



Sent via e-mail to: minelli09@hotmail.com
MAILING DATE: March 3, 2020

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 December 6, 2019 and December 12, 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: *Buddy Miller*

Phone: *5706550272*

Email: *SEMPEFI92@AOL.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,Incident*

Inspection Dates and Department Representative

12/06/2019 - On-Site: Amy Deluca

12/12/2019 - 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: *53*

Are 60 Years of Age or Older: *45*

Diagnosed with Mental Illness: *52*

Diagnosed with Intellectual Disability: *4*

Have Mobility Need: *0*

Have Physical Disability: *0*

144d - Smoking Outside

Regulations

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

Resident #1's record indicates on 11/15/19, 11/23/19, and 11/24/19, staff found evidence that the resident was smoking in his bedroom.

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 was given warning twice about smoking in room. The resident did was giving a hard time due to mental status change. The resident stated he did not do it when there was evidence found. resident was seen and sent out due to increase of behaviors. The resident was also counseled for how it could result in 30 day notice to evict. The resident was ultimately sent to hospital for psych due to other behaviors as well. In the future any evidence found of smoking in rooms will be followed with the 3 warnings of state law rules and house rules being broken and eviction process will start. the administrator will follow all documentation for each resident and initiate as needed for eviction and also give warnings to the residents.

Immediately and Ongoing:
Resident #1 shall be monitored each shift by staff for 6 months for evidence of smoking in the facility.
The administrator or designee shall be responsible for on-going compliance. Smoking outside of the smoking room is prohibited. 2-28-2020 - MM

Legal Entity Representative

Michelle Burke Administrator
Signature Printed Name and Title Date
Michelle Burke Administrator 2/28/2020
Printed Name and Title Date

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The above plan of correction is approved as of 2-28-2020 (Date) Plan of correction implementation status as of 2-28-2020 (Date)
The above plan of correction was approved by MM (Initials) Implemented Not Implemented

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan dated 7/31/2019 was not updated to reflect that the resident had a tendency to smoke in his bedroom. Also, on 7/31/2019 resident #1 punched another resident in the ribs. The support plan did not include a plan to supervise the resident for aggressive behaviors.

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 documentation about smoking in room or aggressive behaviors due to the administrator not updating the chart for behavior. In the future the administrator will update all episodes of rules not followed and changes in behavior. the head administrator will check to ensure compliance is done.

Immediately and ongoing:

Resident #1 shall be monitored each shift by staff for 6 months for dangerous behaviors. The administrator shall be responsible for ongoing compliance. 2-28-2020 - MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Administrator
Printed Name and Title

2/28/2020
Date

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Implemented

Not Implemented

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