pennsylvania
DEPARTMENT OF HUMAN SERVICES

[redacted]

MAILING DATE: March 5, 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 December 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
03/21/2013
City of Scranton

Staffing Hours

Resident Support: 0 | Total Daily Staff: 48 | Waking Staff: 36

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

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

12/12/2014: Yellenic, Cindy

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 53	Number of Residents who:
Number of Residents Served: 48	Receive Supplemental Security Income: 44
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 23
Area:	Have Mental Illness: 32
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0
Number of Current Hospice Residents: 0	Have a Physical Disability: 1
Number of Hospice Residents in past year: 1	

Violation Report: 21062 - 12/12/2014 - Vellenic, Cindy
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The home has two washing machines for the residents' laundry and both machines are currently not working and have not been working since the middle of November 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.

One washing machine was broken in mid November, [redacted] appliance repair was called, he fixed washing machine it lasted about one week, other machine broke down repair servicn was called, servicn man came he had to order part, Part came in couple of days servicn man came and fixed, new washer was ordered and delivered

In the futrue Supervisor will make same calles to servicn department to fix washing machine if broken

The home also told resident that extra worker was on, and will do resident laundry next door at Laundry mat if needed

Receipt provided 3/5/15 [illegible]

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 12/26/14

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The above plan of correction is approved as of 3/5/15 (Date)

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

Plan of correction implementation status as of 3/5/15 (Date)

- [X] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21062 - 12/12/2014 - Yellenic, Cindy
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.105(a) - Laundry service for bed linens, towels and personal clothing shall be provided by the home, at no additional charge, to residents who are recipients of or eligible applicants for Supplemental Security Income (SSI) benefits.

2a. DESCRIPTION OF VIOLATION
Resident #1 & #2, who receives SSI benefits, had to pay for their laundry to be cleaned at the laundromat because the home's washing machines are not working.

Resident #3, #4, & #5, who receives SSI, have not had personal clothing cleaned for several weeks, because the home's washing machines are not working.

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.

Residents #1 and #2 had been given their money back that they spent for laundry. All residents laundry were being done. The home had put an extra worker on, and told resident that extra will be doing laundry next door at laundry mate.

In the future the home will again put on extra workers to do laundry if washing machines break down, and supervisor Department will be called.

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 12/26/14

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Violation Report: 21062 - 12/12/2014 - Yellenic, Cindy
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.105(b) - Laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the home unless otherwise indicated in the resident-home contract.

2a. DESCRIPTION OF VIOLATION
Resident #6, who is not a recipient of SSI, has not had personal clothing washed in several weeks, because the home's washing machines are not working.

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.

Resident #6 was told with all other residents that staff were on duty and they were taken residents clothes to Laundry Mat next store daily ~~we~~ until Washing Machine were fixed and one new machine was on place

In the future Supervisor and house Keeper will let Administrator know when machine are down, and will call the repair service as they always do.

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 Mincelli 2/6/15

Frank Mincelli

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

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