



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAILING DATE: September 13, 2013

Sent via email to: [REDACTED]

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 May 20, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne PCH Name: PITTSTON HEAVENLY MANOR	
1. REGULATION 55 Pa.Code §2600 2600.11(a) - Except for § 20.32 (relating to announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.	
2a. DESCRIPTION OF VIOLATION The home's exterior sign continues to utilize the title of Pittston Heavenly Manor Assisted living home. The facility is not a licensed assisted living 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.	
<p>The facility must remove all items and sign from building because license is for personal care home and regulations are different and licensure is different for assisted living.</p> <p>The regulation was violated because assisted living was stated on the sign on building.</p> <p>The cause of the violation was "assisted living" on the sign and the license is for personal care home.</p> <p>The immediate fix to the violation was to have the sign removed from the building.</p> <p>In the future all signs for building will not have assisted living stated on them.</p> <p>Administrator/designee will monitor that all labelling of the building is personal care home and not assisted living.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	
Date <i>9/05/13</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9-12-13</u> (Date)	Plan of correction implementation status as of <u>9-12-13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 21889 - 03/20/2013 - CHaire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Plavix 75mg to be administered every other day at 8:00am. From 5/1/13- 5/15/13 the medication was being given daily. The home did not submit a Reportable Incident report to the Department's regional office regarding the medication error.

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 regulation is important to ensure the resident received medicine at the proper time.

The regulation was violated by the resident receiving med. daily instead of every other day. The incident not reported to the ~~State~~ DPW department

The cause of violation was incident not being reported to the ~~State~~ DPW department.

The immediate fix to violation written incident report sent to DPW.

In the future to prevent occurrences administrator will send all incident reports in timely fashion according to regulation set by DPW as the incident occurs.

The alternate administrator will check to ensure proper (Please attached)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/16/2012	08/20/2012	02/26/2013
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Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Burke*

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


Date *9/05/13*

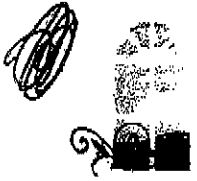
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(Date)

Plan of correction implementation status as of 9-12-13
(Date)

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

The above plan of correction was approved by 
(Initials)



Pittston's Heavenly Manor Inc.

Pittston's Heavenly Manor inc.

PERSONAL CARE,

P 3A
D2

pg. 3 of 12 Reg. 2600.16(e)
documentation in went card done properly for each
incident as they happen, this is [REDACTED]
Michelle Burke Administrator 9/05/13

Done [Signature] 9-12-13

51 MAIN ST,
PITTSBURGH PA
15201

(570) 655-0272 OR 570 341-5012
FAX, 570 655-2229

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

The heating unit located in the residents' dining room located nearest to the exterior exit door was not attached to the wall or unit. This unit's protective cover was easily removable and posed a potential burn risk to the 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.

The violation is important regarding safety of the residents.
 The regulation was violated because heating unit cover was not attached appropriately.
 The cause of violation heating unit cover needed to be repaired.
 The immediate fix for violation was to replace cover to heating unit and attach cover properly.
 In the future to prevent incident would do daily checks that units are intact while daily housekeeping is being completed; if discovered to be in need of repair to notify maintenance immediately. Administrator will check weekly to ensure maintenance is kept up will initiate at this time a maintenance log to keep track of items in need of repair and completed in timely fashion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Burke

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


Michelle Burke Administrator

Date 9/05/13

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Violation Report: 21869 - 05/20/2013 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 58 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The shared shower room shower area located on the second floor was stained with brown mildew on the tile.
 The heating grate in the bathroom was corroded with rust and caked with dust.
 The shower's ceiling tile located in the 2nd floor shared bathroom appeared wet, was bulging and appeared to be in danger of falling. Staff person "A" reported the bathroom above on the 3rd floor had a leak causing the water damage to the ceiling.

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 regulation is important to maintain sanitary conditions in home environment.
 The regulation was violated by mildew on tiles, grate in bathroom rust and dust, ceiling tile wet and bulging and ready to fall.
 The cause of violations housekeeping not maintaining a clean environment and not reporting the ceiling tile needing to be fixed.
 The bathroom was cleaned properly by housekeeping at time of inspection. Old ceiling tile was removed and replaced with new. The plumber came in to fix the leak in third floor shower room.
 In the future, housekeeping will clean room daily and report all maintenance needs and put in log book.
 The administrator will check bathrooms daily to ensure that housekeeping is doing job correctly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelke Administrator* Date *9/05/13*

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 (Date)

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

Plan of correction implementation status as of 9-12-13
 (Date)

Fully implemented
 Partially implemented - Adequate Progress
 Partially implemented - Inadequate Progress
 Not implemented

Violation Report: 21859 - 05/20/2013 - O'Haire, Anne
 FCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The following insulin prescribed to the stated resident was opened on the indicated date and was being used beyond the 30-day permissible timeframe:
 Resident # 2 Novolog insulin opened 4/13/13
 Resident # 3 Novolog Insulin and Levemir insulin opened 4/13/13
 Resident #4 Lantus insulin opened 4/12/13

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 regulation is important because residents should not receive expired meds.

