



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 04 2018

Mr. Buddy Minelli
Administrator
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's Bureau of Human Services Licensing annual inspection on August 10, 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.

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, 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: PITTSTON HEAVENLY MANOR		License Number: 21869
Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640		County: Luzerne
Administrator: BUDDY MINNELI		Region: NORTHEAST
Legal Entity Name: PITTSTON HEAVENLY MANOR		
Legal Entity Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640		
Certificate(s) of Occupancy C-2 LP 05/10/1999 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0 Total Daily Staff: 54 Working Staff: 41		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 08/10/2018: Dumas, Gerald; Valance, Duane; DeVries, Kristin		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 66	Number of Residents who:	
Number of Residents Served: 54	Receive Supplemental Security Income: 49	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 28	
Area:	Have Mental Illness: 43	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 7	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

Violation Report: 21860 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff Person A was hired on 3/12/18 and did not have a criminal background received from the PA State Police e - Patch System until 5/15/18. Staff Person A was retained by the home beyond the 30 day hiring date.

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 A didnt have background check within 30 days.

The reason was the first one we did, we didnt get it back so I had to resend it. Any more the admin will make sure all background checks are done with in the 30day period and received back.

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
Buddy Minelli		NOV 5 2018

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

The above plan of correction is approved as of	11-26-18 (Date)	Plan of correction Implementation status as of	11-26-18 (Date)
The above plan of correction was approved by		<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	
AG (Initials)			

Violation Report: 21869 - 06/10/2018 - Dumas, Gerald
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2800

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Resident # 2 is not assessed to safely use or avoid poisonous materials, per resident's DME (dated 2/21/18) and Preadmission Screening (dated 2/26/18).
The Mechanical Room on the 1st floor was unlocked and contained poisonous materials accessible to residents, including Rustoleum Protective Enamel, Pine Sol, and Pinalen cleaner.
The 1st floor storage closet near resident room 104 was unlocked and contained poisonous materials accessible to residents, including Windex, furniture polish, and laundry detergent.
On the 2nd floor, a cleaning cart with poisonous materials, including Spic and Span and Odoban, was left unattended.

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 did not have marked if they could avoid ~~poisonous~~ poisonous materials.
Resident # 2 can avoid poisonous materials. The home got a paper from Doctor stating that Resident # 2 can avoid poisonous materials. If some one can not avoid poisonous materials home will make sure doors stay shut & locked
* The Administrator will oversee to ensure ongoing compliance. 11-26-18 AG

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) Brody Minelli Date Nov 5 2018

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

Plan of correction implementation status as of 11-26-18 (Date)

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

Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash receptacle in the shared bathroom adjacent to bedroom 209 was uncovered and requires a lid to prevent insect and rodent penetration.

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.

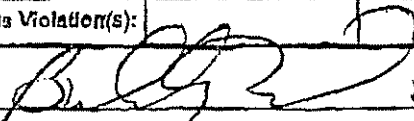
The home had trash cans with lids, lids went missing. By Dec 10 2018 the home will buy all new garbage cans and lids for bathrooms that are missing lids. Staff will check periodically for lids on cans.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

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)

Buoy Minelli

Date NOV. 7 18

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(Date)

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(Date)

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AG
(Initials)

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Violation Report: 21889 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2000

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a hole in the wall behind the fire escape door in the east side third floor fire tower that needs to be repaired. The carpeting in front of the empty bed in bedroom 207 is stained and needs to be cleaned or the soiled area needs to be replaced.

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.

There is a hole by east fire escape. The hole was spakeled and fixed multiple times. The staff will monitor for repairs and get fixed with in timely manor.

