



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]
MAILING DATE: July 7 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: #210622

Dear Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on April 15, 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 cursive script that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21062 - 04/15/2015 - O'Haire, Anne
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 35 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home did not submit a written Incident report within 24 hours of the resident to resident altercation on 04-03-15 to the Department. The home made a verbal report immediately following this incident but the written report was submitted 04-06-15.

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 supervisor of the home was trying to gather information and then forgot to send a written report.
In the future Admon and supervisor will insure the proper incident report will be sent within 24 hours.*

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 *6-11-15*

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

The above plan of correction is approved as of 6/16/15 (Date)

Plan of correction implementation status as of 7/2/15 (Date)

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

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

Violation Report: 21062 - 04/15/2015 - O'Haire, Anne
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 struck Resident #2 with a milk crate on 4-3-15 causing a head injury to the right side top of resident #2's head. This injury required 21 sutures to close as a result of this resident to resident altercation.

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 #1 was taken by Scranton Police and is waiting for a hearing. Resident #2 when asked what happened said he might of pushed resident #1 and it made him mad. Resident #2 does not want to press charges. There was no problems with resident #1 or #2 until this point

The home manager they do what is needed so this type of incident doesn't happen again. Admin and supervision and all workers will be doing what's needed so it doesn't happen.

Repeat Violation: Yes

Date(s) of Previous Violation(s) 01/14/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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(Initials)