



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PITTSTON HEAVENLY MANOR INC
LEGAL ENTITY

To operate PITTSTON HEAVENLY MANOR
NAME OF FACILITY OR AGENCY

Located at 51 NORTH MAIN STREET, PITTSTON, PA 18640
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 55
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 7, 2016 until October 7, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 218692

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APR 11 2016

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

RE: Pittston Heavenly Manor
License #: 218692

Dear Mr. Minelli:

This letter replaces my letter dated April 7, 2016.

As a result of the Department of Human Services' (Department) licensing inspection on January 28, 2016 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65d	II	55	\$5	\$275	5 calendar days from mailing date of this letter
65e	II	55	\$5	\$275	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: PITTSTON HEAVENLY MANOR		License Number: 21869
Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640		County: Luzerne
Administrator: Buddy Minelli		Region: NORTHEAST
Legal Entity Name: PITTSTON HEAVENLY MANOR INC		
Legal Entity Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640		
Certificate(s) of Occupancy C-2 LP 05/10/1999 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 55 Waking Staff: 41		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2016: Hummel, Jesse; Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 55 Number of Residents Served: 55 Secured Dementia Care Unit in Home: No Area:	Number of Residents who: Receive Supplemental Security Income: 52 Are 60 Years of Age or Older: 38 Have Mental Illness: 53 Have an Intellectual Disability: 4	
Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21869 - 01/28/2016 - Hummel, Jessa
PCF Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 Pa. Code §2600
2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION
On 1/22/15 resident #1 notified the facility that staff person A borrowed \$50.00 from the resident and had yet to re-pay the loan. Staff of the facility is strictly prohibited from accepting gifts and or financial loans from 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.

Staff members are not allowed to borrow anything from a resident.

Staff member A borrowed \$50.00 from resident #1.

Staff member A was fired, on 1/22/15 after paying resident #1 back.

To prevent this from happening again, during training will spend extra time on this subject.

The manager and the Administrator will be responsible to make sure to spend the extra time to prevent this violation.

Adm will also have a resident council meeting to educate residents about regulations protecting residents money. Luzerne County ombudsman will also schedule an inservice for staff and residents regarding res. rights.

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

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 *Feb 29 2016*

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

The above plan of correction is approved as of 3-10-16 (Date)

Plan of correction implementation status as of 3-15-16 (Date)

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

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Direct care staff person B who was hired on [redacted] 15 did not have a Pennsylvania State Police Criminal History Background Check completed until 7/21/15.

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.

There was no background check on 3/10/15 for Staff person B. The administrator that was here on 3/10/15 had misplaced it. New background check was done on 7/21/15. New administrator is going through all files to ensure all workers paperwork is there.

Administrator will be responsible for all files.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/15/2015 06/16/2015

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 *Feb 29 2016*

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The above plan of correction is approved as of 3-10-16
(Date)

Plan of correction implementation status as of 3-15-16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented - *See [redacted]*

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
PC#: Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Administrator C completed only 17 of the required 24 Hours of Administrator Training for the 2015 calendar year.

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.

Administrator only completed 17 of 24 yearly hours. Started being Administrator in 4/15 and thought had till 4/16.

The 7hrs iam missing I will make up in 2016, when classes are available in my area.

I, the administrator will make sure I have 24 hours a year in training

The administrator will have 7 hours of training in 2016 to make up for the missed hours in the previous, as well as 24 hours for 2016 to comply with the annual training regulation.

Adm will finish 7 hours of training no later than 06-30-16 for the year 2015. Adm is responsible to ensure only approved training is submitted for review. Q. 3-10-16

Repeat Violation; No

Date(s) of Previous Violation(s):

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

Feb 29 2016

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The above plan of correction is approved as of 3-10-16
(Date)

Plan of correction implementation status as of 3-15-16
(Date)

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

The above-plan of correction was approved by Q
(Initials)

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was hired and began providing direct care on [redacted] 15, however did not complete the Department approved direct care competency orientation and test which is required prior to providing unsupervised direct care.

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.

Staff person B did have the direct care competency test done, it also was a previous write up from last year. I the Administrator handed it to the inspectors at the end of the inspection. We where just having trouble with our computer.

Repeat Violation: Yes

Date(s) of Previous Violation(s)

06/16/2015

Violation Report: 21865 - 01/28/2016 - Hummel, Jesse
 PCN Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

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 *Feb 29 2016*

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

The above plan of correction is approved as of 3-15-16
 (Date)

Plan of correction implementation status as of 3-15-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2800
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person D who was hired on [redacted] 14 completed only 7 of the required 12 hours of annual training for the 2015 calendar year.

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.

