

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANGELS FAMILY MANOR PERSONAL CARE HOME INC
LEGAL ENTITY

To operate ANGEL'S FAMILY MANOR PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 218 NORTH MAIN AVENUE, SCRANTON, PA 18504
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 53
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 25, 2014 until March 25, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 210621

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEP 25 2014

Mr. Frank Minelli, Owner
Angels Family Manor Personal Care Home, Inc.
218 North Main Avenue
Scranton, Pennsylvania 18504

**RE: Angel's Family Manor Personal Care Home
License #: 210621**

Dear Mr. Minelli:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 15, 2014, June 30, 2014 and July 2, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #210620 dated June 20, 2014 to June 20, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 20, 2014 to June 20, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Frank Minelli

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 21062 - 04/15/2014 - Rushin, Julienne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff Person "A" (hired 7-26-13), has a Pennsylvania Criminal Background check that is still "under review" and not in accordance with the Older Adult Protective Services Act.

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.

Admin has spoken to Criminal Background officer and was told background check for staff Person #a was sent out on 9-13-2013, It was sent to a different address, a new one is being sent to this home.

In the future Admin and supervisor will insure all background checks for staff are complete

* Criminal background check verified 7/2/14.
 The administrator shall monitor for ongoing compliance.
 M 7/2/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
FRANK MINELLI		5-19-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/2/14</u> (Date)	Plan of correction implementation status as of <u>7/2/14</u> (Date)
The above plan of correction was approved by <u>M</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 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person "B", (hired 1-24-14), has a transcript of their high school education. The transcript does not state the staff person completed their 12th grade coursework or graduated.

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.

Staff person B's transcript says he did graduate in 2006, further information was received with his grades on it. Admin and supervisor will insure all education is complete for High school diploma.
Frank Minelli
 7-2-14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Frank Minelli</i>		<i>5-18-14</i>

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

The above plan of correction is approved as of <u>6/2/14</u> (Date)	Plan of correction implementation status as of <u>7/2/14</u> (Date)
The above plan of correction was approved by <u>m</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 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Person "C", the home's administrator, completed only 13 of the required 24 hours of annual training for 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.

The Admin tried to get into some classes but they were full. In the future the Admin will insure he has completed the 24 hrs. of classes per year. If he can't find classes he will call D.P. W. for their help finding classes. Admin is going to apply for 6 hrs of Temp training 4-7-14 to 2013 and 6 hrs of Mediator training and will go online to make up remaining 5 hours of training and will do 3 hrs of insulin training in July 2014 and apply to 2013 training
 Frank Minelli
 7-2-14

The administrator shall complete 6 hours of annual administrators training for training year 2013 by September 1, 2014. Proof shall be maintained in the home and forwarded to the Department upon completion

Repeat Violation: No	Date(s) of Previous Violation(s):	Completion
Signature of Legal Entity Representative (Required on EVERY Page)		7/2/14
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
FRANK MINELLI		5-12-14

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

The above plan of correction is approved as of <u>6/2/14</u> (Date)	Plan of correction implementation status as of <u>7/2/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The vent in the women's bathroom, on the first floor, does not work. There is no window in this bathroom.

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 fan in the women's room has been replaced with a new one. In the future Admin & Maintenance personnel will insure all bathroom fans are in proper working conditions.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
FRANK MINELLI		5-12-14

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

The above plan of correction is approved as of <u>6/2/14</u> (Date)	Plan of correction implementation status as of <u>7/2/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 04/16/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The light on the nightstand for Resident #3, in room 205, did not have a light bulb and therefore was inoperable.

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 inspection a light bulb was placed in the light by the house keeper. In the future supervision and housekeepers will ensure all lights are working and have bulbs in them.

The administrator shall monitor and assure ongoing compliance.
 M
 7/2/14

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) Date
 Frank Minelli 5-12-14

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

The above plan of correction is approved as of 6/2/14
 (Date)

Plan of correction implementation status as of 7/2/14
 (Date)

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

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

Violation Report: 21062 - 04/15/2014 - Rushin, Julienne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The ceiling in room 305 is stained from water. Staff person "C", the home's administrator, explained that the air conditioner located on the roof directly above the room is leaking and in need of repair.

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 air conditioner drain line was frozen, when it thawed out it wet the ceiling. The ceiling has been fixed and maintained person in the future will insure the ceiling stays in the proper conditions.

The administrator shall monitor and assure ongoing compliance.

*MM
7/2/14*

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/21/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Frank M. Howell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK M. HOWELL* Date *5-12-14*

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

The above plan of correction is approved as of 6/2/14
 (Date)

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

Plan of correction implementation status as of 7/2/14
 (Date)

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

Violation Report: 21082 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
 The women's and men's bathrooms on the first floor did not have any paper towels or any method of drying hands after being washed.

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.

During the inspections paper towels were placed in mens and woman's bathroom. In the future housekeepers will insure all bathrooms have paper towels in them

- On-Site 6/30/14
- On-Site 7/2/14
- on-site 9/12/14

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 *5-12-14*

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

The above plan of correction is approved as of 6/2/14
 (Date)

Plan of correction implementation status as of 7/2/14
 (Date)

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

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

Violation Report: 21062 - 04/15/2014 - Rushin, Julianne
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
There wasn't any proof of inspection for the several (approximately 12, 6 per floor) gas heating units located throughout the facility. The individual heating units, 1 unit heats 3 resident bedrooms.