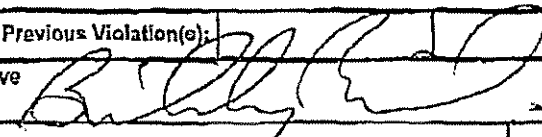
Bedroom 207 was cleaned, using Shampoo cleaner, the home "staff" will make sure if any soiled areas are found that they get shampoo cleaned, with Shampoo cleaner.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

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 *NOV 5 18*

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 (Date)

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 (Initials)

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Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 Pa. Code §2600
2600.93 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The front cover of the PTAC heating/air conditioner unit in bedroom 104 is coming off and part of the unit interior is exposed which maybe a hazard to residents in the room using the unit and needs to be repaired.

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.

PTAC unit in 104 was being worked on that's why cover was off. Heating guys are still working on that one, but cover was put back on. Will make sure if covers are taking off that heating company puts covers back on before they leave. Dec 15 2018 by then the heating guys should have all PTAC machines fixed.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18 AG

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 NOV 5 18.

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- Not Implemented

Violation Report: 21869 - 08/10/2018 - 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

In bedroom 306 there were only two chairs in the room for three residents. One additional chair is required.

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 306 had 2 chairs in room with 3 people. Chair was put in room at time of inspection. Cleaners will check to make sure all chairs lamps and mirrors are in rooms as they clean.

* The administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Buddy March*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy March* Date *NOV 5 18*

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 (Date)

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 (Initials)

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 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: FITTSTON HEAVENLY MANOR

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
 Resident #1's pillow case on his/her bed in bedroom 103 was stained.

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 in Room 103 is on hospice, his pillow case was stained from food. The nurses change it everyday and try to stay on top of it best they can. But staff and hospice nurses change bedding everyday. Staff will try to check it multiple times a day.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

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
<i>Buddy Mitchell</i>	<i>NOV 5 18</i>

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Violation Report: 21869 - 08/10/2018 - 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

There is one bedside lamp in bedroom 209 between two beds that did not work and it could not be turned on by the bedside light switch or by the light switch on the wall behind the bed. Two bed side lamps in bedroom 304 were not operable and could not be turned on at 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.

bedroom 209 and 304 light bulbs were dead. light bulbs were replaced at time of inspection, Cleaners will check periodically through out the week to make sure all lamps have good bulbs.

* The Administrator will make random visits to resident rooms and turn on bedside lighting to ensure future compliance. 11-26-18 *AG*

Repeat Violation: Yes Date(s) of Previous Violation(s) 08/15/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roddy Minelli* Date *NOV 5 18.*

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

Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

There were two common towels found in the bathroom of bedroom 104 which is occupied by two male residents. Neither of the two towels were labeled to identify which individual towel belonged to which resident.

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 104 towels were there for resident to take shower, when done with shower residents or staff brings them out of room and puts them in laundry. Paper towels are used in bathrooms, towels are just to shower and bring back. If gonna use cloth towels for daily use we would make sure they are labeled.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18 AG

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Busoy Minelli	Nov 5 18.

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Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

In one Continental brand kitchen refrigerator, a thermometer could not be located to determine the temperature reading. In a second Continental brand refrigerator next to the kitchen sink, the temperature reading on the inside thermometer had a reading of 52 degrees Fahrenheit which was in excess of the required reading of 40 degrees Fahrenheit or below.

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.

There was no thermometer in refrigerator. Kitchen Staff will check daily to make sure there is always a thermometer in fridge. Other fridge read 52° because lunch was just finished and dinner was being prepared. So fridges were opening and shutting.

*The Administrator will oversee and ensure ongoing compliance. 11-26-18

AG

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Beverly L...*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Mitchell* Date *NOV 18*

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

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Plan of correction implementation status as of 11-26-18 (Date)

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

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

Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

The clothes dryer nearest the outside wall in the laundry room was found with an accumulation of lint that was not removed at the conclusion of the drying cycle.

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.

Both dryers were hot when inspector checked it, the load that was in dryer just stopped. Vent is cleaned after each load.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

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

Date NOV 6 18

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 (Initials)

Plan of correction implementation status as of 11-26-18
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Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drills that took place on 5/18/18 and 6/26/18 do not include AM or PM after the times listed.

