



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]
MAILING DATE: November 9, 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 October 8, 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 - 10/08/2015 - Harvey, Jason
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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 home did not report to the Department that Resident #1 had missed their medications due to the resident's payee not paying the resident's pharmacy bill and the refusal of the pharmacy to provide medications to the resident from October 1, 2015 thru October 06, 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 homes Admin has spoken to Resident #1 payee who said he was sending a check to the pharmacy. When the pharmacy did not get a check the Admin talk with pharmacy to have meds sent. The Admin will filed a report to the D.P.W if this should occur with any resident.

* In the future the Admin or Med supervisor will notify the D.P.W, and have a talk with the pharmacy to insure meds are not stopped.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/10/2015

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 10/27/15

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The above plan of correction is approved as of 11/6/15 (Date)

Plan of correction implementation status as of 11/6/15 (Date)

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

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

Violation Report: 21062 - 10/08/2015 - Harvey, Jason
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
The home's fire drill logs indicated on 8/11/15 the home ran a drill at 9:30am and all of the residents evacuated the building. On 8/11/15 the Department was on site at 9:30am when the home's fire alarm activated due to a malfunction. During the activation of the alarm most of the residents did not evacuate the building. The home did not conduct an unannounced fire drill during the month of August 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.

When the fire alarm malfunctioned the Admin was on his way to the office, he seen residents leaving the building and Assumer staff were evacuating the building for a fire Drill. At the end of the day staff told Admin how many residents and the time it took to evacuate.

In the future the supervisor will insure the proper unannounced fire drills are conducted and all residents will be evacuated.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank M. Wells* Date *10/27/15*

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The above plan of correction is approved as of 11/6/15 (Date) Plan of correction implementation status as of 11/6/15 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 21082 - 10/08/2015 - Harvey, Jason
 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 #1 did not receive the following medications as the resident's payee did not pay their pharmacy bill and the pharmacy refused to provide the medications without payment. The home did not provide a means to obtain the resident's medications. Resident # 5 did not have the following medication from October 1, 2015 thru October 06, 2015 and their physician was not notified.

- Pravachol 40 mg take 1 tab orally daily.
- Risperdal 2 mg tablet take orally at bedtime
- Depakote 125 mg tab take 1 tab orally 3 times a day
- Motrin 600 mg tab take 1 tab by mouth 2 times a day
- Toprol XL 50 mg take one tab by mouth 2 times a day
- Risperdal 0.25 mg tab take 1 tab orally 2 times a day

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 should be [redacted]
 [redacted] The Adm. has spoken to Resident #1 payee and the pharmacy and resident #1 [redacted] and [redacted] meds are straighter out
 In the future the med supervisor will insure resident doctor is notified if meds are not available

Repeat Violation: No	Date(s) of Previous Violation(s):	10/08/2015	05/05/2015	03/27/2015
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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 *10/27/15*

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The above plan of correction is approved as of <u>11/6/15</u> (Date)	Plan of correction implementation status as of <u>11/6/15</u> (Date)
	<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
The above plan of correction was approved by <u>[initials]</u> (Initials)	