



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
MAILING DATE: March 6, 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 February 26, 2015 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21869 - 02/26/2015 - Yellenic, Cindy
PCH Name: PITTSTON HEAVENLY MANOR

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 does not include the blood glucose test number for 2/17/15 at 8:00am.

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 staff had meeting regarding the proper way to document accucheck numbers appropriately. The need to make sure the documentation is done and reinforce the importance of it. The administrator will check progress every 2-3 days to make sure documentation is done & correct.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2014
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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 PCHA* Date *3/25/15*

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

The above plan of correction is approved as of 3/26/15 (Date)

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

Plan of correction implementation status as of 3/26/15 (Date)

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

Violation Report: 21869 - 02/26/2015 - Yellenic, Cindy
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 65 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order to have their blood glucose checked 3 x's a day. On the following dates and times, Resident #1 did not have a blood glucose test completed: 2/10 at 8:00pm, 2/11 at 8:00pm, 2/13 at 8:00pm, and 2/19/15 at 8:00am. On the following dates and times, Resident #1 required 1 Unit of insulin according to their sliding scale, but did not receive any: 2/2 at 12:00pm, 2/3 at 12:00pm, 2/5 at 12:00pm and 8:00pm, 2/9 at 12:00pm, 2/16 at 12:00pm, 2/17 at 8:00am, 2/18 at 12:00pm and 8:00pm, 2/19 at 12:00pm, 2/20 at 12:00pm, 2/21 at 12:00pm, 2/24 at 12:00pm, and 2/25/15 at 12:00pm.

Resident #2 has a physician's order to have a blood glucose test completed 4 X's a day. Resident #2 did not have a blood glucose test completed on 2/9/15 at 12:00pm.

Resident #3 has a physician's order to have a blood glucose test completed 3 X's a day. Resident #3 did not have a blood glucose test completed on 2/9 at 5:00pm, 2/18 at 5:00pm, and 2/20/15 at 5:00pm.

Resident #4 has been prescribed a sliding scale for insulin coverage by the resident's physician. On the following dates and times, Resident #4 was not administered the prescribed amount of insulin coverage: 2/22 at 8:00pm, 2/23 at 8:00pm, and 2/24/15 at 8:00pm.

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 staff was given an inservice on documentation and how to follow the sliding scales properly at any time that the resident ~~the~~ ^{the} refuses staff to have to call the doctor and follow proper procedures. Administrators will check every 3-4 days to ensure proper procedures are being followed

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

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 PCHA Date 3/25/15

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The above plan of correction is approved as of 3/26/15
(Date)

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