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 Admin forgot to put AM/PM after time of fire drill.
 The admin will make sure to record AM/PM with time of fire drill.

* The Administrator will also oversee this plan and review the fire drill logs on a monthly basis in order to ensure ongoing compliance. 11-26-18

AG

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
<i>Buddy Minelli</i>	<i>NOV 7 18</i>

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Plan of correction implementation-status as of 11-26-18
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Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The letter from the local fire chief dated 1/3/18, the chief deemed a reasonable time of 6 minutes to evacuate. On 7/24/18 at 6:15 a.m. the home exceeded that time by 1 minute, taking 7.0 minutes to evacuate.

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 was a minute over on fire drill - 7/24/18. This was because of resident acting out. The home gave a 30 day notice, and she is no longer a resident at Pittston Manor. Fire Dept and Police Dept were involved, and the state, they helped us get the resident help that she needed.

* The Administrator will review the home's fire drill logs on a monthly basis to assist in identifying problems and to assist in ongoing compliance. 11-26-18

AG

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
BUDDY M... ..		NSV/11/18

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Violation Report: 21869 - 08/10/2018 - 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

Numerous cigarette butts were found on the ground inside the covered outside smoking area located in the rear parking lot area and were not placed in the proper fireproof receptacle cans provided by 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.

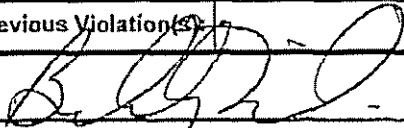
Cigarette butts were found on ground. Staff goes out multiple times a day and Sweeps up. Residents were told about putting butts in can, Staff reminds them multiple times a day as well. Staff will try and keep them swept up.

The Administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

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

NOV 7 18

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Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 Cigarette butts were found on the ground outside the rear dining room exit which is not the home's designated smoking 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.

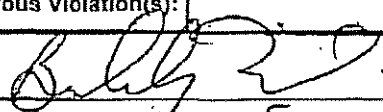
A cigarette butt was found by exit. Residents are told to stay in smoking area, and staff sweeps up multiple times a day. Admin, will have staff keep eye out for anyone not smoking in correct area.

* The Administrator will oversee to ensure ongoing compliance. 11-26-18

AG

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Brian Mmel	NOV 7 18

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

The above plan of correction is approved as of <u>11-26-18</u> (Date)	Plan of correction implementation status as of <u>11-26-18</u> (Date)
The above plan of correction was approved by <u>AG</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: 21669 - 08/10/2018 - Dumas, Gerald
 PCH Name: PITTSTON HEAVENLY MANOR

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 # 3 receives accucheck readings 4 times daily, Resident's accucheck machine was not calibrated for the correct date and time.

Resident # 4 receives accucheck readings 3 times daily, Resident's accucheck machine was not calibrated for the correct date and time.

The following blood sugar readings were incorrectly documented on Resident # 4's MAR:

8/2/18 at 12PM: blood sugar reading of 123, but no reading listed on resident's MAR

8/4/18 and 4PM: blood sugar reading of 115, but the reading listed on the resident's MAR is 108

8/6/18 at 12PM: no blood sugar reading found there is no blood sugar reading listed on resident's MAR, and none could be found in resident's machine.

Resident # 8's Medication Administration Record was not initialed for the following date 8/10/18 and times:

Ellipiasse Take 1 puff by mouth daily 12:00 p.m. on 8/9/18. Ellipiasse 8/10/18 12 p.m., Bred Take 1 puff by mouth daily 8 a.m., Apiriva Inhale the contents of one via inhaler daily at 8 a.m., Dilatin take 1 capsule by mouth four times a day at 7:00 a.m. and 11 a.m., Proair. Take 2 puffs by mouth 3 times daily 8 a.m. and 12 p.m. Additionally, Advair Inhaler Inhale 1 puff by mouth 2 times a day 8/10/18 at 8:00 a.m.

