

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANGELS FAMILY MANOR PERSONAL CARE HOME INC

LEGAL ENTITY

To operate ANGEL'S FAMILY MANOR PERSONAL CARE HOME

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(S) TO BE PROVIDED

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

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 April 26, 2012 until April 26, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **210620**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 31 2012

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Frank Minelli, President  
Angel's Family Manor Personal Care Home  
218 North Main Avenue  
Scranton, Pennsylvania 18504

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on February 6, 2012 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.

The license indicates the home's recent change in the name from Angel's Family Manor, Inc. to Angel's Family Manor Personal Care Home, Inc. and the home's recent change in the name of the legal entity from Angel's Family Manor, Inc. to Angel's Family Manor Personal Care Home, Inc.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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>Jesse Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Care &amp; Guidance</i>	DATE 4-13-12

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
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	The Administrator completed 23 of the 24 hours of required approved administrator training for the 2011 training year.	3-25-12	<p>Directed Plan for 2012 – to be completed no later than 03/31/2012:</p> <p>The Administrator must complete 25 hours of approved administrator training in training year 2012. The first hour to be completed no later than 3.31.2012. The training certificate will be faxed to the Northeast Regional office upon completion for review.</p> <p><i>The Admin thought he could count one hour class from Scr. Fire dept which would of given him 24 hrs. In the future Admin will make all training complete. Admin needs keep an ongoing list annually to insure compliance.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 4-13-12 Initials: (DFW)</p>

**RECEIVED**

MAR 16 2012

SCRANTON FIELD OFFICE  
Adult Residential Licensing

*Q 4-13-12*


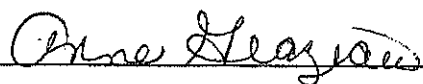
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600.

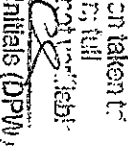
NAME AND ADDRESS OF PERSONAL CARE HOME ANGEL S FAMILY MANOR INC, 218 NORTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>S. A. Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 4-13-12

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
65f Training topics for the annual training for direct care staff persons shall include the following: (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive impairments. (4) Infection control	Direct Care staff persons "A", "B", and "C" did not have annual training in 2011 in meeting resident needs as described in the preadmission screening form, assessment tool, medical evaluation, and support plan; care for residents with dementia and cognitive impairments; personal care service needs of the resident, safe management techniques; and care for residents with mental illness or mental retardation, or both, if the population is served in the home.  Direct Care staff person "D" did not have annual training in 2011 in meeting resident needs as described in the preadmission screening form, assessment tool, medical evaluation, and support plan; infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; and personal care service needs of the resident, safe management techniques; and care for residents with mental illness or mental retardation, or both, if the population is served in the home.	4-15-12	The home had training for staff A, B, and C, on New population Staff A, B, C will be trained for 2011 and 2012 in the future Admin and Supervisor will insure all staff training will be completed yearly.  Staff person D had quit her job with the home during Jan-12 Admin will review training manual to insure competence. 4-13-12	Date 4-13-12 Initials (DPW)

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

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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-13-12

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
and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.		4-15-12	Staff Person A, B, C, will be trained according to 65F. for 2011 and also for 2012.  In the future admin and supervision will ensure all staff training will be complete for the year.	Steps have been taken to correct violation; full compliance to regulations achieved. Date: 4-13-12 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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 Thumelt</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Carrie Graziano</i>	DATE 4-13-12

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct Care staff members "A", "B", and "C" did not have annual training in 2011 in Falls and Accident Prevention and New population groups.  Direct Care staff member "D" did not have annual training in 2011 in the Older Adult Protective Services Act and New population groups.	2-15-12	The home has completed training for staff A, B, C on Falls and Accident Prevention and New Populations for 2011.  In the future Admin and Supervisor will ensure proper and complete staff training will be conducted yearly. Staff person D quit her job in the month of Jan 2012.	Steps have been taken to correct violation. Full compliance is not verifiable. Date: <i>4-13-12</i> Initials (DPW): <i>[Signature]</i>


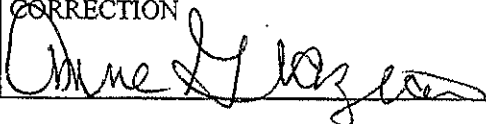
See next page →

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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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>Jesse Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Goyan</i>	DATE 4-13-12

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			Adm will keep monthly listings of training to insure all employee training requirements are met. <i>Q</i> 4-13-12	Steps have been taken to correct violation. Full compliance is not required. Date <i>4-13-12</i> 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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-13-12

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit located in the medication room on the first floor did not include the following required items; adhesive bandages or eye coverings.	2-6-12	<p style="font-size: 1.2em; font-family: cursive;">At time of inspection adhesive bandages and eye covers were placed in the first aid kit. The kit has since been labeled and band.</p> <p style="font-size: 1.2em; font-family: cursive;">In the future supervisor will insure first aid kits are complete by doing monthly checks.</p> <p style="font-size: 1.5em; font-family: cursive;">CJ 4-13-12</p>	<p style="font-size: 0.8em;">Steps have been taken to correct violation. All compliance is not verifiable</p> <p style="font-size: 0.8em;">Date: 4-13-12 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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grazia</i>	DATE 4-13-12

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
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The following food items located in the home's white Kenmore freezer were not labeled or dated: - One (5 pound) blue bag of frozen broccoli - 15 chicken nuggets  Repeated Violations: 03/07/2011	2-6-12	<p><i>at time of inspection all food in freezer were checked and labeled</i></p> <p><i>In the future Admin and supervisor will insure all food is properly labeled. Weekly checks will be done by admin or sup to insure compliance</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: 4-13-12 Initials (DPW): <i>[Signature]</i></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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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>Jesse Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grayson</i>	DATE 4/13/12