The regulation was violated because residents received expired medication.

The cause of the violation was med staff did not destroy and obtain new medication in a timely fashion.

The immediate fix to violation was reordering of all expired insulin and asking driver to deliver before residents due for next dose and destroy all expired insulin in sharps containers. All insulin then labelled when opened and expiration dates.

To prevent this in future shift to shift check of vials & pens to make meds are ordered on time and before expiration of meds. Administrator/designee will check the insulin to make sure being followed through

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *9/05/2013*

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 (Date)

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

Plan of correction implementation status as of 9-12-13
 (Date)

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

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne PCH Name: PITTSTON HEAVENLY MANOR	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION It is the home's policy that all narcotic medications be counted by two staff person at the beginning and end of each shift. Resident #2 is prescribed liquid Morphine Sulfate to be administered as needed for pain. The bottle was opened by hospice on 9/12/12 but the staff has never counted the remaining Morphine at the beginning and end of each shift. Resident #5 is prescribed liquid Morphine Sulfate. An unopened bottle was in the resident's opened Comfort Pak. The medication has never been counted at beginning and end of each shift.	
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.	
<p>The regulation is important because narcotics must be counted accurately.</p> <p>The regulation was violated because narcotics policy is to count at beginning and end of shift.</p> <p>The immediate fix to violation was to destroy remaining morphine per protocol and obtain new bottle from hospice pharmacy because there was not a way to track when original morphine was opened for resident #2.</p> <p>Resident #5 was confirmed at this time to have appropriate amount and Compassionate Care hospice supervisor came in and confirmed count again with administrator the comfort pack was resealed with two signatures on seal. There was a new protocol for staff to follow. Please see attached.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>9/08/13</i>
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Pittston's Heavenly Manor inc.

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PERSONAL CARE,

P 7 A g 12

Pg. 7 of 12.

Regulation 2600.185(A)

The med tech is to follow protocol and if broken in any way immediate disciplinary action will be taken. In the future the administrator will monitor the correct parts for any breaks in real daily and check the parts with hospice nurse & administrator weekly to make correct.

Adm or designee will check narcotic medications on a weekly basis to ensure ongoing compliance. This will be documented by the home and retained for review by representatives of the Department. 9-12-13

James [Signature]
9-12-13

51 MAIN ST,
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(570) 655-0272 OR 570 341-5012
FAX, 570 655-2229

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 6 is prescribed to have a Fentanyl patch 12mcg changed every 3 days. The resident's Medication Administration Record (MAR) indicates it was changed on 5/16/13 and 5/22/13. The on-site visit was conducted on 5/20/13 and therefore the patch could not have been changed on 5/22/13. In addition, the patch was observed and staff documented on the patch having changed it on 5/19/13 but did not document the information on the resident's MAR.

Resident # 6 is ordered to have accucheck readings conducted at 6:00am, 11:00am, 4:00pm and 8:00pm daily. The staff did not sign the resident's MAR to indicate accucheck readings were conducted on the following dates and times:

6:00am: 5/11/13, 5/15/13, and 5/19/13

11:00am: 5/4/13, 5/5/13, 5/11/13, 5/15/13, 5/16/13, and 5/19/13

4:00pm: 5/16/13

8:00pm: 5/11/13, 5/16/13, and 5/17/13

Staff did not sign or initial the MAR of resident # 2 to indicate Mefform 500mg was administered on 5/14/13- 5/16/13 at 8:00am

The home's MAR's was not initialed that the following residents had received their medications on the following dates and times as follows:

Resident # 7, 05-16-13 Depakote at 8:00pm, Trazodone 100 mg tab 1 tab at 8:00pm, Lorazepam 25 mg tab 1 tab 2 times, Benzotropine 0.5 mg tab 1 tab 2 times a day, at 8:00pm.

Resident #8, 05-16-13 Proventil 0.83% inhaler to be given daily was not initialed as being given.

Resident # 3, 05-16-13 Stelazine 5 mg tab., 1 tab 2 times a day was not initialed as being given at 8:00pm

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 regulation is important because the residents must have needs at appropriate time.

The regulation was violated because the documentation was not done at time medication distributed.

The med staff had a reminder course of documentation and necessary reasons for proper documentation.

