



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 May 11, 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: 21062 - 05/11/2015 - Rushin, Julianne
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5/11/15 at 12:45 pm, staff witnessed resident #1 and resident #2 arguing over a chair in the dining room. Resident #1 pushed resident #2 with force, causing resident #2 to lose their balance and hit the corner of a table with his/ her ribs. Resident #2 was assessed by staff and was not injured. Resident #1 did not treat resident #2 with dignity and respect.

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 talk to by Admin and told she would be asked to move to another table if see could not get along with other residents

In the future Admin and Supervisor will observe resident #1 to ensure the incident does not reoccur. They will call doctor if it should happen again to have resident seen.

The administrator shall monitor and assure ongoing compliance.

7/2/15

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

6/12/15

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)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

Frank Minelli
(Initials)

JK

Violation Report: 21062 - 05/11/2015 - Rushin, Julianne
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 5/11/15 at 12:45 pm, staff witnessed resident #1 and resident #2 arguing over a chair in the dining room. Resident #1 pushed resident #2 with force, causing resident #2 to lose their balance and hit the corner of a table with his/ her ribs. Resident #2 was assessed by staff and was not injured.
On 3/27/15, resident #1 was involved in another incident with resident #3. Resident #1 thought resident #3 wasn't moving fast enough away from his/her chair. Resident #1 bumped resident #3 when they sat in the chair before resident #3 was out of the way. Resident #3 responded by pushing his/her walker into resident #1's legs.
The home has not implemented positive interventions to modify or eliminate resident #1's inappropriate behavior.

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 has talked to all residents together and motivationally all residents are getting along. Incident was written in resident file and positive intervention in the future will be to help resident with behavior if needed.
In the future Admin or supervisor will call doctor if behavior changes with resident*

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 *6/12/15*

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 *JR*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21062 - 05/11/2015 - Rushin, Julienne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 5/11/15 at 12:45 pm, staff witnessed resident #1 and resident #2 arguing over a chair in the dining room. Resident #1 pushed resident #2 with force, causing resident #2 to lose their balance and hit the corner of a table with his/ her ribs. The home failed to update resident #1's assessment and support plan regarding their negative behavior or how staff plans to modify or eliminate it.

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 assessment & support plan have been updated with her behavior.

In the future Admin or supervision will insure if an incident happens or between residents it will be noted and proper steps will be taken

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|-----------------------------------------------------------------------------------|-----------------------------------|--|---------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | | Date |
| Frank Minelli | | | 6/12/15 |

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

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|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 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 |  (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented | |