

Department of Human Services
Bureau of Human Service Licensing

July 28, 2021

[REDACTED]
PITTSTON HEAVENLY MANOR INC
51 NORTH MAIN STREET
PITTSTON, PA 18640

RE: PITTSTON HEAVENLY MANOR
51 NORTH MAIN STREET
PITTSTON, PA, 18640
LICENSE/COC#: 21869

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2021 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: *PITTSTON HEAVENLY MANOR* License #: *21869* License Expiration Date: *12/01/2021*
Address: *51 NORTH MAIN STREET, PITTSTON, PA 18640*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5706550272* Email: [REDACTED]

Legal Entity

Name: *PITTSTON HEAVENLY MANOR INC*
Address: *51 NORTH MAIN STREET, PITTSTON, PA, 18640*
Phone: *5706550272* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/10/1999* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/01/2021*

Inspection Dates and Department Representative

04/01/2021 - On-Site: [REDACTED]

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: *25*
Diagnosed with Mental Illness: *50* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

04/01/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/24/2021*

7/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/27/2021*

7/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #1 made an allegation that [redacted] was sexually assaulted by resident #2 on [redacted]/21. The home failed to report this allegation to the Department because the resident's guardian requested it not be reported.

Plan of Correction

Accept

When allegation was made [redacted] told worker to call cops out [redacted] was on vacation. resident [redacted] talk to worker after [redacted] did and the [redacted] told them not to call. [redacted] sat when i got back home with the worker and explained any allegation has to be reported to local and state. The worker understands now and will do so from here on out.

Completion Date: 06/29/2021

Update - 07/14/2021

Within 20 days of receipt of this plan of correction:

All staff, including the administrator, will receive training in abuse reporting and prevention. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act.

Documentation of the staff training shall be sent/Attached to the Department.

7-14-2021 -MM

Document Submission

Implemented

The med techs received training, from site of incident reports on DHS and explained on when and how to report. The med techs received training, from site of Protective Services Site and papers belonging to the reports and how give verbal reports of the same. Explanation and demonstration of how to fill out and when to call. A copy of explanation and when and who to call will remain in med room at all times for further reference. attached are the record of training papers for proof training of staff.

Update - 07/28/2021

Upon receipt of this plan of correction:

The administrator or designee shall monitor weekly X's 3 months for ongoing compliance. 7-28-2021

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 Violation

The home did not report an incident regarding the resident's allegation of a sexual assault to the Department timely. The allegation states that the incident occurred on [redacted]/21 and Resident #1 self reported the incident on [redacted]/21 to the Department. The home only filed an incident report with the department, only after it was requested on [redacted]/21.

16c - Written Incident Report (*continued*)**Plan of Correction****Accept**

Report to state was after the state came out. [REDACTED] had meeting with worker and explain that all incidents have to be reported in 24 to local and state dept. The admin will make sure all reports are turned in with in the 24 hr window

Completion Date: 06/29/2021

Update - 07/14/2021

Within 20 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.

Please send/Attach proof of staff training when completed.

7-14-2021 - MM

Document Submission**Implemented**

The med techs received training, from site of incident reports on DHS and explained on when and how to report. The med techs received training, from site of Protective Services Site and papers belonging to the reports and how give verbal reports of the same. Explanation and demonstration of how to fill out and when to call. A copy of explanation and when and who to call will remain in med room at all times for further reference. attached are the record of training papers for proof training of staff.

Update - 07/28/2021

Upon receipt of this plan of correction:

The administrator or designee shall monitor weekly X's 3 months for ongoing compliance. 7-28-2021