

Department of Human Services
Bureau of Human Service Licensing

June 9, 2021

██████████ ADMINSTRATOR
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 03/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
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 **Licen e #:** 21062 **Licen e Expiration Date:** 11/05/2021
Addr e : 218 NORTH MAIN AVENUE, SCRANTON, PA 18504
County: LACKAWANNA **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5703415012 **Email:** [REDACTED]

Legal Entity

Name: ANGELS FAMILY MANOR PERSONAL CARE HOME INC
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA, 18504
Phone: 5703415012 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 04/11/2004 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 53 **Waking Staff:** 40

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Complaint **Exit Conference Date:** 03/04/2021

Inspection Dates and Department Representative

03/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 49	Are 60 Years of Age or Older: 32
Diagnosed with Mental Illness: 50	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0	Have Physical Disability: 2

Inspections / Reviews

03/04/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/29/2021*

5/4/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/07/2021*

6/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The home's contract with resident #1 was completed at the time of admission on [REDACTED] but it was not signed by the home's designee, resident or the resident's designated person if any.

Plan of Correction

Accept

Contract was not signed by resident cause home was asked to take resident in emergency situation from state during covid. Resident couldnt sign we did not know who payee was, family came around facility after hours to drop stuff off.

Anymore home will send contract by mail or email to family member to get it back. Resident needed higher level of care, and is no longer with home.

Completion Date: 05/04/2021

Update - 05/04/2021

Immediately and Ongoing:

Each contract will be signed by the administrator or a designee, the resident and the payer, and will be cosigned by the resident's designated person if any, if the resident agrees for residents admitted after the date shown. on the contract.

5-4-2021 - MM

Document Submission

Implemented

the administrator or a designee will make sure contract is signed with in the 24 hour window with the payer. from here on out administrator will check all admits at the time of the admit.

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 eloped from the facility during the evening or night of [REDACTED] The resident's absence was not noticed until the hospital called and informed the staff that [REDACTED] was at a local ER being assessed for injuries [REDACTED] received following a fall in the community. The home reported conducting regular Q2 hour room checks, but the home failed to discover that [REDACTED] was not on site and adequate supervision was not provided.

Plan of Correction

Accept

Resident was taken in during covid under emergency situation, aging was called for higher level of care. The resident was put on hourly watches but worker didnt notice [REDACTED] wasnt in building til after hospital had called. Admin had meeting with workers to explain and teach them, about situations for hourly checks and insuring resident safety.

Completion Date: 05/04/2021

42b - Abuse (continued)**Update - 05/04/2021**

Immediately and Ongoing:

The administrator shall monitor individual residents safety needs and ensure ongoing compliance. 5-4-2021 -MM

Document Submission**Implemented**

workers will monitor residents for safety needs, and managers will check to make sure all residents safety are being met by all workers.