

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PITTSTON HEAVENLY MANOR INC
LEGAL ENTITY

To operate PITTSTON HEAVENLY MANOR
NAME OF FACILITY OR AGENCY

Located at 51 NORTH MAIN STREET, PITTSTON, PA 18640
(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 55
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 March 18, 2013 until September 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 218692

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 19 2013

Mr. Frank Minelli, Owner/Administrator
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 (Department) licensing inspection on December 6, 2012 and December 7, 2012 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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 Human Services 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.

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)
144c	II	53	\$5	\$265	5 calendar days from mailing date of this letter
186a	II	53	\$5	\$265	5 calendar days from mailing date of this letter
101j7	III	53	\$3	\$159	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 Human Services 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 Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

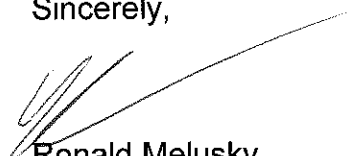
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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 your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
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

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home did not have a copy of chapter 2800 regulations book, posted in a conspicuous area in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During the inspection a 2600 regulation Book was posted by the director.

In the future Admin and supervisor will insure and check regularly that the book stay in place, at least once per month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)


Frank Minelli

Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13
(Date)

Plan of correction implementation status as of 2-20-13
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION

The home had the an abuse incident that did not have a final reporting on 7/21/12 regarding residents # 1 and resident # 2. The home had a medication error on 6/26/12 at 9:00 am for resident # 3 . The home had no final report.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The final report of the abuse incident and medication error was complete on the initial report supervisor that filled out report didn't check all the proper boxes.

In the future Adon and Supervisor will ensure that all proper paper work is done if an incident should occur.

The home will implement a tracking system to properly identify and follow up on incidents that require follow up. The home will document these efforts and retain for review by the Department.

2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Frank Minelli

Printed Name and Title of Legal Entity Representative
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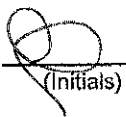
FRANK MINELLI

Date 2-10-13

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Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.27(d)(1) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2600.27(a), necessary personal hygiene items such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.

2a. DESCRIPTION OF VIOLATION

S.S.I. Residents # 4 (Date of admission 9/26/12) and # 5 (Date of Admission 9/24/12) stated they have not received their necessary toiletry items at all since their admissions to the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has toiletry items on hand and all resident ask when needed. soap and shampoo are in every bathroom in the home in dispensers.

In the future Supervision and housekeepers will insure residents receive toiletry items when needed

The Adm or designee will develop and implement a tracking system to insure necessary toiletry items are on hand for residents that receive the supplement. Documentation of these efforts will be maintained by the home for review by the Dept. 2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Date

2-10-13

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Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

From the dates of December 2, 2012 through December 5, 2012 the third shift had only one staff person on duty that was CPR & First Aid certified for a population of 53 residents that were being severed in the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home had a CPR & First Aid class from from Lacker Ambulance Co. and all staff have received the training.
In the future the Adm and supervisor will insure proper training will be done for all staff persons. Adm or designee will review the home's schedule at a minimum of once every 2 weeks to insure that the proper number of qualified staff are scheduled and actually working each shift. *Q 2-20-13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

FRANK MINELLI

Date

2-10-13

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 (Date)

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Q
 (Initials)

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- Not Implemented

Violation Report: 21869 - 12/06/2012 - OHaire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

The home's administrator was hired 9/1/11 and became a Licensed PCH Administer 5/2010. The home's Administrator did not complete 24 hour of required for 5/2011 to 5/20/2012. This individual had 13.5 of online training and only 12 hours of annual training can be counted towards their annual training.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home adm. will make up the 10.5 hours she has missed for the year. And will get 24 hours for the next year.

In the future the adm. will insure she gets the proper amount of training per year.

The home's administrator will note what training done in 2012 (since the inspection) and 2013 that is for the missing training from 5-11 to 5-12. It will be submitted for review and approval no later than 05-31-13 to the Northeast Regional Office. 2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank A. Minelli

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

FRANK MINELLI

Date *2-10-13*

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Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(g) - 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.
- (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.

2a. DESCRIPTION OF VIOLATION

Staff person # A direct care staff person did not receive annual Fire Safety Training and Emergency Preparedness Training for the Year of 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Since the time of inspection staff person
 a. quit employment.*

*In the future Adm and Supervisor
 will insure that all staff have the proper training
 and hours per year. The adm or designee will
 develop and implement a tracking form to keep track
 of all required employee documentation. The tracking
 form will be initialed & dated by the person measuring
 this compliance. The tracking sheets and employee documents
 will be retained for review & approval by the
 Department.*

2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

FRANK MINELLI

Date *2-10-13*

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 (Date)

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- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident # 6's wheel chair did not have an arm rest attached to the right side of their wheel chair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #6 wheelchair has arm rest that was placed on it at time of inspection.

