



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 Human Services 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 December 1, 2016 until December 1, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **218690**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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

DEC 0 1 2016

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

RE: Pittston Heavenly Manor
License #: 218690

Dear Mr. Minelli:

As a result of the Department of Human Services' annual licensing inspection on August 10, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 21869 - 09/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract of resident # 1 (DOA [redacted] /2016) does not specify the party responsible for payment.

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 regulation was violated because page 5 of 11 was not in with contract. which states who will pay the residents rent and on what day it will be paid. To fix this violation right away page 5 of 11 was added to contract and we had resident sign it. To prevent this violation from happening again, admin and manager will double check each others paper work to make sure all of the pages for contract are in the residents files.

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 Admin* Date *Sept. 6 2016*

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

The above plan of correction is approved as of 9-27-16
 (Date)

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

Plan of correction implementation status as of 9-30-16
 (Date)

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

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 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

The personnel file for Direct Care Staff Person A (Date of Hire [redacted] 16) did not contain a finalized PA background check that meets the requirements of the Older Adult Protective Services Act. (OAPSA). The staff member has been retained beyond the 30 day permissible time frame.

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 regulation was violated because background check was 4 days past due. This was caused by fax machine at PSP, when we called they said that must of been something wrong with their fax and resent the back ground check to us. The admin, and manager will make sure to call PSP criminal record check a week before the 30 days is up to make we get the background within 30 day period. The admin & manager will check regularly to make sure everyone has a back ground check.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/28/2016	10/15/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minell* Date *Sept 6 2016*

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The above plan of correction is approved as of <u>9-27-16</u> (Date)	Plan of correction implementation status as of <u>9/30/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home had no documentation that Direct Care Staff Person B (Date of Hire [redacted] 16) was in possession of a high school diploma, GED, or active registry status on the PA nurse's aide registry. Staff was retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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.

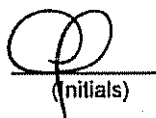
This regulation was violated because worker did not have GED or Diploma and was working. The worker said it was being fax to the home and it never came. At time of inspection talked to the worker and found out she never had one, so she was gonna be let go. She talked to owners and is only going to be a housekeeper from now on. In future I will make sure if I dont receive GED or Diploma before hand, the worker will be suspended until I receive it.

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) *Buddy Minelli Admin* Date *Sept 6 2016*

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Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

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

1 Located in the home's dining room were two uncovered electrical boxes approximately 1.5" by 3" that contained exposed wiring next to the main light switch and above the main light switches.

2 The exit signs located on the home's first floor next to stair tower #1 and the second floor next to stair tower #2 did not contain a cover, exposing the electrical wires.

3 The bathroom in resident room #200 has a toilet tank lid that is cracked in half and the bathroom tub shower facet diverter that is inoperable.

4 Room #212's PTAC heating and cooling system does not produce cold air, the air conditioning is inoperable.

5 Room #103 interior door knob handle is inoperable; the door handle does not stay attached to the door.

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.

1.) There was old uncovered boxes, wires that were showing was dead, and old phone line. They were uncovered because dining room is being remodeled. *This was fixed at time of inspection all of the boxes were covered. Will make sure that after remodeling for the clay covers are put back on.

2.) The covers for top of exit signs were off, I do not know why, but new ones are ordered, should be in by beginning of October and will be put back on. Will make sure manager walks building looking for covers on outlets and lights

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/27/2015

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 Sept 6 2016

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 (Date)

P 1 g 3 (93)

The above plan of correction was approved by

[Signature]
 (Initials)

Plan of correction implementation status as of 9-30-16
 (Date)

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

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
PCH Name: PITTSFORD HEAVENLY MANOR

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

Located in the home's dining room were two uncovered electrical boxes approximately 1.5" by 3" that contained exposed wiring next to the main light switch and above the main light switches.

The exit signs located on the home's first floor next to stair tower #1 and the second floor next to stair tower #2 did not contain a cover exposing the electrical wires.

The bathroom in resident room #200 has a toilet tank lid that is cracked in half and the bathroom tub shower facet diverter that is inoperable.

Room #212's PTAC heating and cooling system does not produce cold air, the air conditioning is inoperable.

Room #103 interior door knob handle is inoperable; the door handle does not stay attached to the door.

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.

3.) Resident told inspectors about tub switch and toilet cover, was first time I heard of it because a plumber was out last month and fixed everything. I called plumber he will be out around Sept 13 2016 to order parts and fix tub switch. Will make sure workers walk building regularly to check for good repair on everything.

4.) Room 212 PTAC unit ~~not~~ air condition is not working. Home will buy a fan for room, also a call to air condition guy for him to come check and order parts it needs.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/27/2015
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) Buddy Minelli	Date Sept 16 16

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

The above plan of correction is approved as of _____ (Date) p2 g 3 (95)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
PCH Name: PITTSTON HEAVENLY MANOR

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

Located in the home's dining room were two uncovered electrical boxes approximately 1.5" by 3" that contained exposed wiring next to the main light switch and above the main light switches.

The exit signs located on the home's first floor next to stair tower #1 and the second floor next to stair tower #2 did not contain a cover exposing the electrical wires.

The bathroom in resident room #200 has a toilet tank lid that is cracked in half and the bathroom tub shower facet diverter that is inoperable.

Room #212's PTAC heating and cooling system does not produce cold air, the air conditioning is inoperable.

Room #103 interior door knob handle is inoperable; the door handle does not stay attached to the door.

