



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via fax to: [REDACTED]  
Mailing Date: April 22, 2014

Mr. Frank Minelli, Administrator  
Angel's Family Manor Personal Care Home Inc.  
218 North Main Avenue  
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 March 21, 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,

  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21082 - 03/21/2014 - Rushin, Julianne  
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(b) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

There is a hole measuring approximately 2' by 4' in the ceiling of resident room 302 exposing insulation and pipes.

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.

Roof was leaking, Roofer came about 3 weeks ago and did some work on the roof ask us to cut hole in the ceiling to dry out and to check if still leaking. Ceiling is being fixed at this time. In the future maintenance repairs will be done as soon as possible. Admin, and maintain will insure of all repairs.

The administrator shall be responsible for ongoing compliance.

*M*  
4/4/14

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 *3-31-14*

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

The above plan of correction is approved as of <u>4/4/14</u> (Date)	Plan of correction implementation status as of <u>4/4/14</u> (Date)
The above plan of correction was approved by <u><i>M</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