In the future, supervisor and staff personal will insure all wheelchairs resident have will be in proper working condition.

Adm or designee will inventory and track medical equipment for all residents to insure are all in good working order. Documentation will be kept for review by Dept. In order to insure ongoing compliance, Adm or designee will conduct monthly equipment checks going forward.

2-20-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK MINELLI* Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-20-13</u> (Date)	Plan of correction implementation status as of <u>2-20-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

On 12/6/12 at 11 a.m., the bedroom temperature in room 310 measured 66 degrees. Three residents of Room 310 stated they have been without heat for approximately a month. The electric heating unit in the room was inoperable. The home's maintenance personnel replaced the unit during the inspection however, the thermostat control switch was missing; residents were unable to adjust the room's temperature upon re checking the heating unit in room 310 on 12/7/12 at 10:00 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Heaters were fixed at the time of inspection and new heaters were ordered, a knob was replaced on the heating unit, residents took the knobs of heaters regularly and miss place them
In the future maintenance person and supervisor will insure all heaters are working properly. - Weekly checks of room temperatures will be conducted with finding to be recorded and kept for review by the department. *CG 2-20-13*

Withdrawn 3/13/13
JH

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

Date

2-10-13

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2-20-13
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 (Date)

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[Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

The home has staining on the carpet that appeared to be wet and moldy located in the first floor hall area next to the laundry room and near the spring water dispenser unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Carpet has been cleaned by housekeepers in both locations, and will be kept clean in ~~other~~ all areas.

In the future supervision and housekeepers will ensure all carpet are kept clean at all times

The Adm or designee will perform weekly checks of the homes physical plant - a checklist will be utilized and initialed & dated by the person measuring compliance. Action taken will be recorded if warranted. The home will maintain these checklists for review by the Department.

FR 2-20-13

*Withdraw 3/13/13
JH*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

FRANK MINELLI

Date

2-10-13

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION

The bathroom adjacent to Room # 306 did not have adequate water pressure in the bathroom sink.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Water pressure in bathroom was fixed at time of inspection

In the future maintenance person will insure that adequate water pressure will be in all bathrooms - on a weekly basis.

Adm or designee will develop and implement the use of a checklist for physical plant items. The person will initial & date the document when compliance is measured. These documents will be maintained by the home and provided to the Department upon request.

MM 2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank M. Mowell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Frank Mowell

Date *2-20-13*

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(Date)

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MM
(Initials)

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Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The second floor shower room bathtub had no shower head. There was a pipe coming out of the wall with no fixture attached. The hot water heater for the second floor bathrooms was inoperable on the date of inspection. The second floor shower room bathtub and shower did not produce any hot water. Owner Frank Minelli reports that a part for the temperature regulator needs to be replaced. One green colored Lazy Boy lounge chair located in the first floor TV lounge area near the fire place had a broken leg rest creating a fall & trip hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The shower head was replaced and the hot water was restored at the time of inspection.

In the future the maintenance person will ensure plumbing and hot water are in working conditions.

At time of inspection the Lazy boy was placed in the truck.

In the future supervisor and staff personal will ensure all chairs are in good condition - on a weekly basis. Adm or

designee will develop & implement a physical plant checklist. Person measuring compliance will initial & date upon performing checks. These documents will be retained on the floor for review by the Dept

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

FRANK MINELLI

Date *2-10-13*

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Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

On the date of inspection on 12/06/12 during physical site inspection the following rooms did not have bedside chairs or folding chairs present:

- Room #305 had 2 residents and no bedside chair were present.
- Room #306 had 3 residents and no bed side chairs were present.
- Room #310 had 3 residents and no bedside chairs were present.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Chairs were placed in rooms # 305
 # 306 and # 310 at time of inspection.*

*In the future supervision and
 house keepers will insure that all rooms have
 proper chairs per resident*

*Adm or designee will develop and implement the
 use of a checklist to measure & maintain compliance.
 The person checking compliance will initial & date
 the form is utilized. Action taken will be noted if
 appropriate. The home will retain these documents
 for review by the Department.*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FRANK MINELLI* Date *2-10-13*

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The following resident bedroom pillows were flattened and heavily stained:
 100,, 102, 104, 200, 202, 203, 204, 208, 209, 210, 211, 300, 306, 307 and 309.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*At the time of inspection
 all pillows in the home were replaced*

*In the future Supervisor
 and housekeeper will insure all residents
 linens and pillows are in good condition*

*The Adm or designee will develop and implement
 a checklist to manage compliance issues w/
 resident bedrooms. The person measuring compliance
 will initial and date the form when the item is
 reviewed. If action is needed/taken, it will be noted
 on the compliance checklist.*

*These forms will be retained by the
 home to produce to the Department upon
 request. EG 2-20-13*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FRANK MINELLI* Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13
 (Date)

Plan of correction implementation status as of 2-20-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The following rooms on the date of visit did not have bedside lighting available:
 Room # 306/ 3 residents, bed by the window did not have bed side lighting.
 Room # 310/ 3 resident bed closest to wall had not bed side lighting.
 Room # 104 /2 residents' bed nearest to the window had no bed side lighting.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Lamps were placed in rooms # 104, # 306, and # 310 at the time of inspection.

