concrete patio when facing the entrance to the home and in the front of this patio. In addition, burn marks were noted on three fabric chairs in this area; these chairs did not have a manufacturer's label on them to indicate if they were made of fire-resistant materials. The home's smoking rules state, "The home has a smoking area in the middle of the home on first floor and also outside in the back of the home" and "The home has fireproof receptacles and ashtrays and fire resistant furniture in this area". In addition, the policy needs to be updated to include a fire extinguisher is required in all designated smoking locations. Currently it states there are "fire extinguishers in the kitchen area which is approximately 25 feet away from the smoking area."	8-17-11 Ongoing	The home has descended the chairs outside, and has told all residents and staff smoking is allowed only in the smoking area. In the future supervision will smoking is only in smoking area. There is a fire extinguisher hanging on the wall in the smoking area. * The administrator will update the homes fire safety policy & procedures for the homes smoking areas. The policy & procedures for the smoking areas will be accurate and current to reflect	

Steps have been taken to correct violation; full compliance is not verifiable
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SIGNATURE OF LEGAL ENTITY <i>Janet Howell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magkalezka</i>	DATE 10-06-11

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	Resident #1 has an order for Vicodin Hydroco 5/ACT 500 tabs, take 1 tab by mouth 4 times a day prn. The home did not have listed a diagnosis or purpose for this medication listed on Resident # 1 MAR sheets.	8-20-11	Resident #1 order for Vicodin Hydroco has been updated updated at this time. In the future supervisor will ensure all MAR sheets have diagnosis list for all meds. The administrator will monitor residents MARs for current, accurate information on a monthly basis.	Ann 10/6/11

Steps have been taken to correct violation; full compliance is not verifiable
Date
Initials (DPM)

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-06-11

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.			Cont. from previous page	

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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 W. ...</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mopalczyk</i>	DATE 10-06-11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening forms for resident #s 4, 5, 6, 7, 13 and 14 were incomplete as they did not address if these residents had "Other Special Care Needs" or "Behavioral Needs"; the areas on these forms all indicated "N/A". The forms were dated 6/4/11, 5/27/11, 9/7/11, 8/1/11, 2/16/11, and 3/4/11, respectively. In addition, the form for resident #6 indicated "see MA 51" for diagnosis, instead of listing this resident's diagnosis.	8-20-11	<i>All residents listed. These files have been corrected at this time. In the future Admin and Supervisor will insure residents files are correct and complete.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date _____ Initials (DPW) _____

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire; Betty Bloch	
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 Shonell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Graczyk</i>	DATE 10-06-11

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #5's most current assessment (dated 6/2/11) was not updated to reflect the change from a "regular" diet to a "no concentrated sweets" diet, as noted on this resident's most current medical evaluation (dated 5/27/11).	8-20-11	<p><i>Resident #5 current assessment has been updated at this time</i></p> <p><i>In the future Admin and supervision will insure proper diet is listed in the residents assessments</i></p> <p style="text-align: right;"><i>mm</i> 10/6/11</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date _____ Initials (DPW) _____</p>

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 210620	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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>S. A. Kinell</i>	DATE 9-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. m. Skolczyk</i>	DATE 10-06-11

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.	An updated support plan was not completed for resident #1 due to a significant change in condition when the resident began receiving hospice services through Compassionate Care Hospice on 12/9/10.	8-30-11	<i>A new support plan has been filed out for resident #1 and has hospital on it, to help with showers. In the future Admin and supervisor will issue new support plan is filed out with any changes for the resident</i>	Steps have been taken to correct violation; full compliance is not verifiable Initials (DPM)
<p>RECEIVED</p> <p>SEP 30 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>				