

Department of Human Services
Bureau of Human Service Licensing

May 4, 2021

██████████ OWNER
ANGELS FAMILY MANOR PERSONAL CARE HOME INC
218 NORTH MAIN AVENUE
SCRANTON, PA 18504

RE: ANGEL'S FAMILY MANOR
PERSONAL CARE HOME
218 NORTH MAIN AVENUE
SCRANTON, PA, 18504
LICENSE/COC#: 21062

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

████████████████████
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME **License #:** 21062 **License Expiration Date:** 11/05/2021
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18504
County: LACKAWANNA **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: ANGELS FAMILY MANOR PERSONAL CARE HOME INC
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA, 18504
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 04/11/2014 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 52 **Waking Staff:** 39

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/13/2021

Inspection Dates and Department Representative

01/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 53 **Residents Served:** 52

Secured Dementia Care Unit

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

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 49	Are 60 Years of Age or Older: 44
Diagnosed with Mental Illness: 51	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0	Have Physical Disability: 1

Inspections / Reviews

01/13/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/29/2021*

3/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/31/2021*

5/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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).

Description of Repeat Violation

On 1/4/2021, Adult Protective Services called home to begin investigation into caregiver neglect allegation. Adult protective service also came to home to complete investigation. Home did not report the allegations of caregiver neglect to the department.

Plan of Correction**Accept**

The homes admin did not report protective services coming out. Next time the home will make sure to call 24 hour hotline and leave a message. Protective services found nothing and complaint was dismissed. this has been an on going thing. someone keeps calling but there is no findings everytime the dialysis center DaVita in scranton. They ust dont want to deal with patient with MH.

Completion Date: 03/15/2021

Update - 03/16/2021

Within 15 days of receipt of this plan of correction:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Documentation of the review will be sent to the department and will be maintained on site for review by the department upon request.

Document Submission**Implemented**

Training done with staff. Will keep on file when ever department needs to review.