



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]  
MAILING DATE: October 21, 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 10, 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: 21082 - 07/10/2015 - Valence, Duane  
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

The Lackawanna County Area Agency on Aging conducted an on-site investigation on 7/6/2015 regarding an allegation of caregiver abuse or neglect of resident #1 who had two recent incidents of wandering in the City of Scranton, Pa. and was unable to return to the home without assistance. The most recent incident occurred when resident #1 was found by City of Scranton Police who in turn took resident #1 to a hospital for treatment. The provider had no knowledge of resident #1's whereabouts until notified by hospital personnel to come and return resident #1 to the home. The home failed to recognize the resident's cognitive decline and a need for closer supervision.

Once the Protective Services Investigator arrived at the home on 07/06/15 to initiate a protective services investigation, this was the event that required the home to report the allegation of abuse to the Northeast Regional Office.

**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 did not neglect resident #1 whom went almost every day on the bus to old Forge to see [redacted], and [redacted] returns. The day the inspector came out resident #1 was sent to post office by [redacted] then [redacted] went to [redacted] sons house in old Forge. Only had one time [redacted] did not return. One time [redacted] seen resident #1 and gave him a ride home. In the future if the home sees a resident needs closer supervision we will provide it. If there is an allegation of any type of abuse including neglect, even if identified or reported by others, or investigated by the AAA, the home will make an immediate report to the regional office.

Repeat Violation: No      Date(s) of Previous Violation(s): *Q.* 10-6-15

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 *9-21-15*

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

The above plan of correction is approved as of 10-6-15 (Date)

Plan of correction implementation status as of 10/8/15 (Date)

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

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

Violation Report: 21062 - 07/10/2015 - Valence, Duane  
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 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 Lackawanna County Area Agency on Aging conducted an on-site investigation on 7/6/2015 regarding an allegation of alleged caregiver abuse or neglect of resident #1 who had two (2) recent incidents of wandering in the City of Scranton, Pa. and was unable to return to the home without assistance. The most recent incident occurred when resident #1 was found by City of Scranton Police who in turn took resident #1 to a hospital for treatment. The provider had no knowledge of resident #1's whereabouts until notified by hospital personnel to come and return resident #1 to the home. The home failed to properly identify and respond to the resident's need for closer supervision. The provider failed to submit an incident reporting form to the Department regarding Lackawanna County Area Agency on Aging's investigation of suspected abuse or neglect of resident #1.

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 resident did not return to the home one time, [redacted] saw resident walking and gave him a ride home. Resident went almost every day on the bus and had no problems returning. Residents [redacted] sent him to the post office and then [redacted] went to [redacted] by bus to Old Forge the day inspector was out.

In the future if the home sees a resident need closer supervision we will make whatever changes needed and provide closer supervision. Due to law enforcement's involvement with this resident, the matter is reportable. (See 2600.16(c)(ii).) CP 10-6-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Frank M. Minelli*

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

Frank M. Minelli

Date 9-21-15

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The above plan of correction is approved as of 10-6-15 (Date)

The home will adhere to the reporting of all 19 elements of 2600.16(c). CP

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

Plan of correction implementation status as of 10/8/15 (Date)

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- Not Implemented

Violation Report: 21062 - 07/10/2015 - Valence, Duane  
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed by resident # 1's physician on 12/10/2014 indicated that resident #1 has Celiac Disease and is required to have a Gluten Free diet. Direct Care Staff interviewed stated that resident # 1 was on a Gluten Free Diet for about one month after admission in December, 2014. Since January, 2015 the home has provided resident # 1 with items from their regular menus and, therefore has failed to provide for the special dietary needs of the resident. This was also confirmed through an interview with resident # 1's family member.

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 and still has Gluten Free food for resident # 1. The home had this food for the resident for [redacted] entire stay. The resident eat other food because [redacted] said the Gluten food taste like cardboard. Resident did not loose weight did not go to the Hospital and did not get sick. The home had the Gluten food he refused to eat it all the time.

In the future the home will document and resident on a special Diet that doesn't want to stick to ~~their~~ their diet

If the resident's refusal to follow a drs order has an adverse effect on their health, the home will issue a 30 day notice as unable

Repeat Violation: No Date(s) of Previous Violation(s): to meet the residents needs. OO

Signature of Legal Entity Representative (Required on EVERY Page) [Signature] 10-6-15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Minelli Date 9-21-15

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Violation Report: 21062 - 07/10/2015 - Valence, Duane  
 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**

Based on the wandering events from the home and the assistance needed to return to the home, Resident # 1 has experienced a cognitive decline and demonstrated a need for greater supervision to maintain safety in the home and the community. The home failed to update the residents support plan in order to meet increasing needs.

**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 since updated the fill and support plan for resident #1*

*In the future Admin and supervisor will insure if a resident support plan has to change their support plan will be updated at that 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 *9-20-15*

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*[Signature]*  
 (Initials)