



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

emailed to: [REDACTED]

MAILING DATE: April 30, 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 February 20, 2014 and February 26, 2014 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME		License Number: 21062
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504		County: Lackawanna
Administrator: Frank Minelli	Region: NORTHEAST	
Legal Entity Name: ANGELS FAMILY MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504		
Certificate(s) of Occupancy Other 07/12/2013 City of Scranton		
Staffing Hours Resident Support: 0 Total Daily Staff: 50 Waking Staff: 38		
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspection Dates and Department Representatives On-Site 02/20/2014: O'Haire, Anne 02/26/2014: O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable 02/28/2014: O'Haire, Anne		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 53 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 25 Have Mental Illness: 25 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21062 - 02/20/2014 - O'Haire, Anne
 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
 The home has a date on the reportable incident report of 02-19-14 and the incident is documented as occurring on 02-15-14.

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 waiting for a final police report saying the medication didn't belong to the worker. In the future the Admin and or supervisor will insure incident reports are sent within 24 hours and the final report sent at a later date.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/05/2013

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: **4-28-14**

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

The above plan of correction is approved as of <u>4-30-14</u> (Date)	Plan of correction implementation status as of <u>4-30-14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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 - 02/20/2014 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

The theft of residents' narcotic prescription medications was discovered during a theft investigation regarding missing funds by a staff person, that was conducted by the Scranton City Police Department. During their investigation the police found Percocet 7.5/325 mg tablets, Four tablets each, belonging to residents' #1 and #2 and their narcotic medication count sheets were in staff person "A" possession.

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 training for med sheets whom were told that when a med sheet is filled 2 staff persons must sign it, and make sure the count of meds is corrected. The staff person did get her money returned. The Admin and supervisor check med sheets and med counts a couple times a week. In the future Admin and supervisor will continue to check med sheets and med counts randomly. Worker [redacted] doesn't work in our homes and hasn't worked in our homes since this incident.

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 4-28-14

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