



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 9, 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 March 27, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Angel's Family Manor		License Number: 21062
Address: 218 North Main Avenue, Scranton, PA 18504		County: Lackawanna
Administrator: Frank Minelli		Region: NORTHEAST
Legal Entity Name: Angel's Family Manor Personal Care Home INC		
Legal Entity Address: 218 North Main Avenue, Scranton, PA 18504		
Certificate(s) of Occupancy other 04/11/2014 City of Scranton		
Staffing Hours		
Resident Support: NA	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
03/27/2015: Patton, Leslie; Harvey, Jason		
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 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 43 Are 60 Years of Age or Older: 17 Have Mental Illness: 29 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21062 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family Manor

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home did not have posted the License Inspection Summaries dated 12/12/14, 11/13/14, 9/11/14, and 4/15/14.

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.

All of the license inspection summaries listed are now posted, in the future Admin and supervisor will insure all summaries are posted in the proper time

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/21/2015

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 *5/6/15*

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

The above plan of correction is approved as of 5/26/15
 (Date)

Plan of correction implementation status as of 5/27/15
 (Date)

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

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

Violation Report: 21062 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family Manor

1. REGULATION 55 Pa.Code §2600

2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged from the home on 2/10/15. On the date of the onsite visit, the home still had \$435.00 of the resident's funds that were being managed by the home that should have been returned to the resident on the date of discharge.

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 home were the resident did come for her belongings and could not take all of them at that time said they would be back. We called a couple of times for them to come and get her belongs. they come in April 24/15 for her belongings and spending money. In the future the Admin. will insure resident belongings and monies are returned at the proper time.

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 *5/4/15*

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

The above plan of correction is approved as of

5/26/15
 (Date)

Plan of correction implementation status as of

5/27/15
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 21062 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family Manor

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 3/27/2015 at 9:12am the hot water temperature measured 143°F degrees in the bathroom near room #205A.

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.

Hot water was turned down at time of inspection, a plumber was called in to check Hot water heater gauge and temp control. In the future maintenance person will do random check to ensure water temp is at the proper degree.

149.3° 5/27/15 LP

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/21/2015

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 *5/4/15*

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

The above plan of correction is approved as of 5/26/15
 (Date)

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

Plan of correction implementation status as of 5/27/15
 (Date)

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

Violation Report: 21062 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family Manor

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 sink located in the bathroom of room #303 had an inoperable hot water sink faucet.

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 home had called the plumber at time of inspection and sink was fixed. In the future maintenance person will insure sinks are working properly if not he will come plumber.

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

5/4/15

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The above plan of correction is approved as of

5/24/15
 (Date)

Plan of correction implementation status as of

5/27/15
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 21082 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family Manor

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

The home did not have an exit sign located on the 2nd floor of the north side of the building leading to the home's stairwell.

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.

Electrician was called and the home is waiting for him to replace Exit light sometime during the week

In the future maintenance person and Admin, will ensure all Exit lights are working properly, Electrician will be called in to replace any Exit or any lighting problem to be corrected.

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

5/4/15

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 (Date)

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 (Date)

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 (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented *LP*

Violation Report: 21082 - 03/27/2015 - Patton, Leslie
PCH Name: Angel's Family Manor

1. REGULATION 55 Pa. Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
A vial of Novolin R insulin prescribed to resident #2 was dated as being opened on 2/12/15. The home continued to use the insulin beyond the 28-day permissible timeframe in which the insulin must be used after being opened.

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.

Insulin was discarded at time of inspection and staff were talked to and told to insure proper use and disposal of insulin. In the future supervision and Admin will insure all insulin is properly disposed of at the proper time.

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 *5/4/15*

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(Date)

Plan of correction implementation status as of 5/27/15
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21062 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family 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

Resident #3 was prescribed 10 units of Novolog Flexpen insulin to be administered before each meal. The home did not properly maintain the resident's Medication Administration Record (MAR) and crossed-off the order on the resident's MAR.

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 Novolog order was changed by the doctor, and the proper insulin is given. In the future the supervisor and Admin will insure proper doctor orders are entered in MAR.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/21/2015

04/15/2014

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

5/4/15

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5/26/15
 (Date)

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5/27/15
 (Date)

The above plan of correction was approved by

AM
 (Initials)

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- Partially Implemented - Inadequate Progress LP
- Not Implemented

Violation Report: 21062 - 03/27/2015 - Patton, Leslie
 PCH Name: Angel's Family Manor

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 1/21/15, resident #4 was prescribed accucheck readings to be completed weekly and more often as needed. Based upon a staff interview and a review of the resident's Medication Administration Record, the home has not been completing the once weekly accucheck readings as ordered by the physician.
 On 1/9/15, resident #3 was prescribed 10 units of Novolog Flexpen Insulin to be administered before each meal in addition to 20 units of Novolog Flexpen insulin to be administered at 7:00am and 15 units at 4:30pm. Due to the home not properly maintaining the resident's MAR and not clarifying more recent orders, the resident has not been receiving 10 units before each meal.

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 doctors have changed the orders for residents #3 and #4 and the new orders are logged in the M.A.R.
 In the future supervision and Admin will do random checks on M.A.R. to insure proper orders and M.A.R.'s are correct.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/21/2015

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 *5/4/15*

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The above plan of correction is approved as of <u>5/26/15</u> (Date)	Plan of correction implementation status as of <u>5/27/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented