



**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 August 25, 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 - 08/25/2015 - Foulkes, Kimberli  
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

According to the home's Administrator A and staff person B the roof is in need of repairs and the home has solicited bids. On 8/25/15 staff person B identified resident room #305 as the room with the leak in the ceiling. This representative went and observed in the center of the room there are two ceiling tiles removed due to the leak and there is a bucket on the floor to catch water.

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.

Roof has been complete at this time and ceiling will be complete. Roofer asked Home to watch to insure there are no leaks then complete ceilings

going forward housekeeping will check on a weekly basis if there is any leaks. If a leak is seen roofer will be notified within 24 hours. We have a 15 year warranty

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 *10/8/15*

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

The above plan of correction is approved as of 10/8/15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *JH*
- Partially Implemented - Inadequate Progress

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

NOT IMPLEMENTED

Violation Report: 21062 - 08/25/2015 - Foulkes, Kimberli  
 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

To the left of resident room # 305 there is a hallway that continues in front of the next resident room. In this hallway in front of the resident's door there is a ceiling tile removed, exposing the AC unit and duct work. There are two buckets underneath to catch the water leaking from the unit when it freezes. According to staff person A part of the AC is leaking a little bit. Staff person A stated the air conditioner freezes up and there isn't a lot of water but there is some moisture. Next to this tile with the exposed air conditioning unit and duct work is a tile that contains the smoke detector and a portion of an overhead light. This tile does have some water markings on it, This poses a hazard to residents.

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.

*Air condetion was frozen the home called AC. Repair person told we had to wait until it thawed out. and ceiling blocks will be replaced when unit is thawed and clean.*

*In the future home will call AC repair to check units and do what is told by repair person at that time*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2015	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
Frank Minelli			10/8/15

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The above plan of correction is approved as of	<u>10/8/15</u> (Date)	Plan of correction implementation status as of	<u>10/8/15</u> (Date)
The above plan of correction was approved by	<u>M</u> (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	JH

Violation Report: 21062 - 08/25/2015 - Foulkes, Kimberli  
PGH 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 service if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
Resident #1 has dialysis three times per week on M-W-F, wound care by skilled nursing two times per week, requires prompting for showering and staff shave the resident and cut the resident's nails. The resident's support plan does not document how these needs will be met.

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 updated resident #1 support plan. Resident is staying clean and going to dialysis

In the future the home will insure resident support plan is updated properly.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Frank M. Weill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK M. WEILL*      Date *10/8/15*

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The above plan of correction is approved as of *10/8/15* (Date)

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

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- Partially Implemented - Adequate Progress *JH*
- Partially Implemented - Inadequate Progress
- NOT IMPLEMENTED