



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: minelli09@hotmail.com**  
**MAILING DATE: July 12, 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 May 3, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

### Violation Report

**Facility Information**

Name: *ANGEL'S FAMILY MANOR PERSONAL CARE HOME*  
 Address: *218 NORTH MAIN AVENUE, SCRANTON, PA 18504*  
 County: *LACKAWANNA*                      Region: *NORTHEAST*

License Number: *210620*

**Administrator**

Name: *Buddy Minelli*                      Phone: *5703415012*                      Email: *minelli09@hotmail.com*

**Legal Entity**

Name: *ANGELS FAMILY MANOR PERSONAL CARE HOME INC*  
 Address: *218 NORTH MAIN AVENUE, PA, 18504*

**Certificate(s) of Occupancy**

Type: *Other*                      Date:                      Issued By:

**Staffing Hours**

Resident Support Staff: *0*                      Total Daily Staff: *51*                      Waking Staff: *38*

**Inspection**

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
 Reason: *Complaint*

**Inspection Dates and Department Representative**

*05/03/2019 - On-Site: Vanessa Mendez*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *53*                      Residents Served: *51*

**Secured Dementia Care Unit**

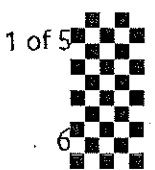
In Home: *No*                      Area:                      Capacity:                      Residents Served:

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>47</i>	Are 60 Years of Age or Older: <i>22</i>
Diagnosed with Mental Illness: <i>49</i>	Diagnosed with Intellectual Disability: <i>7</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>7</i>



ANGEL'S FAMILY MANOR PERSONAL CARE HOME

210620

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on 04/01/19. The home did not have Documentation of a Medical Evaluation completed.

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.)

New Chart was not updated.

Resident was brought here from our other facility minelli's Kory. IT was all updated but not at time. IT was overdue. I will make sure transfer residents, and rest of yrly paper work is done in time frame allowed.

Legal Entity Representative

Signature 

  
Printed Name and Title Admin

Date 7-1-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-2-19 (Date)

Plan of correction implementation status as of 7-2-19 (Date)

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

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

05/03/2019

2 of 5

ANGEL'S FAMILY MANOR PERSONAL CARE HOME

210620

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is to have an Accucheck before breakfast at 8 am. On 04/27/19, resident's glucometer reading was not annotated on resident's Medication of Administration Record.

Resident #1 is to have a blood pressure reading daily. Resident's blood pressure reading was not annotated on resident's MAR on 04/07/19.

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.)

2 Staff members had documentation errors. It was not filled in on mar.

Amanda Maxwell is Med cert trainer and will give med techs a class on Documentation and how important it is. Head Med Techs will check <sup>max</sup> books regularly to ~~find~~ watch for errors.

Legal Entity Representative

Signature 

 Admin <sup>7-1-19</sup>  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	7-2-19 (Date)	Plan of correction implementation status as of	7-2-19 (Date)
The above plan of correction was approved by	MM (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	

ANGEL'S FAMILY MANOR PERSONAL CARE HOME

210620

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

The initials of the person administering the medication were not annotated on resident #1's Medication of Administration Record for the following medications on the following dates and times:

Bentyl 10 mg-11 am 04/07, 04/25, 04/27-04/29/19

Zantac 150 mg and Eliquis 5 mg-7 am 04/24/19

Eucering Creme and Nystatin Powder 30 gm-7 am 04/01, 04/03-04/04, 04/06-04/08, 04/24/19

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.)

All meals were given, but Documentation was not. Amanda Maxwell is going to have a class with all med techs on missing and making sure they understand how important Documentation is. Head med techs will check MAR Book on regular base, to check.

Legal Entity Representative

Signature 

Bussy Minelli Admin  
Printed Name and Title

7-1-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-2-19 (Date)

Plan of correction implementation status as of 7-2-19 (Date)

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

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

05/03/2019

4 of 5

ANGEL'S FAMILY MANOR PERSONAL CARE HOME

210620

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

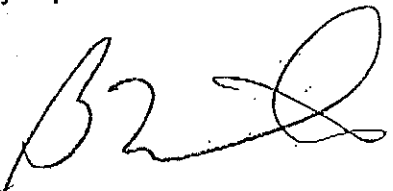
Resident #1 was admitted to the home on 04/01/19. The home did not have a Resident Assessment Support Plan completed.

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 did have support plan but was month pass due for new support plan. Admin will make sure all paper work is done with in time frame given.

Legal Entity Representative

Signature 

Busoy Minelli  
Printed Name and Title Admin

7-1-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-2-19  
(Date)

Plan of correction implementation status as of 7-2-19  
(Date)

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

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