



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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 22, 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: 21062 - 12/22/2014 - Foulkes, Kimberli
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 56 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 elevator inspector was called and he came out to inspect elevator, and was going to send paper work to Dept of Industry. In the future supervisor and maintenance staff will insure certificate and elevator are inspected in the proper time.

• Letter - invoice dated 1/13/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/11/2014

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 *2/6/15*

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The above plan of correction is approved as of <u>3/5/15</u> (Date)	Plan of correction implementation status as of <u>3/5/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented