



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]  
MAILING DATE: September 1, 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 August 5, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME		License Number: 21062
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504		County: Lackawanna
Administrator: Frank Minelli		Region: NORTHEAST
Legal Entity Name: ANGELS FAMILY MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504		
<b>Certificate(s) of Occupancy</b>		
Other 03/31/2014 City of Scranton		
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/05/2015: Rushin, Julienne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 52 Number of Residents Served: 52 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 43 Are 60 Years of Age or Older: 18 Have Mental Illness: 29 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21062 - 08/05/2015 - 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 city has been out to inspect, the home is waiting for them to come and check the violation the Admin has called the city  
~~to~~  
 In the future the Admin will keep calling the city inspector until they come and complete an inspection on time*

*8/31/15 Pending - sign needed outside of the building to indicate the connection is for the fire department. Owner F. Minelli in contact w the City of Scranton - per discussion w J.R. 8/31/15*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/02/2015      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 8-20/15

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

The above plan of correction is approved as of 8/31/15 (Date)      Plan of correction implementation status as of 8/31/15 (Date)

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

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

Violation Report: 21062 - 08/05/2015 - Rushin, Julienne  
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 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 with the corresponding License Inspection Summary dated 7/2/15 was posted on a bulletin board outside the home's kitchen. The confidential resident information was made accessible to other residents and the general public.

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 removed all resident confidential information from the bulletin board. In the future Admin and supervision will insure resident confidential information will be kept secure in their files*

Repeat Violation: No      Date(s) of Previous Violation(s) 07/02/2015

Signature of Legal Entity Representative (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 8/20/15  
 FRANK MINELLI

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