



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2016

Mr. Frank Minelli, Administrator/Owner
Angel's Family Manor Personal Care Home Inc.
218 North Main Avenue
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' annual licensing inspection on August 23, 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,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME		License Number: 21062
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504		County: Lackawanna
Administrator: Frank Minelli		Region: NORTHEAST
Legal Entity Name: ANGELS FAMILY MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/23/2016: Foulikes, Kimberli; Hummel, Jesse		
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: 53 Number of Residents Served: 51 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 44 Are 60 Years of Age or Older: 21 Have Mental Illness: 30 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21062 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION
 The facility's resident home contract indicates that the facility assists residents in collecting the rent rebate and that the facility will keep 50 percent of the rent rebate money, however the contract does not indicate the facility's intended use of the rent rebate money.

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.

All resident rebate paperwork has been up dated to say the home will receive 1/2 of the resident rebate and it will be used for the continued cost of living rate yearly.

In the future the Admin and supervisor will ensure all paperwork is complete in the proper way for rent rebate funds

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 *10/10/16*

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

The above plan of correction is approved as of 10/14/16
 (Date)

Plan of correction implementation status as of 10/14/16
 (Date)

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

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

Violation Report: 21082 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 8/23/16 at 10:00am Department Representatives observed a 12 inch by 12 inch hole in the drywall of the hallway located on the third floor. The hole in the drywall allows direct vision into resident room 302. The resident has the right to privacy of self and possessions.

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 put hole in the wall, home was waiting for contractors to come and fix wall, Contractor has come and wall is fixed

In the future maintenance person will insure resident have their privacy and wall will have proper work done if needed

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 *10/10/16*

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

The above plan of correction is approved as of 10/14/16
 (Date)

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

Plan of correction implementation status as of 10/14/16
 (Date)

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

Violation Report: 21062 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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
 Staff person A, the home's administrator, completed only 19 hours of annual training in training year 2015.

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 administrator has completed training for 2016 that he can use for annual training for 2015.

In the future the administrator will insure he completes the 24 hours of annual training required by the D.P.U.

*19 hrs
 3 | Northampton Comm College
 3 | 9/8/16

 25*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank M. Well*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FRANK M. WELL*

Date *10/14/16*

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

The above plan of correction is approved as of 10/14/16
 (Date)

Plan of correction implementation status as of 10/14/16
 (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: 21062 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

Staff person B did not receive training in Fire Safety training during training year 2015.

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 not receive fire safety in 2015 for unknown reason but has had training the past 11 years and has it in 2016.

In the future Admin and supervisor will insure all staff received all required training each year.

** The administrator shall complete all trainings required for all staff for both 2015 as well as 2016 training years. Staff person B shall complete Fire Safety training for training years 2015 + 2016. Proof of trainings shall be maintained*

Repeat Violation: No

Date(s) of Previous Violation(s):

by the home and

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Maxwell

available for review by the Department.

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

FRANK MAXWELL

Date

10/14/16

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

The above plan of correction is approved as of

10/14/16
 (Date)

Plan of correction implementation status as of

10/14/16
 (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: 21082 - 08/23/2016 - Foulkes, Kimberli
 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 ceiling light located in the entrance/main hallway of resident room 202 is not operating properly and therefore does not produce enough light to properly illuminate the area to ensure residents can safely pass through the 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.

Maintenance person replaced light bulbs that were in the light with a better bulb to illuminate the area better.

In the future the maintenance person will insure that area has enough illumination at all times

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/04/2016

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 **10/10/16**

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

The above plan of correction is approved as of 10/14/16 (Date) Plan of correction implementation status as of 10/14/16 (Date)

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

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

Violation Report: 21062 - 08/23/2016 - Foulkes, Kimberli PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.	
2a. DESCRIPTION OF VIOLATION Department Representatives measured the hot water temperature at the sink located in the bathroom adjacent to room 301A. The hot water temperature measured 127 degrees Fahrenheit, which poses a scalding risk to residents of the facility.	
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.	
<p><i>The hot water heater was turned down by maintenance person on day of inspection.</i></p> <p><i>In the future maintenance person will insure water heater are kept at the proper temperature.</i></p> <p><i>The administrator shall monitor ^{HOT} water temperatures weekly.</i></p> <p><i>FW 10/14/16</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Frank Minelli</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>FRANK MINELLI</i>	Date <i>10/14/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/14/16</u> (Date)	Plan of correction implementation status as of <u>10/14/16</u> (Date)
The above plan of correction was approved by <u><i>FW</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: 21062 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The main resident telephone located in the dining area does not have the emergency telephone numbers posted

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.

