



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: April 11, 2014

Mr. Frank Minelli, Owner
Pittston Heavenly Manor Inc.
51 North Main Street
Pittston, Pennsylvania 18640

RE: Pittston Heavenly Manor
License #218690

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on March 4, 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: 21869 - 03/04/2014 - Harvey, Jason
 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 3/1/2014 at approximately 11am the home had an incident requiring the services of the fire department and law enforcement. The home failed to notify the Department's regional office of the reportable incidents until 3/3/14.

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 reason the violation happened was because the staff did not report to DPW by phone the incident on the day of occurrence. In the future, all incidents will be called at the time of incident by supervisor on staff at the time and then reported to manager that this was done to add in the assurance that DPW was notified in a timely manner. Adm will ensure that all staff know who is responsible for reporting 24 hours/day, 7 days/week. Adm will monitor staff to insure on-going compliance. The Adm will also ensure that staff have access to the mandatory form "Bureau of Human Services Licensing: Incident Report Form", that the form is completed correctly and submitted in a timely manner as described in Regulation 2600.16b. *MB* 4-9-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle* Michelle Burke

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke administrator Date 4/02/14

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

The above plan of correction is approved as of 4-9-14
 (Date)

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

Plan of correction implementation status as of 4-9-14
 (Date)

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

Violation Report: 21869 - 03/04/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan dated 10/21/3013 does not address the resident's agitation, aggression and threaten behaviors. The resident's support plan does not document how these needs will be met.

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 reason this violation occurred was because the support plan did not reflect the behaviors that were charted in the staff notes. In the future all support plans will reflect any and all changes in the residents behavior or any other need that may have changed by the administrator. The administrator will review with staff that if a note needs to be written the administrator needs to be made aware to have the support plan changed to reflect the current needs of the resident.

Adm or designee will review the staff notes on a weekly basis, followed by a review of any resident record referenced in the notes to insure proper documentation, follow up and ongoing compliance.
CP, 4-9-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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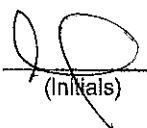
Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke administrator	Date 4/02/14
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