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 plumber has come out to clean and inspect all 12 heating and air condition units and will send paperwork to the home. In the future maintenance person and Admin will insure heating units are inspected and cleaned seasonally/annually.

m
7/2/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Maxwell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

FRANK MAXWELL

Date 5-12-14

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

The above plan of correction is approved as of

6/2/14
(Date)

Plan of correction implementation status as of

7/2/14
(Date)

The above plan of correction was approved by

m
(Initials)

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

Violation Report: 21082 - 04/15/2014 - Rushin, Julienne
 PCH Name: ANGEL 6 FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION

There wasn't any proof of cleaning for the several (approximately 12, 6 per floor) gas heating units located throughout the facility. The individual heating units, 1 unit heats 3 resident bedrooms.

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.

Same as page 9 of 14

The plumber has come out to clean and inspect all 12 heating and air conditioners and will send paperwork to the home. In the future maintenance person and Admin will ensure heating units are inspected and cleaned seasonally/Annually

Frank Minelli
 7-2-14

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 *5-12-14*

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

The above plan of correction is approved as of 6/2/14
 (Date)

Plan of correction implementation status as of 7/2/14
 (Date)

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

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

Violation Report: 21062 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a fire drill during the months of 2/2014 and 3/2014.

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 Admin and supervisor did not conduct a fire drill and it was a mistake on their part. In the future Admin and supervisor will insure fire drills are conducted monthly. A fire was conducted on the over night of the inspection around midnight.

- On-site 6/30/14
- On-site 7/2/14
- on-site 9/12/14

The Administrator will schedule an unannounced fire drill each month. Only the person(s) conducting the drill will be notified of the date of the drill. Residents and staff will not be notified in advance of the drill.

The Administrator will ensure that the home's 24 monitoring company is notified prior to the drill to take the alarm system offline. The Administrator will ensure that the home's alarm system is activated during each drill in compliance with Ch. 2600.132i.

Repeat Violation: No Date(s) of Previous Violation(s): Bob B. 9/16/14

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 **5-12-14**

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

The above plan of correction is approved as of 6/2/14 (Date)

Plan of correction implementation status as of 7/2/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented **B.B. 9/16/14**

Violation Report: 21082 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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
 The last drill conducted by the home during sleeping hours was on 8/9/2013.

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.

The home did miss the sleeping hours fire drill, The night of inspection a sleeping hour fire drill was conducted around midnight, In the future Admin and supervision will insure sleeping hours fire drills will be conducted every 6 months

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Frank Maxwell		5-12-14

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

The above plan of correction is approved as of <u>6/2/14</u> (Date)	Plan of correction implementation status as of <u>7/2/14</u> (Date)
The above plan of correction was approved by <u>mm</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 - 04/16/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person E, hired 12/16/12, passed medications during the 3:00pm to 11:00pm shift on 4/10/14 and is not trained in medication administration.

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.

Staff person E is a L.P.N. and is covered for med passes. Sending her paperwork Admin and supervisor will ensure all proper paperwork and certificates are in staff person files.

Frank Minelli
7-2-14

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 **5-18-14**

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

The above plan of correction is approved as of 6/2/14
(Date)

Plan of correction implementation status as of 7/2/14
(Date)

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

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

Violation Report: 21062 - 04/15/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident # 1 was not initialed by a staff person to indicate that Nasonex Nasal Spray was administered as directed on 4/5/14 at 8pm.

The Medication Administration Record for resident # 2 was not initialed by a staff person to indicate that Tussin cough syrup was administered as directed on 4/1/14, 4/2/14, and 4/4/14 at 8pm.

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.

Both resident #1 and #2 had received their meds for these dates. Med person at the time said they forgot and they were asked not to let it happen. In the future Admin and med teams will insure all meds are properly signed for. Admin or Med teams will return staff persons to insure they sign MAR's

Frank Miwell

Repeat Violation: No	Date(s) of Previous Violation(s):	7-2-14
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>Frank Miwell</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Frank Miwell		5-18-14

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

The above plan of correction is approved as of <u>6/2/14</u> (Date)	Plan of correction implementation status as of <u>7/2/14</u> (Date)
The above plan of correction was approved by <u>M</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 - 06/30/2014 - Rushin, Julieanne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 6/30/14 and on 7/2/14, the home's administrator was not present and the Department Representative was not given immediate access to resident and staff records. Staff person A was present and stated that the records were locked in the administrator's office and they did not have a key.

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 shall have a key to this office so inspectors have immediate access to all files. In the future the admin will insure access to resident and staff files are available at all times.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
FRANK MINELLI		7-17-14

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

The above plan of correction is approved as of	<u>7/24/14</u> (Date)	Plan of correction implementation status as of	<u>7/24/14</u> (Date)
The above plan of correction was approved by	<u>M</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: 21082 - 06/30/2014 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 On 6/30/14, staff person "A" indicated that they ran the fire drill conducted on 6/10/2014 and also assisted with the evacuation of the residents.

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.

Staff person A, and all other staff were spoken to and explained to that they cannot conduct a fire drill and be involved in the evacuation of the home. In the future Admin and supervisor will insure fire drills are done on these times and in the proper manner.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/15/2014

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 *7-17-14*

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

The above plan of correction is approved as of <u>7/24/14</u> (Date)	Plan of correction implementation status as of <u>7/24/14</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 checked="" type="checkbox"/> Not Implemented B.B. 9116114