



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via fax 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 July 25, 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 - 07/25/2016 - O'Haire, Anne

Facility Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600 10(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

Resident #1 eloped from the facility on 07-17-16. The home filed a missing person's report with the Pittston Police Department on 07-18-16. The home did not report the incident to the Department until 07-20-16.

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 the admin, did not send report to the Department until 7-20-16, and should have been sent over within 24 hours. I reported to police Dept. within 24 hours and called N. J. police Dept. to search [redacted]. The home called all hospitals and shelters everyday and search city. I will make sure reports are sent over within 24 hours any more. I will also make sure I talk to someone at the Dept.

The administrator shall monitor and assure on going compliance. M 10/20/16.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bucky Minelli Date Oct 20 16

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

The above plan of correction is approved as of 10/20/16 (Date)

Plan of correction implementation status as of 10/20/16 (Date)

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

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