In the future, supervisor and housekeeper will insure that all rooms have proper number of lights per resident.

The Adm/designee will develop and implement a checklist of compliance items. The person measuring compliance will initial and date the form - noting any action needed or taken if appropriate. The documents will be retained by the home and provided to the Department upon request.

[Signature] 2-20-13

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/03/2012

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

Date 2-10-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13
 (Date)

Plan of correction implementation status as of 2-26-13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The main kitchen Continental brand refrigerator was checked on 12/06/12 at 9:50 am and again on 12/7/12 at 9:00 am and the temperature reading was 44 degrees on both days.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refrigerator personal check refrigerator and found nothing wrong with unit. Said make sure doors are completely closed. The supervisor has checked unit temperature several times since inspection and temperature remains between 38° - 40°

In the future supervisor and Cooks will insure temperature remains at the proper temperature.

The Adm or designee will develop and implement the use of a checklist to achieve and maintain compliance with required regulations. The documents will be initialed and dated by the person measuring compliance. These documents will be maintained by the home and provided to the Department upon request. 2-20-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK Minelli* Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-20-13</u> (Date)	Plan of correction implementation status as of <u>2-20-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The freezer had a bag of approximately 15 fish cakes that was opened
 The home had dented cans of soup found in the home's dried goods area. They were 1 -50 oz. can of cream of potatoes and 1-50 Oz. can of cream of mushroom soup.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The bag of fish cakes was closed at the time of inspection and the dented soup cans were returned to the food vendor

In the future the supervisor and the cook will ensure all food is properly wrapped and dented cans are returned and not used.

The Adm /designee will develop & implement the use of a checklist to achieve & maintain compliance w/ the required regulations. The checklist will be initialed and dated by the person measuring compliance. Actions taken or comments should be noted where appropriate. These documents will be maintained by the nurse and provided to the Department upon request.

Frank M. O'Haire 2-20-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Frank M. O'Haire*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank M. O'Haire* Date *2-20-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13 (Date)

Plan of correction implementation status as of 2-20-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not update their mobility needs letter to local fire department since 12/17/10. The home reported they had 4 residents with mobility needs and only one resident was listed as a resident with mobility needs with the local fire department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has had the fire departments check out and the home will be receiving a updated letter which the home has given to fire departments, it will be returned with the proper signatures

In the future Adm and Supervisor will ensure that mobility needs letters will be updates at the proper times.

The Adm or designee will send a letter to the local fire department as soon as possible detailing the mobility needs of the residents of the home, as well as their location of their bedrooms and the specific types of assistance needed to evacuate in the event of an emergency. A copy will be faxed to the NE Regional office. In the future, every mobility change by a resident will be communicated in writing as required.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Fred Minelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Fred Minelli

Date

2-10-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13
(Date)

Plan of correction implementation status as of 2-20-13
(Date)

The above plan of correction was approved by

[Signature]
(initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On the date of inspection 12/6/12 at 9:30 am a large accumulation of dry leaves was observed located next to the metal picnic table located in outside designated smoking area.
A white bra and a thin layer of lint were found behind the home's Kenmore dryer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*The leaves were moved at the time of inspection
In the future maintain personal will insure leaves are not in smoking area.*

Lint and bra were removed at the time of inspection

In the future housekeepers will insure lint and other items are clear from behind the dryer.

*Adm or designee will develop & implement the use of a checklist for physical plant resident health & fire safety issues to achieve and maintain compliance. The person measuring compliance will initial & date the document when performing this task. These documents will be maintained by the home and provided to the Department upon request. *MM 2-20-13**

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK MINELLI* Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-20-13</u> (Date)	Plan of correction implementation status as of <u>2-20-13</u> (Date)
The above plan of correction was approved by <i>MM</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Based on interviews with residents, the physician's office and staff person B, it could not be determined if the resident's medical examinations were completed on the same day as when medical evaluation form was completed by the L.P.N. of the home. Based on an interview with direct care staff person B. The medical evaluation for resident # 7 was pre signed and dated by direct care worker B, prior to the medical evaluation of the resident by the physician.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new medical evaluation was completed by the doctor in the home on the same day of the examination for resident # 7

In the future Adm and Supervisor will insure that Medical evaluation papers are signed at time of examinations.

