



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 30 2018

Mr. Buddy Minelli
Administrator
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 annual inspection on September 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident # 1 was not signed by the party responsible for payment.

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 Contract was not signed by payer because payer is out of state. Sending Contract in mail today Nov 13 2018 to sister to get it signed. Any more admin will make sure Contract is signed by payer as well as resident.

* The Administrator will send a copy of the signature page with the payor once it is received by the home. Please fax to the Northeastern Regional Office. 11-14-18

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 13 18

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

The above plan of correction is approved as of

11-14-18
 (Date)

Plan of correction implementation status as of 11-14-18
 (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: 21062 - 09/10/2018 - Dumas, Gerald
 PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

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

In rooms 205 and 206 the bathroom trash cans were found uncovered. Both of these resident rooms are shared.

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.

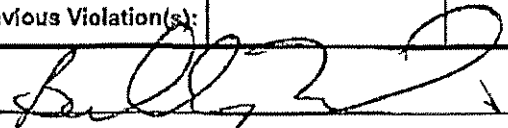
The home didnt have lids on trash cans. By Dec. 10 2018 all bathrooms will have trash cans with lids. Staff and admin will check periodically that lids are on trash cans.

*The Administrator will send a copy of the receipt or digital photos of the new trash cans once they have been placed in the residents' rooms. 11-14-18 *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)

Bussy Minelli

Date Nov 13 18.

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 (Initials)

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

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 room 205, there were no chairs available for the residents.

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.

In room 205 there was no chairs. The home doesn't know why they were moved but the chairs were placed back in room. Staff and Admin will check periodically to make sure rooms have chairs.

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

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) Betsy Minelli | Date NOV 13 18. |
|--|-----------------|

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 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
 In room 204, the bedsheet belonging to resident # 3 have a brown stain. The bedpad belonging to resident # 4 had a strong urine odor.

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.

Residents beds were soiled. These beds were changed first thing in AM. then residents went back up and ^{laid} ~~layed~~ in bed before lunch. Staff and cleaners will try and check these residents beds around lunch time to see if needs to be changed again.

*The Administrator will also make periodic checks of residents bed linens to ensure they are clean and sanitary. The Administrator will make sure that residents who have medical issues are being followed by their PCP or specialist for the issue athand. 11-14-18 *ag*

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|---|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): 09/26/2017 |
| Signature of Legal Entity Representative (Required on EVERY Page) | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>Bobby Minell</i> | NOV 13 18 |

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 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

In rooms 205 and 206, the bedside lamps were found not in reach of a resident's bed.

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.

In rooms 205 & 206 lamps were across the room. Residents moved the lamps there on their own. Admin talked to residents and told them and explained why lamps have to be left there. Cleaners will check periodically through the week to make sure they are by the bedside

*The Administrator will also make periodic checks of resident bedrooms to ensure ongoing compliance.
 11-14-18
 AG

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/20/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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Russell Minelli

Date Nov 13 18

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

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
 The kitchen's middle fridge had a temperture reading of 50 degrees.

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 refrigerators were open for lunch and prep of dinner. The admin and kitchen staff will check to make sure that Reg temp of the refrigerators are below 40°F, will be checked periodically through out week.

* The Administrator will also periodically ceck the temp in the home's refrigerators and freezers to ensure ongoing compliance. 11-14-18

AG

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

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

An upholstered chair was found in the exterior smoking- patio area behind the home. The upholstered chair is not fire retardent and can potentially catch fire in the home's designated exterior 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.

The chair was in Smoking area, The worker placed it there in the Smoking area and then took it to the garbage. Staff will be enformed to take trash straight to the dumpster, and not placed in smoking area.

*The Administrator will observe the smoking area on a regular basis to ensure ongoing compliance and vigilance about fire safety.
 11-14-18 *AG*

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| <i>Buddy Mincee</i> | | <i>Nov 13 18,</i> |

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
 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

The medication administration record for resident # 4 was not initialed on 9/5/18 at 7:00 a.m. for the following medications: Plavix. Take 1 tablet orally daily, Aldactone. Take 1 tablet by mouth once a day, Multivitamins. Take 1 tablet by mouth once a day, Senokot. Take 2 tablets by mouth once a day, Potassium. Take 1 tablet by mouth once a day, Norvasc. Take 1 tablet by mouth once a day, Vitamin C. Take 1 tablet by mouth once a day, Wellbutrin. Take 1 tablet by mouth every morning, Ecotrin. Take 1 tablet orally once daily, Privilil. Take 1 tablet orally once daily, Flomax. Take 1 capsule orally once daily, Effexor. Take 1 capsule by mouth every morning with food. Toprol. Take 1 tablet by mouth twice daily, Ferrous Sulfate. Take 1 tablet by mouth twice a day.

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 refused Accucheck but took his meds, worker documented it after and got doctors script for missing accuchecks. The Head med Tech will check book periodically, and notify Admin if any mistakes are made

*The Administrator will also review the home's Medication Administration Records in order to ensure ongoing compliance and determine if additional training is needed. 11-14-18 AG

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|---|-----------------------------------|------|
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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
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1. REGULATION 55 Pa.Code §2600

2800.224(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

The Preadmission Screening Form for resident # 2 (dated 7/6/18) did not indicate whether or not the home can meet the needs of the 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.

The admin missed check box for prescreening, resident is from home that closed down. Admin did le that day and missed the box. Admin will be more careful when filling them out.

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

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

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Violation Report: 21062 - 09/10/2018 - Dumas, Gerald
PCH Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The Resident's Assessment and Support Plan for resident # 3 did not include the physical and psychological needs of the 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.

In RASP physical and psychological was not filled in. Admin and head med tech filled out the blank areas. Admin will try to be more careful when filling out the RASP.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Date NOV 13 18

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