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.

5.) 103 door knob, small screw from inside or fell out so doesn't stay attached to door. Locksmith was called to come out and put new screw in door.

For all 5 violations manager and workers will check building regularly for good repair.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/27/2015
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
P 3 of 3 (95)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 Resident rooms #301 and #303 occupied by two residents only contain 1 chair in each room.

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.

Each resident needs a chair in their room to be able to sit. In 301 and 303 they were missing one chair, the chairs were found in the hallways and placed back in rooms.
 * This was fix at time of inspection. Manager and workers will be checking rooms to make sure all residents have a chair.


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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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 (Initials)

Plan of correction implementation status as of 9-30-16
 (Date)

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

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 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

Resident room #210 does not have an operable lamp or other source of lighting that can be turned on at bedside for the resident's bed on the left side of the room.

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 violation occurred because lamp wasn't plugged in. Resident had unplug the lamp to ~~plug~~ ^{put} in T.V. The home has bought plug's with switches. So there will be a switch right next to headboard to turn lamp on and off. House cleaners and manager will check through out the week to make sure all lamps are working.


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) Buddy McNeill: Date Sept 7 2016

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The above plan of correction is approved as of 9-27-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-30-16
 (Date)

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

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home failed to update the letter to the fire department regarding immobile residents. The last letter to the fire department dated 9/17/14 identifies a previous immobile and hospice resident who has since passed away. The current immobile resident resides in a different room of 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.


Fire Dept needs to have letter to make sure they don't search for resident that's not here anymore. * Fixed at time of inspection new letter was made and fax to fire dept. and a copy was given to inspectors. Every yr. or if something changes will make sure a letter is sent to fire dept, by the administrator.

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>Sept 6 2016</i>
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Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 1 (DOA [redacted] 2016) does not have a medical evaluation completed within in 60 days prior to admission or within 30days after admission to 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.

Resident did not have a DME within the 30 days, hospital gave us a mASI, and no DME. Doctor was called and came out on 8/19/16 and gave us the DME.
 In the future to prevent this from happening again Admin, and manager will double check new files twice within 15 days to make sure all paper work is in files.

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>Sept 7 2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-27-16</u> (Date) <i>*still uncorrected</i>	Plan of correction implementation status as of <u>9-30-16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 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 representative observed approximately 12 cigarette butts located in the grass area in front of 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.

The homes has a housekeeper sweep front of building for butts twice a shift. I will take to housekeepers and have them check better and find butts.

There is no way to prevent this with people walking up and down street all day.

The home has told the residents, (the ones that walk up street to please not throw butts out front)

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

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Plan of correction implementation status as of 9-30-16
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- Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

The above plan of correction was approved by


 (Initials)

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Medication Technician C did not have documentation of the 3/16 Medication Administration Record (M.A.R.) Review.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

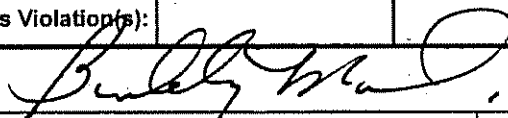
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The reason for this violation was, the medication administrator had two papers with the reviews. They should of been together on one review for the training year. The (POC) will be to make file for training year for reviews, and keep all reviews for that year on one paper. The Administrator will help keep track of reviews, and keep them in order.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

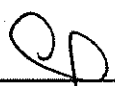
Admin Buddy Minelli

Date Sept 12 16

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Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 The contract of resident # 2 (dated [redacted] 16) did not indicate the residents' right to question or refuse medication if the resident believes there may be a medication error.

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 had resident rights without Z. right to refuse medication. The old paper must of got mixed in. We Sat down with resident and explained the right to refuse [redacted] meds; and also had [redacted] sign a new resident rights paper.

Admin & manager will make sure all old resident rights papers ~~is~~ are gotten rid of. New resident rights papers will be checked before placed in file.


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) *Buddy Minelli* Date *Sept 7 16*

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- Not Implemented

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening in the record of resident # 3 (dated [redacted] 16) did not indicate if the needs of the resident can be met by the services of 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.

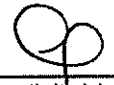
Violation occurred because I didn't check the box that the home can meet the needs of the resident. The administrator checked the box, and initiated it. The admin will be more careful when filling them out to make sure the box is checked.

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): *Buddy Minelli* Date *Sept 7 16*

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

The above plan of correction is approved as of <u>9-27-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-30-16</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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Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1's resident assessment support plan dated 6/17/2016 does not indicate the residents hospice services, a plan to meet the medical need for the resident's diagnosis of cancer and the summary and determination section of the RASP was left blank.

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.

On this violation the Plan to meet medical need was not filled out, and hospice was not put on RASP. The plan was blank because needed to know if there was anything special we had to do and I forgot about it. Will make sure all of RASP is filled out within 30 days. If they are on hospice that it is stated on RASP. will leave my self notes so dont happen again and will have manager double check file to make sure nothing is forgotten.


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 *Sept 7 16*

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

The above plan of correction is approved as of 9-27-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-30-16
 (Date)

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

Violation Report: 21869 - 08/10/2016 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident # 4 did not indicate the resident's identifying marks, if any.

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 violation was because on transfer sheet the I.D. marks spot was left blank. It was left blank because there was no I.D. marks. We ask the resident, and resident said there is none. Any more we will right none in I.D. marks if there is none.

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)	Date
BUDDY MINELLI	Sept 7 16.

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of <u>9-30-16</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