The med staff will follow the step by step process as outlined med. training course; if they do not comply disciplinary action will be necessary. The Adm or designee will make weekly reviews of the MAR to insure compliance.

9-12-13

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne
 POH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2800

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

The med tech staff will need remedial training with med pass observations. Written warning and if continued after remedial they will be removed from med room and work in some other position and have to repeat medication course.

See note - prior page. 09 9-12-13

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/20/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke Administrator*

Date *9/08/13*


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The above plan of correction is approved as of 9-12-13
 (Date)

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

Plan of correction implementation status as of 9-12-13
 (Date)

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

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne FCH Name: PITTSTON HEAVENLY MANOR	
1. REGULATION 56 Pa. Code §2600 2600.187(b) - The Information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.	
2a. DESCRIPTION OF VIOLATION At 2:05pm on 5/20/13, staff person "B" was witnessed signing the MARs for medications that had been administered at 8:00am. In addition, she stated she was signing for some medications that she had previously given during the 2:00pm medication pass but had not yet signed the MAR as having administered the medication(s).	
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.	
<p>The regulation is important because the medication needs to be signed out at time of administration.</p> <p>The violation was caused by med tech not following proper procedure.</p> <p>The med tech received verbal reprimand for signing after med pass complete and attended the meeting for same.</p> <p>To prevent further incident from occurring the med staff will sign, as taught in med class, after giving meds to each individual resident at the time the medicine was given. If the med tech does not follow the proper steps in medication administration disciplinary will be taken and med trainer will do remedial training of Module 8.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/10/2012
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrative</i>	
Date <i>9/10/13</i>	
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Pittston's Heavenly Manor inc.

Pittston's Heavenly Manor inc.

PERSONAL CARE,

pg 10 a
8/12

pg 10 of 12.

Regulation 2600.187(b)

Administrators will do random weekly checks to make sure compliance is followed. Staff will continue to check shift to shift for any problems in med book. Supervising med tech on 7-3 will check daily to make sure 24 hour compliance is done and report to administrators if not

pg 11 of 12 Regulation 2600.187(d)

The prevention of future occurrences are staff were reminded to read each medication and check against the label; if unsure what the order means the staff can call the pharmacy or call the doctor or can ask the nurse on staff for clarification. There will be a reprimand & remedial training for report offense and if no improvement or does not pass will be removed from medication room.

Michelle Burke Administrator 9/10/13

Open League 9-12-13

51 MAIN ST,
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FAX 570 655-2229

Violation Report: 21869 - 05/20/2013 - OHaire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #9 is ordered to have accucheck readings conducted once a day every Monday, Wednesday, and Friday. From 5/1/13-5/9/13, the home was incorrectly conducting accucheck readings 3 times a day every Monday, Wednesday, and Friday.
 Resident # 1 is ordered to receive Plavix 75mg every other day at 8:00am. The resident received Plavix 75mg at 8:00am daily from 5/1/13- 5/15/13.

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 regulation was violated because med tech did not follow procedure of medication training. The errors were reported to mid at time of discovery. There was no change to orders at this time and transcription error was written appropriately. The staff did have meeting consisting of the proper way to document and re-instructed on reading orders on physical sheets and the MAR. There is a reminder paper on wall of steps, to transcribe appropriate or to call and ask if unsure. The administrator or designee will review prescriber orders at least monthly to oversee staff & insure compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/10/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle Administrator* Date *9/10/13*

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J.
 9-12-13

Violation Report: 21869 - 05/20/2013 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2602
 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 attending physician was not informed of the medication error which took place from 7/1/13- 5/15/13 in which the home administered Plavix 75mg daily to resident # 1 Instead of every other day as ordered.

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 regulation was violated because medication ^{error} was not reported. The cause of regulation being violated because medication error not reported. The physician was notified when found during inspection. There was no new orders written med was prescribed. A meeting consisting of notifying the administrator and md of med error at time of occurrence so the doctor is aware and can monitor for any risk of adverse reactions for med error or any changes that may need to be made. See attached for further plan.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/06/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Buelo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Buelo Administrator* Date *9/10/13*

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Pittston's Heavenly Manor Inc.

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PERSONAL CARE,

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Regulation 2600.188(b)

The prevention is to have supervisor med tech check daily, to make sure no errors have occurred.

The supervisor is notified and immediately

then notify administrator so appropriate paper-work can be filled out. The supervisor can

make verbal contact with PCW and administrator will follow-up with written report.

Michelle Burke Administrator 9/10/13

Michelle Burke

Orlene Graziano 9-12-13

51 MAIN ST,
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15201

(570) 655-0272 OR 570 341-5012
FAX, 570 655-2229