



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

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' (Department) annual licensing inspection on September 20, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "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: 53	Waking Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/20/2017: Deluca, Amy; Foulkes, Kimberli		
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: 53 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: 47 Are 60 Years of Age or Older: 26 Have Mental Illness: 38 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 21062 - 09/20/2017 - Deluca, Amy
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home does not have a copy of the Pa Department of Health's Influenza poster posted in a public area of the home as required by the Influenza Awareness Act.
The home has gas hot water heaters. The home's carbon monoxide detectors located on the 2nd and 3rd floor did not have the batteries labeled and dated as required by the Facilities Carbon Monoxide Standard Act.

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 home now has a flu poster hung up in a public area. In the future the supervisor will insure any new information of posters for the public or our resident will be posted

All batteries in the carbon monoxide detectors were marked at time of inspection. In the future maintenance will make sure all new replacement batteries are marked properly.

→ The administrator shall monitor and be responsible for ongoing compliance - M 11/28/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Frank McNeill* Date *11/10/17*

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

The above plan of correction is approved as of 11/28/17
(Date)

Plan of correction implementation status as of 11/28/17
(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 - 09/20/2017 - Deluca, Amy
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On Sunday 9/10/2017, the home required 53 hours of personal care services. Only 37.5 of those hours were provided during the waking hours of 7am to 11pm. The home did not provide at least 75% of the required personal care hours during waking hours.

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 home supervisor reviewed the staff work schedule to insure the proper staffing hours are provided. In the future the staff supervisor will insure the staff hours are correct.

The administrator is responsible for monitoring daily and ongoing compliance.

[Signature]
 11/28/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Mirelli* Date *11/16/17*

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The above plan of correction is approved as of <u>11/28/17</u> (Date)	Plan of correction implementation status as of <u>11/28/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 09/20/2017 - Deluca, Amy
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
On 9/16/2017 the home's census was 53 residents. From 11pm on 9/16/2017 through 7am of 9/17/2017 only one of the two staff members on duty was certified in First Aid and CPR. The home was required to have at least two staff persons trained in First Aid and CPR available.

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 had C.P.R. it was infant not adult. Our CPR Trainer has trained staff person in adult CPR. In the future all of our staff on the shift will be trained and have the proper CPR and first aid training

The administrator is responsible for ongoing compliance

11/28/17

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 *11/10/17*

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(Date)

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(Date)

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[Signature]
(Initials)

Violation Report: 21062 - 09/20/2017 - Deluca, Amy
 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, was required to have completed 24 hours of training related to job duties for the 2016 training year but only completed 16 of the required 24 hours.

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.

*Home Admin is trying to make up training for the year of 2016 and should have enough hours for 2016 and 2017 by the end of the year 2017
 In the future Admin. will insure he has the proper hours for the year in training.*

The administrator will have 24 hours of training from a source approved by the Department for training years 2016 (24 hours) and 2017 (24 hours). Proof of the training hours shall be sent to the Department's Regional Office by 12-31-17. The administrator shall keep proof of training hours on-site and the training shall be available for review at the request of the department. In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year.

M 11/28/17

Repeat Violation: Yes Date(s) of Previous Violation(s) 08/23/2016

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 11/16/17

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 (Initials)

Violation Report: 21062 - 09/20/2017 - Deluca, Amy
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B did not have training in the following required topics for the 2016 training year: care for residents with dementia, safe management techniques, and care for residents with mental illness or mental retardation.

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 will have the proper training for the required topics by the end of the year and paperwork will be sent to D.P.W. office as soon as it is completed.

In the future Adm & Supervisors will insure all staff have the proper training done on time

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

FRANK MINELLI

Date *11/10/17*

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

The above plan of correction is approved as of

11.28.17
 (Date)

Plan of correction implementation status as of

11.28.17
 (Date)

The above plan of correction was approved by

m
 (Initials)

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Violation Report: 21062 - 09/20/2017 - Deluca, Amy
 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
 The bed in room 305a, located to the left of the entrance to the room, had two pillows that were missing pillow cases at the time of the inspection.

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.

During the inspection pillow cases were put on the two pillows

In the future housekeepers will all beds have the proper linens on them.

The administrator shall monitor and be responsible for ongoing compliance -

M
 11/28/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK M WELLS* Date *11/10/17*

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

Violation Report: 21062 - 09/20/2017 - Deluca, Amy
 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
 The bed in room 305a, closest to the bedroom door, does not have a source of light that can be turned on/off from bedside.
 The bed in room 201b, located to the left of the entrance to the room, does not have a source of light that can be turned on/off from bedside.

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.

*Room 305A had a light bulb replaced and is now working properly.
 Room 201B had a new light replaced and is also working properly.*

In the future housekeeping will insure all residents have the proper lighting

The administrator shall monitor and be responsible for ongoing compliance -

Mr. 11/28/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/23/2016

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 *11/10/17*

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Violation Report: 21062 - 09/20/2017 - Deluca, Amy
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home does not have fire safe areas specified in writing by a fire safety expert. According to staff and residents interviewed, all residents in the home are not evacuating to a designated meeting place away from the building. Some residents are evacuating only to the stair towers which have not been designated as fire safe areas. This occurred during the fire drills in June, July, August and September of 2017.

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 scanner fire inspector was here at the home on 11/15/2017 at 10:30 Am inspected stairwell for safety, and will send us a letter.

In the future supervisor will insure fire inspection is done yearly by the fire department and the proper paper is completed.

~~The home does not currently have interior fire safe areas.~~
~~The administrator is responsible to ensure that all residents evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. The administrator is responsible for ongoing compliance.~~

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank M. Mirelli

M
 11/28/17

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

Frank M. Mirelli

Date 11/15/17

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Violation Report: 21062 - 09/20/2017 - Deluca, Amy
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 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

Resident # 1 requires blood glucose monitoring checks and is on a sliding scale for insulin administration. On 9/14/17 at 3:22pm the resident's blood glucose reading was 206, requiring 2 units of insulin. Staff did not record on the Medication Administration Record whether or not any units of insulin were administered.
 Resident # 2 is prescribed Novolog flexpen Syringe Inject 15 units subcutaneously three times a day at 6am, 12pm, and 4pm. The medication administration record (MAR) was left blank for 12pm on 9/19/17

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 members had said they did give the proper insulin to residents #1 and #2 and forgot to mark the MAR. Staff members met with Med supervisor and were told they have to insure the proper way to mark MAR's. In the future Med supervisor will insure all the poph documentation for all MAR's and will monitor MAR's on a weekly basis. The administrator

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

is responsible for ongoing compliance.

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

Frank Minelli

Date

11/10/17

11/28/17

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Violation Report: 21062 - 09/20/2017 - Deluca, Amy
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 1 requires blood glucose monitoring checks and is on a sliding scale for insulin administration. On 9/19/17 at 3:55pm resident #1'S blood glucose reading was 232, requiring 2 units of insulin. The Medication Administration Record indicates that 0 units of insulin were administered.
Resident #2 is prescribed blood glucose checks four times a day with sliding scale for insulin administration. On 9/16/17 at 8pm the resident's blood glucose was 258. According to the resident's sliding scale the resident should have received 5 units. The Medication Administration Record indicates the resident received 10 units.

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 members had said they had marked the MAR's with the wrong numbers. All med trained staff members had a meeting with Med trainees to review the proper way to mark MAR's

In the future Med trainees will be sure and will be monitoring MAR's for the proper documentation. Doctor is aware of Resident #2 10 units, and an incident was filed.

The administrator shall monitor and be responsible for ongoing compliance. (m-11/28/17)

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Frank Minwell* Date *11/28/17*

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