pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [redacted]
MAILING DATE: January 2, 2015

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 Human Services' licensing inspection on September 11, 2014 and September 12, 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

Michele Moskalczyk
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
03/31/2013
City of Scranton

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 53 **Waking Staff:** 40

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint, Monitoring

On-Site Inspections Dates and Department Representatives On-Site

09/11/2014: Foulkes, Kimberli
09/12/2014: Foulkes, Kimberli

Off-Site Inspection Dates and Inspectors, if Applicable

09/12/2014: Foulkes, Kimberli
09/15/2014: Foulkes, Kimberli
09/16/2014: Foulkes, Kimberli
09/23/2014: Foulkes, Kimberli
10/15/2014: Foulkes, Kimberli

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 53

Number of Residents Served: 53

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: 1

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 46

Are 60 Years of Age or Older: 23

Have Mental Illness: 34

Have an Intellectual Disabliity: 0

Have a Mobility Need: 0

Have a Physical Disability: 1

Violation Report: 21062 - 09/11/2014 - Foulkes, Kimberli
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa.Code Chapter 405 (relating to elevators and other lifting devices).

2a. DESCRIPTION OF VIOLATION
The elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certificate expired 9/30/14.

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 new certificate seems to be misplaced once taken out of Elevator - Admin has called Elevator inspector of a new copy

but the future maintenance person and supervisor will insure proper inspection papers are placed in elevator

The administrator shall monitor and assure ongoing compliance.

12/31/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Fern Kendall

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Fern M Minelli — **Date** 11/26/14

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

The above plan of correction is approved as of 12/22/14 (Date)

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

Plan of correction implementation status as of 12/22/14 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ■ Not Implemented KF

Violation Report: 21062 - 09/11/2014 - Foulkes, Kimberli
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
On 9/11/14 at approximately 11:15am, there were no paper towels in the men's bathroom on the 1st floor.

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.

Paper towels were placed in restrooms same day and Electrician was called to install hand dryers in restrooms.

In the future House Keepers and supervisor will monitor restrooms keep paper towels in them.

- The administrator shall monitor and assure ongoing compliance.

M 12/31/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/15/2014	06/30/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Minetti — **Date** 12-11-14

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The above plan of correction is approved as of 12/22/14 (Date)

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

Plan of correction implementation status as of 12/22/14 (Date)

- [x] Fully Implemented KF
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21062 - 09/11/2014 - Foulkes, Kimberli
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

2a. DESCRIPTION OF VIOLATION
Per interview conducted with Administrator A, the home does not sound the alarms for all fire drills and the home does not have a method in place to test the alarms each month. The home's Administrator reports that some times they sound the alarms, sometimes the staff yell "Fire" and sometimes they bang on pots and pans and yell "Fire". Per the home's Administrator the home's smoke detectors and fire alarms are checked annually and are monitored by the alarm company and they would notify the home if there is an issue. On 8/22/14 and 9/8/14 the home's fire alarms were not tested as the home alerted residents of the drill by banging on pots and pans.

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 was not sure what the fire drill was conducted.
In the future Admin and supervisor will sound the alarm to conduct fire drills at all times. And the proper paper work will be kept and completed at time of the fire drill. Pot and Pans and yelling fire method will not be used

• The administrator shall monitor and assure ongoing compliance

12/31/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Mizell — **Date** 11/11/14

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21062 - 09/11/2014 - Foulkes, Kimberli
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
The fire drill log obtained on 9/11/14 did not include an August 2014 fire drill.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire drill was not written on paper Admin Could+ remember what days!

- In the future Admin and supervisor will ensure fire drills are conducted at proper time, and proper paper work is filled out correctly.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Mincelli — **Date** 11/11/14

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Violation Report: 21062 - 09/11/2014 - Foulkes, Kimberli
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
During the fire drill on 8/22/14 and 9/8/14, the fire alarm was not sounded. Instead, staff alerted the residents by banging on pots and pans.

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.

Pots and pans were used during fire drill. to have a change for residents
• In the future Admin a supervisor will ensure pots and pans will not be used and alarm will be pulled and check for proper working order.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Mizell — **Date** 11/11/14

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