DC person D only had 7 hrs of training for 2015.
 Person D was out of work for couple of months because of medical reasons.
 Person D will make up these 5 hours by April 1st 2016.
 Administrator and LPN will be responsible for making sure DC staff person D makes up training

Repeat Violator: Yes Date(s) of Previous Violation(s): 06/16/2015

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 *Feb 29/16*

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The above plan of correction is approved as of 3-10-16
 (Date)

** on-site 3-15-16 - plan to make up training - not initiated yet. CP. 3-15-16*

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

Plan of correction implementation status as of 3-15-16
 (Date)

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

Violation Report: 21889 - 01/28/2016 - Hummel, Jesse
 PCF Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person D who was hired on 7/1/14 did not receive training in Fire safety completed by a fire safety expert during the 2015 calendar year.

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.

Dc Staff person D didn't have fire safety training for 2015. Dc Staff person D was on medical leave from work. Will make sure staff person D gets fire safety training in 2016. To try and prevent this from happening again, the administrator is going to talk to the chief, and try and get certified to give fire safety training. The administrator will be responsible to make sure all workers have fire safety training.

D.C. staff person D must make up missed training for 2015 in addition to attending the annual fire safety training in 2016. *Q* 3-10-16

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/16/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>Buddy Minelli</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Buddy Minelli</i>	Date <i>Feb 29 16</i>

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

The above plan of correction is approved as of 3-10-16 (Date)
 Signature sheet for training provided. *Q*

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

Plan of correction implementation status as of 3-15-16 (Date)

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed one of the two lids of the home's dumpster open due to an overflow of trash. Four trash bags were noted on top of the closed lid of the dumpster, allowing access to insects and rodents.

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.

Dumpster did have 4 bags on top of it in Am. I called waste management again, this time for a permanent pick-up on Tuesday and Friday, which is effective as of now. Housekeepers, PCA's and cooks will all be checking to make sure this doesn't happen again.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/18/2015 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 *Feb 29 16*

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

The above plan of correction is approved as of 3-10-16 (Date)

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

Plan of correction Implementation status as of 3-15-16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 58 Pa.Code §2809
2600.95 Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The toilet located in resident room 102 is missing the lid to cover the tank of the toilet. *OK*
The door of resident room 311 does not have a door knob. *OK*
The shared bathroom between resident room 309 and 311 does not have an operable ventilation fan. *OK*
Department Representatives observed a hole approximately 2 inches by 2 inches located at the base of the door leading from the dining room to the back parking lot. *OK*

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 toilet lid in 102 is order and will be put back on by March 5 2016.

The door knob on 311 was broke by resident, a new one is ordered and will be put on the door by march 5 2016.

The ventilation fan for 309 and 311 will be ordered and installed by March 10 2016.

The hole in the base of the door leading from kitchen to the parking lot, has already been fix w/ steel plate on both sides of the door.

The manager will walk building daily and check for damage in building

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

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 *Feb 29 16*

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

The above plan of correction is approved as of 3-10-16 (Date)

Plan of correction implementation status as of 3-15-16 (Date)

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

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit located in the medication room does not include a thermometer, scissors, breathing shield, and eye coverings.

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.

It is important for workers to have everything in first-aid kit incase needed for emergency. There was a first aid kit with everything but workers didn't know where it was. All staff was told were the first aid kit with everything in it is. Head med tech and administrator will check first aid kit on regular bases to ensure everything is in it.

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

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 *Feb 29/16*

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

The above plan of correction is approved as of 3-10-16 (Date)
new violation.

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

Plan of correction implementation status as of 3-15-16 (Date)

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the following resident rooms; room 102, 209, and 309. There is no source of bedside lighting in any of these rooms.

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 residents need the lamps next to the bed so they can reach them. There was lamps in all the rooms but the residents moved them. We put the lamps back next to the bed, and we are looking into putting light switches by the bed, with lamp stationed to the wall.

Administrator and manager's going to look into this. Manager will walk building on regular base to check rooms, and to make sure lamps are in reach.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Buddy McMill

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

Buddy McMill

Date

Feb 29 16

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The above plan of correction is approved as of

3-10-16
 (Date)

Plan of correction implementation status as of

3-15-16
 (Date)

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

JP

The above plan of correction was approved by

CP
 (Initials)

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse

PC# Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed two uncovered plastic containers containing food tea located in the facility's freezer.

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.

Ice Tea Containers were in the freezer with no lids. New worker placed them in there, without telling the cook. I had meeting that day with new worker, and the next day with the kitchen staff. The cook will be checking the freezer and refrig daily to make sure everything has a lid and dated. The manager will be checking at different times through out the week.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Buddy Minelli</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Buddy Minelli</i>	Date <i>Feb 29/16</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>3-10-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by <u><i>oo</i></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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
 PC# Name: PITTSTON HEAVENLY MANOR

1. REGULATION 65 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a one inch deep accumulation of lint located directly below the dryer vent that exits the facility. This vent should be cleaned regularly to prevent the accumulation of lint within the vent which is a fire safety hazard.

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.

There was a break in the vent leading outside, which was leaving lint inside the building. Cleaners were told they need to be checking and cleaning lint up after each load of laundry. There will be a new line put in by maintenance will be fixed by march 16 2016. Medtechs, Pea's, and cleaners will be checking this every shift, to make sure who ever is doing laundry is cleaning it up. The manager will be double checking to make sure it is done.