Emergency phone numbers were placed on the phone, the day of inspection

In the future staff and supervisor will insure emergency phone numbers are on the phone.

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 *10/14/16*

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

The above plan of correction is approved as of 10/14/16
 (Date)

Plan of correction implementation status as of 10/14/16
 (Date)

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

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

Violation Report: 21062 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed resident room 301A. The bed nearest to the window did not have any bed linens.

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.

Bed linens and blanket were placed in residents at time of inspection

In the future Housekeepers and supervisor will ensure beds have proper linen on each day

The administrator shall monitor for ongoing compliance

10/14/16

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 10/10/16

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

The above plan of correction is approved as of 10/14/16
 (Date)

Plan of correction implementation status as of 10/14/16
 (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: 21062 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 resident room 301A. The bed nearest to the window does not have a bedside light or any other source of bedside lighting.

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 bedside lamp was placed in room 301A by bed nearest to window at time of inspection

In the future house keeper will insure all beds have proper light source at all times

The administrator shall monitor for ongoing compliance in 10/14/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Mirelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Mirelli* Date *10/10/16*

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

The above plan of correction is approved as of 10/14/16 (Date) Plan of correction implementation status as of 10/14/16 (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 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1: REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a large 3.5 foot by 10 inch hole in the drywall of resident room 302.
 Department Representatives observed multiple ceiling tiles on the 3rd floor that were damaged by condensation from the air conditioner when it froze up and due to leaks from the roof.
 Department Representatives observed water damage to the wall/dry wall near the sky light on the 3rd floor. The ceiling tile in this area also has water damage.

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.

All dry wall has been fixed by Contractor at this time.

All ceiling blocks have been replaced on 3rd floor by Contractor, and wall will be repainted by maintenance person.

In the future maintenance person will insure ceiling and wall are in proper condition.

The administrator shall monitor for ongoing compliance in

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 *10/13/16*

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

The above plan of correction is approved as of <u>10/14/16</u> (Date)	Plan of correction implementation status as of <u>10/14/16</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: 21062 - 09/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 was admitted to the facility on [redacted] 15. The resident did not have a medical evaluation completed until 9/30/16.

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.

Resident # 1 has a new medical evaluation completed by doctor on 6-9-16 at this time

In the future Admin and supervision will insure medical evaluations will be completed in the proper time.

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 *10/14/16*

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

The above plan of correction is approved as of 10/14/16 (Date) Plan of correction implementation status as of 10/14/16 (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: 21082 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed on 12/29/15 for resident # 2 does not include the resident's ability to self-administer medications, body positioning/movement, or the medical professional's license number.

The medical evaluation completed on 8/28/16 for resident # 3 does not include the medical professional's license number.

The medical evaluation completed on 12/18/15 for resident # 4 does not include the medical professional's license number.

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.

*Medical evaluations for residents
 number # 2 - 3 - and 4 are being sent
 back to their doctors for completion.
 The home will send them to DPW when
 returned by doctors.*

*In the future Admin and
 supervisor will insure medical evaluations
 are complete.*

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 *10/10/16*

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

The above plan of correction is approved as of *10/14/16*
 (Date)

Plan of correction implementation status as of *10/14/16*
 (Date)

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

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

Violation Report: 21062 - 08/23/2016 - Foulkes, Kimberl
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #5 for the month of August 2016 still had the medication Ultram 50mg, take one tablet orally every 6 hours as needed for pain and it was discontinued on 7/1/16.

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.

The medications for resident #5 listed on the MAR's has been removed from [redacted] MAR. The home didn't have the medication it was written on the MAR's, and is now taken off. In the future supervisor and med personal will insure all MAR's are checked and properly updated.

The administrator shall monitor and assure ongoing compliance. W 10/14/16

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 10/10/16

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

The above plan of correction is approved as of 10/14/16
 (Date)

Plan of correction implementation status as of 10/14/16
 (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 - 08/23/2016 - Foulkes, Kimberli
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 The assessment of personal care needs for resident # 4 completed on 1/4/16 indicates the resident requires minimal supervision. The resident's support plan completed on 1/4/16 does not include the description of the supervision needs or the plan to meet the resident's supervision needs.

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.

At the time of assessment the Admin felt resident #4 could use some supervision. As we got to know resident we feel [redacted] does not need supervision at this time.

In the future Admin and Supervision will insure proper changes are made on resident forms.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Maxwell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FRANK Maxwell* Date *10/14/16*

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

The above plan of correction is approved as of 10/14/16
 (Date)

Plan of correction implementation status as of 10/14/16
 (Date)

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

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