



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]
MAILING DATE: August 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 July 2, 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 - 07/02/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2800.14(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 to the home 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 city of Scranton was out for inspection on the 13 of July 2015. The Admin. did make calls to the City for inspection before July 13. They finally come out. We are waiting for Certificate. All violations were corrected. In the future the Admin will do the same and keep calling for inspection so the home can get Certificate on time.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/05/2015

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 **7/20/15**

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

The above plan of correction is approved as of 8/4/15 (Date)

Plan of correction implementation status as of 8/5/15 (Date)

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

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

Violation Report: 21062 - 07/02/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The Resident Privacy Coding documents for the indicated inspection dates were posted on a bulletin board outside the home's kitchen with the corresponding License Inspection Summary (LIS), which resulted in residents and other individuals having access to confidential resident information:
 1/21/14, 12/12/14, 2/26/15, 3/27/15, 4/15/15, 5/5, 5/8/15, 5/11/15, and 5/27/15.
 The home also had various medical records posted which corresponded to the Plan of Correction documentation for the LIS dated 5/5/15 and 5/8/15.

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 home took all personal documents from the Bulletin Board and all medical records.
In the future Admin will ensure no medical records or personal documents will be posted.

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 *7/20/15*

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The above plan of correction is approved as of 8/4/15 (Date)
 The above plan of correction was approved by M (Initials)

Plan of correction implementation status as of 8/5/15 (Date)

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

Violation Report: 21062 - 07/02/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

The water in the bathroom sink outside resident room #301E had a temperature reading of 141.4 degrees Fahrenheit.
 The water in the bathroom sink adjacent to resident room #303 had a temperature reading of 145.7 degrees Fahrenheit.

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 the supervisor checked all water heaters, also the home had a plumber come out and check the water heaters after the supervisor and all hot water heaters are at the proper temperature

In the future Admin will have routine check on hot water heaters by the supervisor.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2015	03/27/2015	01/21/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Family Manager* Date *9/20/15*

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The above plan of correction is approved as of 8/5/15
 (Date)

Plan of correction implementation status as of 8/5/15
 (Date)

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

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

Violation Report: 21062 - 07/02/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 smoke detectors located on the second floor were "chirping" and in need of a battery replacement.
 Two ceiling tiles had been removed outside the bathroom adjoining resident room #303. The air conditioner unit was leaking and dripping water into a bucket on the floor.
 Two ceiling tiles were also missing outside of resident room #301e resulting in exposed wires and ductwork.

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 smoke detectors had their batteries replaced with new ones.
The ceiling blocks were removed in rooms 301 and 303 because the air conditioners were frozen at that time. New ceiling blocks were put in place.
In the future maintenance person will insure if this should happen again he will replace ceiling block as soon as possible

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/27/2015

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Frank Minelli

Date 7/20/15

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The above plan of correction is approved as of

8/4/15
 (Date)

Plan of correction implementation status as of

8/5/15
 (Date)

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

The above plan of correction was approved by

m
 (Initials)

Violation Report: 21062 - 07/02/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 second floor on the North side of the building leading to the 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.

The electrician did come out and replaced exit sign on second floor with a new one. The electrician was very busy and he got here as soon as he could.

In the future the maintenance person will insure all exit signs are in place and working properly.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/27/2015 03/27/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Maxwell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Maxwell* Date *7/24/15*

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The above plan of correction is approved as of 8/4/15
 (Date)

Plan of correction implementation status as of 8/5/15
 (Date)

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

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

Violation Report: 21062 - 07/02/2015 - Patton, Leslie
 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

On 6/30/15 at 6:05pm the blood glucose level of resident #1 was 236, but was incorrectly documented on the resident's Medication Administration Record (MAR) as 218.

The MAR of resident #2 did not indicate a diagnosis or purpose for Claritin 10mg, Zestril 5mg, and Spiriva inhaler.

The MAR of resident #3 did not indicate a diagnosis or purpose for Fosamax 70mg.

Repeated violation: 2/26/2015 and 1/21/2015

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 supervisor has reviewed all MAR for blood glucose readings and has spoken to the worker who improperly wrote numbers and also reviewed MAR for proper diagnosis. In the future supervisor is checking all MAR for proper diagnosis and proper record keeping.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/27/2015 05/05/2015 03/27/2015

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 **7/20/15**

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The above plan of correction is approved as of 8/4/15 (Date)

Plan of correction implementation status as of 8/5/15 (Date)

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

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

Violation Report: 21062 - 07/02/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Humalog insulin with a sliding scale. Upon review of the resident's glucometer, it was noted that on the following dates and times, staff failed to administer the correct units of Insulin according to the physician's order:

- On 6/25/15 at 11:24am the resident's blood sugar level was 263; 8 units were needed; 6 units were given.
- On 6/26/15 at 11:22am the resident's blood sugar level was 243; 6 units were needed; 8 units were given.
- On 6/29/15 at 4:34pm the resident's blood sugar level was 134; 2 units were needed; 6 units were given.
- On 6/29/15 at 8:33pm the resident's blood sugar level was 261; 8 units were needed; 0 units were given.

Repeated violation: 1/21/2015

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 Admin spoke with supervisor and the resident Mark the supervisor said he reviewed is workers have improperly marked the MAR.

In the future supervisor will be checking and reviewing MAR's for proper markings and completed corrected.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/05/2015	03/27/2015	02/28/2015
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Signature of Legal Entity Representative (Required on EVERY Page)

Frank McWell

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

FRANK McWELL Date 7/29/15

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The above plan of correction is approved as of <u>8/4/15</u> (Date)	Plan of correction implementation status as of <u>8/5/15</u> (Date)
The above plan of correction was approved by <u><i>MM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented