



**Sent via e-mail to: minelli1108@yahoo.com;shelly7806@gmail.com**  
**MAILING DATE: December 30, 2019**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *PITTSTON HEAVENLY MANOR*

License Number: *21869*

Address: *51 NORTH MAIN STREET,, PITTSTON, PA 18640*

County: *LUZERNE*

Region: *NORTHEAST*

## Administrator

Name: *Michele Burke*

Phone: *5706550272*

Email: *shelly7806@gmail.com*

## Legal Entity

Name: *PITTSTON HEAVENLY MANOR INC*

Address: *51 NORTH MAIN STREET, PITTSTON, PA, 18640*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *55*

Waking Staff: *41*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

## Inspection Dates and Department Representative

*10/18/2019 - On-Site: Amy Deluca*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *55*

Residents Served: *55*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *54*

Are 60 Years of Age or Older: *23*

Diagnosed with Mental Illness: *52*

Diagnosed with Intellectual Disability: *4*

Have Mobility Need: *0*

Have Physical Disability: *2*

Written Incident Report

Regulation:

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 § 2600.15 (relating to abuse reporting covered by law).

Plan of Correction

Through resident interview it was discovered that approximately two weeks prior the fire alarm sounded and fire trucks responded to the home. It was determined that the alarm sounded due to a faulty smoke alarm. The incident was not reported to the department's regional office.

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 incident report was not done because it was faulty alarm in the future anytime alarm goes off with need of firetrucks arriving on scene a report will be done. The faulty alarm was fixed that day by Ch Alarm Systems. 9/27/19

WITHIN 5 DAYS OF RECEIPT OF THE PLAN OF CORRECTION:

The administrator shall monitor ALL incident reports and retrain ALL staff regarding reporting requirements.

The administrator shall monitor for compliance weekly for the next 3 months.

12-30-19

MM

Legal Entity Representative

Michelle Buelo  
Signature

Michelle Buelo Admin. 12/10/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

How plan of correction is approved as of 12-30-19 (Date)

Plan of correction implementation status as of 12-30-19 (Date)

Who plan of correction was approved by MM (Initials)

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

42e Telephone Access

Regulations

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

The home does not have a phone available for residents to use to make calls in privacy.

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 phone was broken by one of the residents and needed to be replaced, needed phone with dual line for the phone system. The phone was replaced after day inspection. In future, will keep extra phone on hand in case it breaks again.

WITHIN 5 DAYS OF RECEIPT OF THE PLAN OF CORRECTION:

The administrator shall monitor the phone and resident's ability to make private phone calls weekly for the next 3 months. The administrator shall be responsible for ongoing compliance.

12-30-19  
MM

Legal Entity Representative

*Michelle Burke*  
Signature

*Michelle Burke Admin 12/10/19*  
Printed Name and Title Date

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The above plan of correction is approved as of 12-30-19  
(Date)

Plan of correction implementation status as of 12-30-19  
(Date)

The plan of correction was approved by MM  
(Initials)

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

Violations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, who was hired 9/29/19, did not receive training in the topics required under this regulation on the first day of work.

Plan of Correction (POC)

(Use 4 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 staff member was trained upon hire but did not have paper work to sign. The staff was retrained and signed papers for that time. In the future all paperwork will be available for new employees

SEE ATTACHED

Local Union Representative

*Michelle Burke*  
Signature

*Michelle Burke Admin 12/30/19*  
Printed Name and Title Date

APPRAISAL USE ONLY - HOME MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 12-30-19  
(Date)

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(Date)

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(Initials)

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

2600- 65a

**WITHIN 5 DAYS OF RECEIPT OF THE PLAN OF CORRECTION:**

The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65i.

The administrator shall AUDIT ALL staff records for compliance.

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first work day.

The administrator shall monitor all new hires over the next 6 months for on-going compliance. 12-30-19 – MM

559 - Rights/Abuse/10/Flora

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, who was hired 9/29/19, did not receive training in the topics required under this regulation within 40 hours of the first day of work.

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 staff member was trained but papers not available to sign. Staff member re-trained and signed for that day. In the future papers will be available at all times for new employees in building.

SEE ATTACHED.....

Legal Entity Representative

*Michelle Burke*  
Signature

*Michelle Burke Admin 12/12/19*  
Printed Name and Title Date

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2600- 65b

**WITHIN 5 DAYS OF RECEIPT OF THE PLAN OF CORRECTION:**

The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65i.

The administrator shall AUDIT ALL staff records for compliance.

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours.

The administrator shall monitor all new hires over the next 6 months for on-going compliance. 12-30-19 – MM

227.i. Support Plan Accessible

2000.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Through staff interview and based on information received through a complaint it was determined that resident support plans are kept in the medication room and accessible to med tech staff only. Staff interview indicate the personal care aides (PCAs) are responsible for showering, toileting, and changing residents and should be granted access to support plans.

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 staff received in service that they are allowed to review the RASP's at any time, supervisor needed for PCA's for the reason of papers and documentation not being altered without supervisor or administrator being aware.

WITHIN 5 DAYS OF RECEIPT OF THE PLAN OF CORRECTION

The support plan shall be accessible by direct care staff persons at all times.

The administrator shall monitor for compliance weekly x's 3 months and ongoing.

12-30-19

MM

Legal Entity Representative

*Micelle Burke*  
Signature

*Micelle Burke Admin 12/2/19*  
Printed Name and Title Date

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