Adm or designee will develop & implement a system of reviews or double checks to insure that resident health requirements are met in a timely manner & that this is accomplished w/in the scope of the regulation. Documentation of these reviews will be maintained and provided to the Dept. upon request. 2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)


FRANK MINELLI

Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13
(Date)

Plan of correction implementation status as of 2-20-13
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Updated Medical Evaluations were not completed for Hospice Residents # 7 and 12 who were admitted to hospice care on 05/31/12 and 09/11/12 respectively.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An updated medical evaluation for resident #7 was completed by doctor
 In the future Adm. and supervision will insure that medical evaluation for residents with changes will be updated at the proper time

Please address the med eval needs of Res #12
 Adm or designee will develop and implement a system by which resident health needs are tracked and proper responses by the home are carried out in a timely manner. These efforts will be documented and maintained by the home for review by the Department.
 [Signature] 2-20-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) FRANK MURPHY Date 2-10-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13
 (Date)

Plan of correction implementation status as of 2-20-13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

At 9:30 am on 12/6/12 two residents were observed sitting on a pile of wooden pallets smoking cigarettes in a no designated smoking area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At the time of inspection the home through the pallets in the trash and asked residents to move over 2 feet to smoke

In the future maintain personal well measure no pallets are in smoking area. supervisor and staff personal will keep residents in smoking area

or any other combustible materials

The Admor designer will develop and implement the use of a checklist pertaining to Compliance w/ physical plant, resident health and/or fire safety. The person measuring compliance will initial and date the checklist. Action taken will be noted if appropriate. Documentation of these actions to achieve and maintain compliance will be retained on the home and provided to the Dept upon request.

FR 2-20-13

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/29/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK MINELLI* Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13 (Date)

Plan of correction implementation status as of 2-20-13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

Resident # 8 had not been receiving their Zoloft 100 mg. tab, 2 tabs. at 8:00 pm. This medication was not present but was documented as being given. This medication was not delivered by the pharmacy and was not on hand and had not been given from 12/1/12 through 12/6/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident was refusing [redacted] meds.
 Doctor was notified, meds were not received at time, staff personal were told they can't sign med if meds are not given.*

In the future Adm and supervisor will insure all med listed on residents med sheet will be on hand, also check med sheets to insure they are being properly marked.

The Adm or designee will perform a full cost audit to ensure all residents have all of their medications (and treatments) on hand as ordered by their doctor. In the future the Adm or designee will implement a plan in which medications are on hand at all times. The home will develop a weekly tracking system to insure compliance. Documentation will be kept and provided to Dept. upon request as 2-20-13

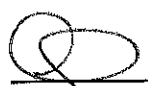
Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/03/2012	05/29/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Minelli* Date *2-10-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-20-13 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 2-20-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

The home was found to be administering medications at times that were not prescribed. The home's direct care staff person C was observed administering 8:00 am medications at the following times. Resident # 9 9:50 am, Resident #5 at 10:45 am and Resident #10 at 9:50 am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

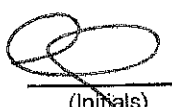
All residents did not come down at proper times and direct care staff person #C was on and off with inspectors at times, residents were asked to be on time for medication

In the future Adm and Supervision will insure all residents will have their medication in the proper time frame.

The Adm or designee will provide oversight and supervision to med techs in order to insure meds are given as per regulation. New training or retraining will be provided if warranted documentation will be maintained. Weekly audits will be implemented. Documentation to be reviewed by Dept. on request.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Frank Minelli</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>2-10-13</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-20-13</u> (Date)	Plan of correction implementation status as of <u>2-20-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

It was observed that on 12/6/12 at 9:00 am the home did not have an activity calendar/ schedule posted in a conspicuous and public area of the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At times of inspections the home placed an activity calendar and schedule on the bulletin board.

In the future supervisor and staff will insure activity calendar and schedule will be in place at all times.

Adm or designee will make weekly checks to insure compliance. Documentation will be maintained by the home for review by the Dept upon request.

Q. 2-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

Date *2-10-13*

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(Date)

Plan of correction implementation status as of 2-20-13
(Date)

The above plan of correction was approved by *Q*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 12/06/2012 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION

The resident record for resident # 11, discharged on 8/24/2012, did not include the reason for discharge and if known, where the resident was discharged to.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #11's records has been updated, Resident moved on [redacted] own.

In the future Adm and supervisor will insure proper documentation will be kept when a resident moves

Adm or designee will develop a tracking system to insure ongoing compliance.

The documentation of these tracking efforts will be maintained by the home and provided to the Department upon request.

J 2-20-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Minelli* Date *2-20-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Plan of correction implementation status as of 2-20-13 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)