



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via fax to: [REDACTED]
Mailing Date: January 21, 2014

Mr. Frank Minelli, Administrator
Angel's Family Manor Personal Care Home Inc.
218 North Main Street
Scranton, Pennsylvania 18504

RE: Angel's Family Manor Personal Care Home
License: #210620

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on December 6, 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 must be maintained.

Sincerely,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21082 - 12/08/2013 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 11/27/13 at 4:00pm, resident #1 received only 16 of the 20 prescribed units of Novolog insulin due to the remaining dosage not being available. The home did not submit a Reportable Incident form notifying the Department's regional office regarding the medication error.
 On 12/3/13, resident #2 contacted the local police who came to the home to provide assistance as a result of resident #2 becoming upset that he had been issued a 30-day notice. The home did not submit a Reportable Incident form to the Department's regional office regarding police involvement at 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 was working with the aging office for resident #1. Doctor was called the day before meds ran out. Resident had no insurance at the time, resident's motor of resident's pharmacy and insurance company resolved the insurance problem, and resident now has proper insurance. *In the future Admin and supervisor will ensure paper work and meds are on hand. The resident is receiving his meds and message on hand.
 Resident #2 called the police to see if a 30 day motor was legal. The home had no incident with the resident. The administrator did not think a incident report was to be filed, since there was no incident. *In the future the Admin. will insure if police are called for any reason at all an incident report will be filed.

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) <i>Frank Minelli Admin</i>	Date <i>1-16-14</i>

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

The above plan of correction is approved as of <i>1/21/14</i> (Date)	Plan of correction implementation status as of <i>1/21/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i>	<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 - 12/08/2013 - Patton, Leslie
 PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

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
 Resident #1 is prescribed 20 units of Novolog insulin to be administered daily at 8:00am and 4:00pm. The remaining dose of Novolog was administered at 4:00pm on 11/27/13. The home did not receive a refill until 1:20pm on 11/29/13 due to complications related to the resident's insurance. The resident was able to receive the required doses on 11/28/13 and 11/29/13 at 8:00am and 4:00pm on 11/28/13 due to the resident's family member bringing additional medication to the home. The home does not have a policy in place to obtain an emergency supply of medication when needed and did not anticipate when the last dose would be administered, at which time, the home should have attempted to obtain the medication in advance in order to prevent such an incident from occurring.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 made calls to doctor's office and the pharmacy, resident had no insurance at this time. The resident's sister had meds for resident, and had called insurance Co, and Pharmacy to get the insurance problem taken care of. At this time, resident does have the proper insurance. *The home has put in place an emergency med policy, that if any resident can't get meds, call to Pharmacy and will get the proper meds for the resident. *In the future, adm, supervisor will monitor medication of residents so meds do not run out. The resident has received his meds and the home has his meds on hand.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Murrell adm* Date *1-16-14*

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The above plan of correction is approved as of 12/1/14 (Date) Plan of correction implementation status as of 1/21/14 (Date)

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

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

Violation Report: 21062 - 12/09/2013 - Patton, Leslie
 POH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2800
 2800.187(c) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 11/27/13 at 4:00pm, resident #1 received only 16 of the 20 units of Novolog prescribed to the remaining dosage not being available. The home did not follow the prescriber's orders.

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 called doctors office and Pharmacy for resident meds. The aging office was to pay for resident meds as needed. Resident had no insurance at this time resident sister made phone calls and had insurance put in place. Resident is receiving his meds and meds are on hand. *The home has an emergency med plan now in place which is - med techs will call [redacted] if any resident should run low or need any emergency meds. [redacted] will make arrangement with Pharmacy to provide such meds as needed.
 * In the future Adm, supervisor will ensure resident meds do not run low, or out.

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, Adm* Date: *1-16-14*

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

The above plan of correction is approved as of 1/21/14 (Date)

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

Plan of correction implementation status as of 1/21/14 (Date)

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