Repeat Violation: No Date(s) of Previous Violation(s): 06/16/2015

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 *Feb 29/16*

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

The above plan of correction is approved as of 3-10-16
 (Date)

Plan of correction implementation status as of 3-15-16
 (Date)

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

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed dryer sheets and an accumulation of lint located behind the facility's clothing dryer posing a fire safety hazard.

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.

There was dryer sheets behide the dryer, which is fire hazard. The cleaners and Pca's that do laundry didn't check, or clean them up. All workers where told to check for lint every load of laundry and to check for dryer sheets. Everyone will be checking behide dryers to ensure this don't happen again. The manager will be double checking ~~as~~ as well.

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


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

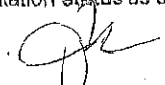
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minick*

Date *Feb 09 16*

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

The above plan of correction is approved as of 3-10-16 (Date)
new violation.

The above plan of correction was approved by  (Initials)

Plan of correction Implementation status as of 3-15-16 (Date)

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's fire drill log. The facility most recently held a fire drill during sleeping hours on 1/5/16 at 4:50am. The previous drill held during sleeping hours was conducted on 5/2/15 at 12:23am, which was more than six months prior.

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.

I was 2 months off with over night fire drill, when I took over I was doing them but just slipped my mind to check when it was due. One was done in Jan 16, and will make sure one is done in July 16. I will highlight my fire book so I don't forget. I will be responsible for all fire drills and logs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Buddy Minelle

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

Buddy Minelle

Date

Feb 29 16

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The above plan of correction is approved as of 3-10-16
(Date)

Plan of correction implementation status as of 3-15-16
(Date)

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

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

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation completed for resident #2 was completed on 9/4/15. The previous medical evaluation completed for the resident was completed on 7/24/14, which was more than 12 months prior.

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 #2 med eval was over a month pass due. I noticed it when I became the administrator here, and got it done right away. I have a dry erase board with when residents are due for med eval to make sure this doesn't happen again. I will be responsible for checking the files and making sure they are up to date.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *Feb 29 16*

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The above plan of correction is approved as of 3-10-16
 (Date)
 * new 14162 violation.

Plan of correction implementation status as of 3-15-16
 (Date)

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

The above plan of correction was approved by

(Signature)
 (Initials)

Violation Report: 21889 - 01/28/2016 - Hummel, Jesse
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed approximately 30 extinguished cigarette butts on the ground near the back entrance of the facility as well as behind the soda machine located outside adjacent to the back entrance door. Residents were also observed smoking while sitting on upholstered furniture located within the designated smoking area.

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.

This is a fire hazard, which residents pulled all old chairs that were out for the garbage and moved them into the smoking area. Had meeting with the cleaners to sweep cigarette butts up everyday and throughout day to check. The chairs were taken by waste management the next day. Pca's will check to make sure cleaners are sweeping up the butts and no upholstered furniture in smoking area. I the administrator will be responsible for checking on both issues.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Buddy Mineck

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

Buddy Mineck

Date

Feb 29 16

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

The above plan of correction is approved as of 3-10-16
(Date)
X over 50 butts on site.

Plan of correction implementation status as of 3-15-16
(Date)

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

The above plan of correction was approved by

BM
(Initials)

Violation Report: 21869 - 01/28/2018 - Hummel, Jesse
 PCN Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.1B3(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1 and resident #3 are prescribed Novolog Flex Pens. Department Representatives observed these pens and determined the pens were not dated when opened. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the pen. It can not be determined if these pens have expired.

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 novolog flex pens for residents 1 and 3 were opened and not dated. The med tech didn't date them, so they were discarded and new ones were opened and dated. While inspectors were here, the next day had meeting with med tech about this. The homes head nurse and med tech will check daily for dates on all medications. The homes head med tech and nurse will be responsible for checking this daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 Feb 29 16

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

The above plan of correction is approved as of 3-10-16
 (Date)

* new violation.

The above plan of correction was approved by

OP
 (Initials)

Plan of correction implementation status as of 3-15-16
 (Date)

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

error

Violation Report: 21869 - 01/28/2016 - Hummel, Jesse
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.


2a. DESCRIPTION OF VIOLATION
 Department Representatives observed 3 loose unpackaged tablets located at the bottom of the medication cart. The medication was determined to be Tizanidine 4mg, Phenytoin 100mg, and Bupropion SR 100mg. The facility is responsible for the safe, proper, and organized storage of resident medications.

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 3 loose pills were in bottom of the drawer, the bubble packs were to close together. I called our prescription center and they came out and put everything in pill bottles to make room. Head nurse and med tech will make sure the medication cart is kept organized properly on daily bases, and will be responsible for this.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Buddy Minelli</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date <i>Feb 29/16</i>

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

The above plan of correction is approved as of <u>3-10-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by  (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