



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
MAILING DATE: March 1, 2016

Mr. Frank Minelli, Owner
Pittston Heavenly Manor Inc.
51 North Main Street
Pittston, Pennsylvania 18640

RE: Pittston Heavenly Manor
License # 218691

Dear Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on December 15, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21869 - 12/15/2015 - Novak, Ryan
 PCH Name: PITTSTON HEAVENLY MANOR

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 temperature measured 129.2 in the 1st floor mens bathroom and Room #100 measured 127.4 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.

Temperature was over 120° in bathroom.

The plumber and I have been adjusting the water heater to ensure the temperature does not go over 120°

The manager and I have been checking bathrooms, and shower rooms every day or two to make sure this does not happen again.

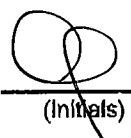
The Adm. Designee will do temp readings every other day for 30 days to ensure ongoing compliance. These readings will be retained by the home. *2/29/16*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/16/2015 10/15/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* Date *1-13-16*

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

The above plan of correction is approved as of <u>2/29/16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>2/29/16</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
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