



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: minelli09@hotmail.com
MAILING DATE: October 9, 2019

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 April 1, 2019 and April 8, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

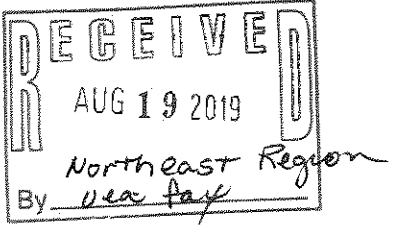
Sincerely,

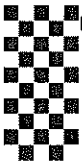
A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

**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: Buddy 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 Other 04/11/2014 City of Scranton, Pa.		
Staffing Hours Resident Support: 0 Total Daily Staff: 52 Waking Staff: 39		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/01/2019: Valence, Duane 04/08/2019: 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: 52 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: 2 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 45 Are 60 Years of Age or Older: 22 Have Mental Illness: 36 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	



Violation Report: 21062 - 04/01/2019 - Valence, Duane
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

- During an investigation of an incident report dated 3/11/19 involving resident #1 and resident #2, both residents of Angel Family Manor, Administrator Buddy Minelli acknowledged there had been multiple prior incidents at the home involving resident #1. These prior incidents involved resident #1 cursing at staff and cursing, harassing and using racial slurs at other residents. As a result of resident #1's actions and behavior toward staff and other residents, City of Scranton, Pa. Police had to be called to the home numerous times. Administrator Minelli failed to submit written incident reports to the Department. Incident reports are required by regulation to be reported to the Department within 24 hours whenever the services of law enforcement 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.

~~On 3/11/19~~

#1 Law enforcement was out for resident 1 multiple times and called state and talked about what was going on multiple times. I did forget to send reports over to state. I will make sure paper work and reports are done with in timeframe of 24 hours.

The Administrator will also make sure that all of the staff in the home are familiar with all 19 of the events that require an Incident Report to be submitted to the Regional Office.

The home must also have a process in place to submit reports within 24 hours even at night, on the weekends or over the holidays.

When the Administrator is not in the building the staff have to know what to report and how to report required events. 8-30-19

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

8-19-19

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

The above plan of correction is approved as of 8-30-19
(Date)

Plan of correction implementation status as of 8-30-19
(Date)

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

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