



MAILING DATE: August 7, 2013
Sent Via fax 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 June 7, 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 21869 - 06/07/2013 - Bloch, Betty
 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
 On 5/31/13 at 8:55 am, toast burned in the home's kitchen toaster. Residents were evacuated to the outside designated meeting location and to the fire-safe areas within the home. The Pittston City Fire Department responded to the fire alarm. This incident was not reported to the 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 toast was not on fire it was blackened on top due to being in toaster; the alarm sound due to smoke created from black part of toast; we all ^{hear} fire alarm on once sounding even without true fire due to Pittston City policy by fire department. The designer will ensure report sent to DFW office regardless of reason for fire company or any other emergency vehicle being at facility. In future administrator will send incident report for any emergency vehicle at facility.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/26/2013	10/10/2012	08/20/2012
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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 Administrator* Date *6/28/13*

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

The above plan of correction is approved as of <u>7/29/13</u> (Date)	Plan of correction implementation status as of <u>7/29/13</u> (Date) <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
The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 21869 - 08/07/2013 - Bloch, Betty
 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

Ancillary staff persons A and B, hired 6/7/08 and 11/28/07 respectively, did not receive training in Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert or in Emergency Preparedness procedures and recognition and response to crises and emergency situations in the 2012 training year. Administrator C identified the training year as 1/1/12 through 12/31/12.

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.

Old administrator did not keep up training papers since then fire training conducted by fire chief of Pittston. All staff have proper training, certificates, Administrator will ensure proper training received and documented and are complete for all staff personnel.
 All staff received Emergency Preparedness and documentation of training was signed by staff personnel. In the future, administrator/~~PCH~~ supervisor will ensure proper documentation and training are complete for all personnel

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/06/2012	05/29/2012
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 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *6/28/13*

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

Plan of correction implementation status as of 7/29/13
 (Date)

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

Violation Report: 21869 - 06/07/2013 - Bloch, Betty
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 It was determined through review of the fire drill records and an interview with Administrator C, the most current sleeping hours fire drill was conducted on 10/24/12 at 5:30 am. A sleeping hours fire drill was required to be completed by April 30, 2013.

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 ~~the~~ ^{emer} the fire drill over 80% of residents were in bed for at least a half-hour. In the future; when fire drills are done at the overnight time staff will ensure over 80% of resident are in bed before they conduct fire drill.

* The Administrator will assure that sleeping hour fire drills are held once every 6 months.

M
7/29/13

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 *7/28/13*

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Violation Report: 21869 - 06/07/2013 - Bloch, Betty
 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

Administrator C stated resident #1 was smoking in his/her bedroom on one day during the week of May 26, 2013. The home's policy and procedures for smoking include: 1) There is to be no smoking inside the facility at any time for any reason and 2) The only smoking is in the back of the building in the designated area only.

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 given notice to leave; if caught smoking again they will have to leave with 30 day notice in future; housekeeping + staff will be monitoring rooms for residents smoking and the resident will be given 30 day notice and asked to leave due to violation of fire safety.

* The administrator shall be responsible for ongoing compliance.

M
7/29/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/06/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buckle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buckle</i>	Date <i>6/28/13</i>
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Violation Report: 21869 - 06/07/2013 - Bloch, Betty
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment (RASP) for resident #1, dated 3/6/13, was not updated to include resident #1 was found smoking in his/her bedroom sometime during the week of May 28, 2013. Administrator C stated this was the first time the resident was found smoking in his/her bedroom. The home does not permit smoking anywhere inside the home.

On 6/7/13 it was determined through resident and staff interview, resident #s 2 and 3 are residents with mobility needs and require assistance to evacuate the building in the event of an emergency. Resident #2, who is legally blind, requires continual physical assistance to the fire-safe areas within the home during fire drills and will not walk down the steps without assistance. Resident #3 has an above the leg amputation and would require continual physical assistance to evacuate the building. Both residents reside on the second floor of the home. The most recent assessments (RASP) for resident #s 2 and 3, dated 3/2/13 and 3/31/13 respectively, indicate they are mobile.

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 resident's care plan has been updated for resident #1 Smoking in room.
 Resident #2 care plan has been updated to reflect immobile status during evacuation process.
 Resident #3 has been transferred for therapy to increase independence with climb apparatus. In the future; the administrator will evaluate the needs of resident and changes that may occur will be properly documented and assessed more frequently.

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 *8/05/13*

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8/5/13
 (Date)

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