Resident # 5 is ordered to have accuchecks 4 times daily 7 a.m., 11 a.m., 4 p.m. and 8:00 p.m. On 8/3/18 and 8/4/18 at 11:00 a.m. the resident's Medication Administration Record does not include the recorded reading from the glucometer.

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.

PLEASE SEE NEXT PAGE

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/15/2017 08/14/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date NOV 11 18

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The above plan of correction is approved as of 11-26-18 (Date)

Plan of correction implementation status as of 11-26-18 (Date)

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

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

Regulation 2600.187@

Documentation errors, couple workers medtechs did not Document meds given on MARs. There was a class held to go over the documentation errors and prescribers orders. The home admin and med supervisor will check MAR Book periodically, to make sure this doesn't happen.

* In a conversation with the Administrator, the Med Trainer conducted the training. The Administrator will oversee to ensure ongoing compliance. This will include at least monthly checks of the MARs to ensure ongoing compliance. The home will document these monthly checks, including any findings and actions taken if necessary. 11-26-18

AG

Violation Report: 21869 - 08/10/2018 - Dumas, Gerald
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 65 Pa. Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 3 has an order for Novolog insulin to be administered before meals, with additional insulin to be administered according to a sliding scale. On 8/3/18 at 8AM, there is no signature or units administered on resident's MAR to indicate amount of additional insulin administered. On 8/10/18, resident had a blood sugar reading of 181, requiring an additional 2 unit of insulin; only 1 unit was administered.

Resident # 3 has an order for Lantus Solostar to be injected every morning. On 8/7/18 at 6AM, no signature on MAR to indicate this was administered.

Resident # 4 receives accucheck readings 3 times daily. On 8/8/18 at 12PM, there is no blood sugar reading listed on resident's MAR, and none could be found in resident's machine.

Resident # 4 has an order for Humalog insulin to be administered before meals, to be held if blood sugar is 70 or less, with additional insulin to be administered according to a sliding scale. On 8/2/18 at 12PM, MAR indicates a blood sugar reading of 123, however there was no signature on MAR to indicate if insulin was administered. On 8/6/18 at 12PM, there is no signature on MAR to indicate if insulin was administered. On 8/2/18 at 8AM, resident had a blood sugar reading of 171, with 2 units of additional insulin needed; however only 1 unit was administered.

Accuchecks were not completed for resident # 5, who is on a sliding scale for the following dates and times: 8/7/18 at 8p.m., 8/8/18 at 7:00 a.m. 11:00 a.m. 4:00 p.m. or at 8:00 p.m. Accuchecks were also not completed on 8/9/18 at 7:00 a.m. 11:00 a.m. 4:00 p.m. and 8:00 P.M. Additionally, accuchecks were not completed on 8/10/18 at 7:00 a.m.



WITHDRAWN AG

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 didn't have, doctors notes for when residents missed their Accuchecks & Diabetes meds. The home got those orders at time of inspection. Class was held for them med techs to retrain. Med-Tech & Admin will check periodically to keep an 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)

Buddy Mitchell

Date NOV 11/18

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

The above plan of correction is approved as of

11-26-18
(Date)

Plan of correction implementation status as of 11-26-18
(Date)

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

The above plan of correction was approved by

AG
(Initials)

Violation Report: 21869 - 08/10/2018 - 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

Resident # 2's date of admission was 4/18/18. Resident's Preadmission Screening was completed 2/26/18, outside of the 30 days prior to admission timeframe allowed for completion. Resident's Preadmission screening is Incomplete and does not indicate whether or not the resident can safely use or avoid poisonous materials.

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 was out on trail visit 3 times first visit being week of 2/26/18, letter for poison materials is attached. Any time its over 30 days the home will fill out a new Pre-Screening for residents.

The Administrator will oversee to ensure ongoing compliance. 11-26-18 *AG*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Buddy Mirell</i>	<i>NOV 7 18</i>

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