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
103i Outdated or spoiled food or dented cans may not be used.	The home's kitchen had the following expired items: - One (11.5 ounce) box of Kellogg's Fiber Plus expired 12.20.2011. - One (14.1 ounce) box of Millville Get Balance cereal expired 12.25.2011.	2-10-12	The cereals were a residents and at the time of inspection they were discarded by staff. In the future staff will insure food products are not out dated. Sup or Adm will check weekly to insure compliance. <i>J</i> 4-13-12	Steps have been taken to correct violation. Full compliance is not required. Date: 4-13-12 Initials: <i>J</i> Initials (DPH):

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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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>Jesse Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris G. G... ..</i>	DATE 4-13-12

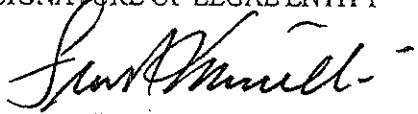

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	The laundry area located on the 2nd floor had 1 pair of white socks, 1 blue wash rag, and an excessive accumulation of lint (approximately 2-3 inches in height and length) behind the white GE dryer. These present potential fire hazards.  Repeated Violations: 08/17/2011	2-6-12	At time of inspection socks and lint were cleaned up. In the future House Keepers will insure that behind the dryer stay clean at all times. Adm will check weekly to insure compliance.	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Steps have been taken to correct violation, full compliance is not verified.                      Date: _____                      Initials (DPW): _____                 </div>

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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne L. Hoyle</i>	DATE 4-13-12

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
141a 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 completed for resident # 1 dated 11/24/11 was not signed by the physician.  Repeated Violations: 08/17/2011	2-7-12	<i>MA 51 for resident #1 was sent back to the porter for his signature. In the future Admin and Supervision will insure MASI are complete. Admin will keep a list of medical needs that need to be done and review thoroughly upon return to insure completeness and compliance.</i>	Steps have been taken to correct violation. Full compliance is not yet reached. Date: 2-7-12 Initials: (DP) [Signature]

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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-13-12

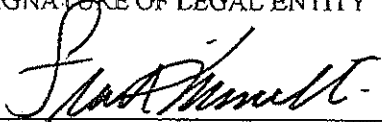

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication 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.		2-7-12		

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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 Mcmillan</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Arne Grayson</i>	DATE 4-13-12

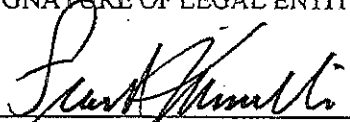

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's 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 medical evaluation completed for resident # 2 dated 5/27/11 does not include the resident's medication regimen. The Medical Evaluation states "See Attached" under the medication section of the evaluation. The attached sheet of medications was not completed on the day of the evaluation or signed by the physician.	3-26-12	<p><i>Med sheets were sent back to doctor for signature. The home had to send for a med regimen for the resident and it was received by the home from the doctor app 10 days later. In the future the Admin and Supervisor will insure all forms have the proper signatures.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation. Full compliance is not reached.</p> <p style="text-align: center;">Date: 3-26-12 Initials (DPW): <i>DPW</i></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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-13-12

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The home has not completed an annual assessment of resident # 1 care needs. Resident # 1 previous assessment was completed on 12/1/10.  Repeated Violations: 08/17/2011	2-6-12	The home has completed the assessment for resident #1 there has been no change for the resident.  In the future the Admin and supervisor will ensure all residents assessments are complete and done on the proper date. The adm will develop a list of due dates each month in order to update annual assessments on time. Q 4-13-12	Steps have been taken to correct violation, full compliance is not required. Date: 4-13-12 Initials: (DPV)

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) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-13-12

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
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.	The home has not completed an annual support plan for resident # 1. Resident # 1 previous support plan was completed on 12/1/10.  Repeated Violations: 08/17/2011	2-6-12	<p>The home has completed a support plan for resident #1 and there has been no changes for the resident.</p> <p>In the future the Admin and Supervisor will insure all resident support plan are complete on the proper date.</p> <p>The adm will create a due date for month for each res. &amp; maintain this list annually to insure Sp's are done on time.</p> <p style="text-align: right;">4-13-12</p>	<p>Steps have been taken to correct violation; full compliance to be verifiable</p> <p>Date: 4-13-12</p> <p>Initials: (IPW)</p> <p style="text-align: center;"></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 210621	
INSPECTION DATES (Include all dates of the inspection) 02/06/2012		REGIONAL REPRESENTATIVE Florence Babiarz, Jesse Hummel	
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>Jesse Hummel</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Wagner</i>	DATE 4/13/12

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
227j The support plan shall be accessible by direct care staff persons at all times.	Department Representatives determined through an interview with Direct Care Staff Person "A" that the home locks all resident support plans in the Administrators office. Staff of the home does not have access to the Administrators office as it is kept locked.	3-20-12	<p>The home has made a file to be kept in the med room with all residents support plan in it.</p> <p>In the future, Admin and Supervisor will insure support plan file will be kept up to date, and staff will have access to them at all times. Adm will check weekly to insure staff have access and info is updated as needed.</p>	<p>Steps have been taken to correct violation, full compliance is met.</p> <p>Date: 3-20-12 Initials: [Signature]</p>

**RECEIVED**

MAR 16 2012

SCRANTON FIELD OFFICE  
Adult Residential Licensing