



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via fax to [REDACTED]  
Mailing Date: February 10, 2017

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' licensing inspection on November 8, 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: 21869 - 11/08/2016 - Harvey, Jason  
PCH Name: PITTSSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The home did not have current week and following week menus posted during an inspection on 11/8/2016.

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.

Regulation is important for residents to be able to see what they are being served.

Violation occurred because menu was placed in kitchen for food orders and was never put back. Kitchen staff will have their own copy of menu for orders, the house manager will be responsible for making sure menu is posted.

Adm will oversee to insure ongoing compliance. 2-4-17

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 Dec 16 16

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The above plan of correction is approved as of 2-4-17 (Date)

Plan of correction implementation status as of 2-4-17 (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: 21869 - 11/08/2016 - Harvey, Jason  
 PCH Name: PITTSBURGH HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The home failed to contact resident #1's physician regarding the resident's refusal to take Neurontin 600mg and Motrin 400mg on 11/8/2016.

**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 resident was out with family and missed a dose of medications. My med class is trained I was not fully informed on this. The home call resident's doctor after violation occurred, papers are attached; from Dr [redacted] stating its ok if [redacted] misses a dose.

From now on med tech will be trained to call doctor so this doesn't happen again. Head Med Tech and myself will keep close eye on this.

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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