pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [redacted]
MAILING DATE: September 12, 2018

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's Bureau of Human Services Licensing inspection on March 20, 2018 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
Human Services Licensing Supervisor

Enclosure
Licensing 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 Minnelli	**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

Other

City of Scranton,Pa.

Staffing Hours

Resident Support: 51 **Total Daily Staff:** 103 **Waking Staff:** 77

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

03/20/2018: Valence, Duane

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: 1

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 46

Are 60 Years of Age or Older: 26

Have Mental Illness: 37

Have an Intellectual Disability: 0

Have a Mobility Need: 1

Have a Physical Disability: 1

Violation Report: 21062 - 03/20/2018 - Valence, Duane
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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
– The exhaust fan located in the upper rear wall above the rear exit doors of the smoking area is extremely dirty and is not properly functioning to exhaust smoking fumes from the resident's smoking area. Opening windows near the ceiling in the front and rear of the smoking area was necessary on 3/20/18 for cross ventilation and to eliminate second hand cigarette smoke.

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 exhaust fan needed to be cleaned and wouldn't open.

Same day had worker spray fan and clean it. Will leave windows open throughout day while fan is running. Cleaning staff will check fan periodically throughout week. Will ensure is clean and working.

Adm will oversee to ensure ongoing compliance

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) Buddy Minelli

Date Aug 24 18.

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The above plan of correction is approved as of 8-30-18 (Date)

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

Plan of correction implementation status as of 8-30-18 (Date)

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

Violation Report: 21062 - 03/20/2018 - Valence, Duane
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION
The home failed to secure a new Documented Medical Evaluation (DME) for Resident # 1. The most recent DME was completed by the resident's Primary Care Physician on 01/19/18 when Hospice Care services were ordered for this resident.
Since then, there has been a change in the resident's mobility as s/he now needs assistance to move about the home and to evacuate in the event of an emergency.

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.

DME was not completed for resident #1 when she was put on ~~hospice~~ hospice, the next day 3/21/18 doctor did a new DME on resident #1 Change of mobility needs was mark and copy of DME was sent to state same day. To show new DME was done. Admin will make sure doctor does new DME, when changes occur with residents.

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) Buddy Mineli		**Date** Aug 24 18	

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