



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]
MAILING DATE: July 30, 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 May 5, 2015 and May 8, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21062 - 05/05/2015 - Rushin, Julienne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.14(a) - Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. Sections 7210.101 - 7210.1103) is required.

2a. DESCRIPTION OF VIOLATION

The home does not have a valid certificate of occupancy. The most recent certificate of occupancy issued by the City of Scranton expired on 3/31/15.

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 certificate of occupancy permit has been paid for by this home. The Admin called the city and was told they have to set up an appointment, but the girl who does that is on vacation and won't be back until Monday. They only inspect on Monday, Wednesday & Friday. Admin will call when person gets back to work.

The administrator is responsible for monitoring and ongoing compliance.

M
6/23/15

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 *6/5/15*

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

The above plan of correction is approved as of <u>6/23/15</u> (Date)	Plan of correction implementation status as of <u>7/2/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>JK-LP</i>

Violation Report: 21062 - 05/05/2015 - Rushin, Julienne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 records for the following diabetic residents indicate the dates, times, blood sugar levels, and units of insulin required, however staff failed to document the number of units given:

- On 4/24/15 at 4:00 pm the BSL for resident #1 was 228 and 6 units were needed.
- On 4/24/15 at 8:00pm the BSL resident #1 was 294 and 8 units were needed.
- On 4/26/15 at 4:00 pm the BSL for resident #1 was 310 and 10 units were needed.
- On 4/26/15 at 8:00pm the BSL for resident #1 was 111 and 2 units were needed.
- On 4/23/15 at 7:00am the BSL for resident #2 was 211 and 2 units were needed.
- On 4/24/15 at 8:00pm the BSL for resident #2 was 210 and 2 units were needed.
- On 4/26/15 at 4:00pm the BSL for resident #2 was 247 and 2 units were needed.
- On 4/27/15 at 4:00pm the BSL for resident #2 was 222 and 2 units were needed.
- On 5/01/15 at 8:00pm the BSL for resident #2 was 205 and 2 units were needed.
- On 5/04/15 at 8:00om the BSL for resident #2 was 237 and 2 units were needed.

After review of the following glucometers it was noted that home's staff failed to document the glucometer readings in the medication administration records of the following diabetic residents on the following dates and times:

- On 4/30/15 at 6:00am the glucometer for resident #3 indicates a BSL of 187.
- On 4/30/15 at 4:00pm the glucometer for resident #3 indicates a BSL of 271.
- On 4/29/15 at 8:00am the glucometer for resident #4 indicates a BSL of 121.
- On 4/29/15 at 4:00pm the glucometer for resident #4 indicates a BSL of 128.
- On 4/30/15 at 8:00am the glucometer for resident #4 indicates a BSL of 116.
- On 4/30/15 at 4:00am the glucometer for resident #4 indicates a BSL of 187.

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.

Violation Report: 21062 - 05/05/2015 - Rushin, Julianne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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.

The home has medication record for all residents. The home Admin & Supervisor are doing checks several times a week on resident med records and we have a new paper to log on the units

In the future Admin & supervisor will be doing random checks during the week to insure all units are properly documented. Resident #3 and #4 did have the proper readings on their med sheets a copy is being sent, also on resident #2

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/21/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Frank M. Powell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Frank M. Powell</i>	Date <i>6/5/15</i>
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The above plan of correction is approved as of <u>6/23/15</u> (Date)	Plan of correction implementation status as of <u>7/2/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>LP/JP</i> <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 05/05/2015 - Rushin, Julienne
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The MARs resident #1 indicates that on 4/23/15 at 6:00am he/she had a BSL of 383 and 12 units were needed but 8 units were given.

The records for resident #4 indicate he/she is to have their blood sugar level tested 3x daily (8am, 4pm and 8pm). Resident #4's glucometer indicates that their BSL was not tested on 5/04/15 at 4pm.

The records for resident #5 indicate he/she is to have their blood sugar level tested 2x daily (6am and 4pm). Resident #5's glucometer indicates that their BSL was not tested at all on 5/06/15.

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.

Resident #1 Supervisor went over the proper units to be given to residents with all staff. And the proper way to log in the information.

Resident #4 Residents Inman was marked that he was away. He goes to church.

Resident #5 Residents blood sugar was taken on May 6, 2015 at both times. The glucometer date jumped from 5/5/15 to 5/10/15. It skipped 5/6/15. All the numbers in the mar matched but with a day date ahead. We called the company and told them that the machine was off. The company said they would overnight a new machine. We will check the machines dates 2 times better.

Repeat Violation: Yes Date(s) of Previous Violation(s) 01/21/2015 to be more accurate

Signature of Legal Entity Representative (Required on EVERY Page) Debra Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DEBRA WILLIAMS Date 6-22-15

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The above plan of correction is approved as of 6/23/15 (Date)

Plan of correction implementation status as of 6/23/15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 5/27/15 LP
- Partially Implemented - Inadequate Progress
- Not Implemented