

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate ANGEL'S FAMILY MANOR PERSONAL CARE HOME

Located at 218 NORTH MAIN AVENUE, SCRANTON, PA 18504

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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

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

and shall remain in effect from June 20, 2013 until June 20, 2014,
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.

PW628 - 01/11



JUN 20 2013

Mr. Frank Minelli, Administrator
Angel's Family Manor Personal Care Home, Inc.
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 (Department) licensing inspection on January 28, 2013, 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 Human Services Licensing so that compliance can be verified.

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". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The home did not have adequate lighting in the hall area located on the second floor near room #202. The overhead light was not functioning in the hallway located near the shared bathroom.

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 electrician will be placing new lighting in the Hall area of room #202 by March 10, 2013.

In the future maintenance person will insure adequate lighting will be in all areas needed

Administrators will develop a checklist for use in measuring daily compliance for a month. Once compliance has been established, monthly checks will be completed. The home will maintain documentation of these checks and provide them to the Department upon request.

4-22-13

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 *2-13-13*

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

The above plan of correction is approved as of <u>4-22-13</u> (Date)	Plan of correction implementation status as of <u>4-22-13</u> (Date)
The above plan of correction was approved by <u><i>AM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care hotline was not posted on resident #2's phone.

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 card with all phone numbers was placed on resident Phone at time of inspection

In the future housekeepers and supervisor will insure all phone have the proper numbers. The Administrator or designee will develop and utilize a checklist that will include necessary emergency telephone numbers on all phones that require such information. The staff member who measures compliance will initial and date the checklist to indicate compliance of this regulation. The home will maintain these documents for review by the department.

[Signature]
4-22-13

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

Resident room #306 closet door is broken and presents as a potential hazard to sustaining an injury. The Administrator acknowledged that the closet door has been broken.

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.

Closet door was placed Back on the tracks During the inspection

In the future maintain Person will insure closet door on track.

The Administrator or designee will include furniture and equipment on the physical plant compliance checklist to be implemented by the next. The staff person measuring compliance for these items should initial & date to demonstrate compliance was measured. Problems should be reported to the Administrator for necessary corrective action. The home will maintain documentation of these compliance checklists for review by the Department.

FR 4-22-13

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

2-13-13

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 (Initials)

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1's mattress was against the wall and severely cracked in several areas throughout the mattress.

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 #1 has received a new mattress with a new bed on 1-30-12


In the future housekeeper and supervisor will insure mattresses are all in good condition. - This will be done on a monthly basis and replacements will be provided when needed. eg 4-22-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Frank Minelli</i>	Date <i>2-13-13</i>
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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 Resident room numbers 302 and 303 were both missing a mirror. Both rooms have 3 residents.

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.

*Mirrors were placed in
 Rooms. 302, 303, at the time of inspection*

*In the future, supervisor
 and housekeepers will insure all rooms
 have enough mirrors in place.*

*This item will be included in the physical
 plan checklist and reviewed on a weekly
 basis. The staff person measuring compliance
 will initial and date the checklist. These
 documents will be retained by the home
 and provided to the Department upon request*
4-22-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Frank Minelli*

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne

PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

Resident room numbers 304 and 305 containing 2 residents were missing a lamp.
 Room # 202 the first room, The bed nearest to the door did not have a bed side lamp.
 Room # 202 the second room, did not have a bed side lamp available for its one resident.

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.

Rooms 304 - 305 - 202 all of these rooms had lamps put in place at the time of inspection

In the future supervisor and housekeeper will insure all rooms have the proper amount of lamps

This item of compliance will also be incorporated into the physical plant checklist. The staff person responsible for measuring compliance will initial and date the worksheet. If any action is needed, the staff member will notify the Adm for necessary action or correction. These sheets will be retained by the home and provided to the Department upon request. EG. 4-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

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Frank Minelli

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

FRANK Minelli

Date
2-13-13

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 (Initials)

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 Room # 205 the second room , the bed nearest to the door die not have a shade or curtain providing coverage for privacy.

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 shade was replaced on the window
In the future supervisor and housekeeper will insure all resident windows have the proper cover.

This element of compliance will be added to the home's physical plant checklist. The employee measuring compliance will initial and date the worksheet - any room found to be in need of corrective action - this will be noted and communicated to the Adm for correction. These sheets will be retained by the home for review by the Department.

[Signature] 4/22/13

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 *2-13-13*

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The shared bathrooms located on the second floor did not have paper towels, air blower or individual hand towels labeled available for the residents to use at approximately 9:30 am on the date of inspection.

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.

Paper towels were placed in bathrooms by the end of the day of inspection. In the future housekeepers and supervisors will insure and check bathroom during the day to make sure bathrooms have paper towels.

This element will be added to the worksheet/ checklist measuring physical plant compliance. The staff person measuring compliance will initial date the form and note if any action needs to be taken to either ensure compliance or notify the administrator of any problems. These documents will be retained by the home for review by the department. 4/22/13

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 1 initial Medical Evaluation dated 3.11.2012 did not indicate Height, Weight, Activities/Social Services, and Body Positioning.

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.

Medical Evaluation for resident #1 was sent back to doctor to be completed.

In the future Adm and supervisor will ensure all medical evaluations are complete.

Administrator will set up a system to track all compliance elements of the resident record, to include resident health. Adm or designee will review all current med evals for residents to insure current compliance. Documentation of this task will be retained by the home. Going forward, all new or updated med evals will be reviewed for correctness, completeness and timeliness. Documentation will be retained by the home for review by the Department. 4-22-13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2012
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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)	Date
<i>FRANK MINELLI</i>	<i>2-13-13</i>

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Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
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1. REGULATION 55 Pa.Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 On the date of inspection the home did not conduct any structured social recreational activities for its residents. The home did post an activity calendar but staff was observed cooking, clearing sidewalks and administering medication. No group activities with the home's residents was observed. Administration did acknowledge that no activity was provided on that date.

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 updated its activities calendar at this time, and activities are being conducted.

In the future supervision and staff will insure activities will be done on a daily basis. At least two per day.

The administrator or designer will include this item on the home's checklist that is being developed and implemented to achieve and maintain compliance. Staff will check the Activity Calendar at least weekly to insure that the proper number of activities are posted. The Adm shall also ensure that activities are actually taking place. Documentation of these checklists will be retained by the home for review by the Department. OO 4-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

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Frank Minelli

Printed Name and Title of Legal Entity Representative
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FRANK MINELLI

Date

2-13-13

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 (Initials)

Violation Report: 21062 - 01/28/2013 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The home did not maintain updated photos for the following residents:

- Resident #4 not updated -- photo dated 2008
- Resident # 5 photo not dated
- Resident #6 photo not dated
- Resident #7 photo not dated
- Resident # 8 photo not dated
- Resident # 9 no photo
- Resident # 10 no photo
- Resident # 11 no photo

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.

New photos were taken of all residents before the inspection, but were never put in place, at this time all new photos are put in place

In the future supervisor and staff will insure residents photos are done on a yearly bases or when needed Adm or designee will audit all

existing resident records in order to insure full compliance. Going forward, the home will document, via the use of a checklist for resident records and all required elements therein, of all items being complete, correct & timely via the use of this checklist. Home will retain same for review by Dept. of CE 4-22-13

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Date(s) of Previous Violation(s):

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