



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: February 11, 2015

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 Human Services' licensing inspection on December 15, 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 - 12/15/2014 - Hummel, Jesse
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

On 11/7/14 resident #1 left the facility without notifying staff. On 11/27/14 the facility was notified that the resident was found in Philadelphia. The resident returned to the facility the same day after Mental Health Services in Philadelphia purchased a bus ticket for the resident. Upon the resident's return, the resident was evaluated at the Emergency Room and found to be in good health despite the resident not receiving psychiatric medications since 11/7/14. After returning to the facility the resident's mental health continued to decline. The resident became increasingly paranoid and delusional. On 12/2/14 the resident was transported to Crisis to have a psychiatric evaluation completed on an involuntary commitment. On 12/7/14 the facility notified the Hospital Social worker that the facility will not be accepting the resident back. Department Representatives determined the facility failed to provide a written 30 day notice to the resident of the facility's intent to discharge resident #1 as required.

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 th The staff was in contact with hospita social worker and the resident did not want to come back to facility and also told the hospital social worker that this administrator needed to come to facility to give thirty day notice. The social did not deem this was necessary because he did not want to return to pittston manor or any other of the faciities. In the future, regardless of what the social worker states the facility will still go to serve the 30 day notice to resident.

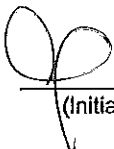
The Adm. or Designee will review the RCG-2600.228 to determine that the home is correctly applying the regulations regarding a resident's discharge

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 *2/11/15*

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

The above plan of correction is approved as of <u>2-11-15</u> (Date)	Plan of correction implementation status as of <u>2-11-15</u> (Date)
The above plan of correction was approved by  (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