



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
Mailing Date: September 12, 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:

As a result of the Department of Human Services' licensing inspection on March 15, 2016 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: 21869 - 03/15/2016 - Rushin, Julianne  
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 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 in the home's medication room does not include a thermometer.

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 thermometer was not in the first aid kit. One of the staff members took it out to use it and never put it back. The thermometer was put back in first aid kit, and another one was ordered to keep in med cart. Head med tech will be responsible for checking first aid kits and making sure everything is in it. Head med tech will check it periodically through out the week.

The administrator shall monitor for ongoing compliance.

*[Signature]*  
8/29/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/28/2016

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 *4-29-16*

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

The above plan of correction is approved as of 8/29/16  
(Date)

Plan of correction implementation status as of 8/29/16  
(Date)

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

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

Violation Report: 21869 - 03/15/2016 - Rushin, Jullenne  
 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**  
 The lamps in rooms 209 and 309 are not working. There is no other source of bedside illumination in 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.

Its important that the resident has bed side light source so they dont get hurt. Room 209 & 309 didn't because the light bulbs were burnt out. New light bulbs were put in lamps that day and are working. House keepers will make sure lights are working and check on them periodically through out the week.

The administrator shall monitor and assure ongoing compliance.  
*[Signature]*  
 8/29/16

Repeat Violation: Yes	Date(s) of Previous Violation(s)	01/28/2016
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Buddy Mineelli		April 29-16

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The above plan of correction was approved by <u>[Signature]</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 - 03/15/2016 - Rushin, Julianne  
 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 representative noted lint and small scraps of paper between the clothes dryer and wall in the laundry room. The dryer was in operation, posing a risk for fire.

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 lint and small papers by the dryer, house keepers are made to clean it up every time they use the dryer. The guy who fixed the dryer left one min before inspectors checked it, so I think it came from him. House keepers will still be in charge of checking traps and cleaning lint up. The PCA's will check to make sure, house keepers are keeping up on it.

The administrator shall monitor and assure ongoing compliance.  
 m  
 8/29/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/28/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Bussy Minelli		4-29-16

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Violation Report: 21869 - 03/15/2016 - Rushin, Jullenne  
 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**

On 3/15/16 at 9:30am, department representative noted over 50 cigarette butts in the mulch to the right of the home's front door and in front of the bench facing the street. The home's designated smoking area is located behind the home.

**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.

Residents are going out front and hiding in front smoking. House keepers will be checking it daily and cleaning up front of building. Having a resident meeting as well to let them know about smoking area rules again. PCA's will also keep checking to make sure no one is smoking out front.

The administrator shall monitor and assure ongoing compliance.

*m*  
8/29/16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 01/28/2016

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 April 29 16

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Violation Report: 21869 - 03/15/2016 - Rushin, Jullenne  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

The following single dose packets of expired medications were noted in the homes first aid kit located in the medication room: Tylenol (exp. 5/2012); Motrin (exp. 12/2012) and Imodium (exp. 11/2011).

**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 OTC samples came with first aid kit were expired, the head med tech threw them out. The home will not keep OTC in the first aid kit, The head med tech will check first aid kit through out the week to make sure.

The administrator shall monitor and assure ongoing compliance.

*[Signature]*  
8/29/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Buddy Minelli</i>	Date <i>May 2 16.</i>
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