



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: July 6, 2016

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: #210620

Dear Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on May 4, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21062 - 05/04/2016 - O'Haire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The hall near the bathroom for the resident rooms marked #301 had no lighting source. This area was extremely dark and was a fall hazard.
 The entrance hall for resident rooms marked # 303, the light switch did not work. The hall was extremely dark creating a fall risk.

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 is a lighting source in hall by
 Bathrooms 301 light bulbs were changed and there
 is proper lighting.*

*Light switch is working in room
 303 and there is proper lighting.*

*In the future maintenance person
 will insure there is proper lighting in
 all areas.*

*The administrator shall monitor and assure
 ongoing compliance* *7/5/16*

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 *6/13/16*

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The above plan of correction is approved as of 7/5/16
 (Date)

Plan of correction implementation status as of 7/5/16
 (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 - 05/04/2016 - OHaire, Anne
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The wall behind the commode and next to the tub in the bathroom located in resident rooms #301 had 2 large holes in the walls that was caused by moisture and a black substance which eroded the wall surface.

The bathroom floor for the room numbered #303 had 6 loose floor tiles that created a trip 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 is no tub in bathroom 301, but in bathroom 303 the wall is clean behind the commode next to the tub

In the future Housekeepers will insure these walls are all clean at all times

Maintenance person will fix tiles in bathroom 303 so they are properly in place and not loose. In the future maintenance will insure if any tiles get loose they will fix them properly.

The administrator shall be responsible for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli* Date *7/5/16*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK Minelli* Date *6/13/16*

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The above plan of correction is approved as of 7/5/16 (Date) Plan of correction implementation status as of 7/5/16 (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: 21062 - 05/04/2016 - OHaire, Anne
 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
 The first floor mens restroom exhaust fan was inoperable.

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.

A new fan was placed in the restroom and is properly working. In the future the maintenance person and supervisor will insure all bathroom fans are in working condition.

The administrator shall monitor and assure ongoing compliance *m* *7/5/16*

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 *6/13/16*

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

The above plan of correction is approved as of <u>7/5/16</u> (Date)	Plan of correction Implementation status as of <u>7/5/16</u> (Date)
The above plan of correction was approved by <u><i>m</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