

Department of Human Services
Bureau of Human Service Licensing

February 3, 2022

[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 09/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: *12/01/2022*
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: *54* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/09/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* Residents Served: *54*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *49* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *3*

Inspections / Reviews

09/09/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/09/2021*

Inspections / Reviews (*continued*)

01/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/14/2022*

01/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/31/2022*

02/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident#1's Preadmission screening form dated [redacted] didn't indicate if the home was able to meeting the resident's needs.

Plan of Correction

Do Not Accept

The assistant administrator or Med Tech have been taught and retrained to make sure all boxes are filled in. Administrator will check all charts within 24-48hrs

Update: 01/10/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-10-2022 MM

Plan of Correction

Directed

The responsible staff member Administrator to fix problem with training. The assistant administrator or Supervisor are the current responsible staff for continued compliance and the Administrator will continue to check the charts and make recommendations for the staff to follow

Within 5 days of receipt of this plan of correction:

The home will ensure that all residents admitted to the home will have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. 1-24-2022. MM

Document Submission

Implemented

This administrator will review each resident's pre-admission screen within the first 24hrs of admission and will decide whether the resident is fully acceptable to facility or needs further assistance by another facility. This administrator has also asked the hospitals or institutions for a full summary of the current candidates to the facility for a full comprehensive summary before the possible candidate will be interviewed or seen where they are currently located. If questions arise, the head administrator is notified and discussed before the contract and rest of paperwork is complete

227d - Support Plan Medical/Dental

1. Requirements

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 had frequent episodes of impulsive behavior by leaving the facility and becoming stranded. The resident has numerous calls to the local ambulance wanting to be admitted to the hospital with physical and emotional complaints,

227d - Support Plan Medical/Dental (continued)

and the resident had legal issues where they reportedly gave false information to the local police. None of these behaviors was addressed in the resident's RASP.

Plan of Correction

Do Not Accept

The Assistant Administrator was verbally instructed and shown how to update chart as ongoing issues are occurring and if new RASP/DME needed they will be able to do and Administrator will be notified and instruct at least for a month as issues occur and ultimately be responsible that all are documented.

Update: 01/10/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-10-2022 MM

Plan of Correction

Directed

The administrator was responsible for the re-training of the staff RASP/DME and updating with ongoing non-compliance of the residents noted following rules, all in the care plan and doing a significant change if required. The staff also learned all ongoing behaviors or illnesses must be documented on staff notes not just in notebook or RASP. The staff responded to understanding, the assistant administrator is currently the responsible person following through with the current training received and the follow-up will be weekly checks to charts by Administrator for continued compliance.

Immediately and ongoing:

The 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. The administrator shall audit resident's RASP weekly X's 4 months. The administrator shall ensure ongoing compliance. 1-24-2022 MM

Document Submission

Implemented

This administrator is currently reviewing all charts weekly and will continue to do so. This is to ensure with the re-training of med techs that they also can fill out the summary or if a significant change to start a new care plan and update the as required and also to make the administrator aware verbally and staff notes are also being done for any behaviors for all residents with a change of behaviors and a every shift note x 3 days to monitor and call the appropriate MD or facility and documentation that as appropriate to situation and resident specific.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's RASP dated [redacted] was not signed by the resident to indicate that the resident had participated in the development of their RASP.

227g -Support Plan Signatures (continued)

Update: 01/10/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-10-2022 MM

Plan of Correction

Directed

Administrator is responsible to update and retrain the staff on proper documentation on staff notes, summary of care plan, and also in notebook with verbal communication between staff members, The supervisor med tech during date will be responsible for acknowledging the occurrence start phone calls and document on staff notes while notifying assistant administrator. Administrator will continue with weekly to bi-weekly chart checks and document done in chart with initials circled and ck underneath.

Immediately and ongoing:

All support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept. The administrator shall audit all residents RASP to ensure compliance. The audit shall be completed in 30 days. 1-24-2022 MM

Document Submission

Implemented

The unwillingness of signatures was explained to staff that two signatures required post interview by each person. Explanation of the need of participation and signature is vital to the person. The resident is explained to that it is pertaining to them only and the only people that see it are the staff required to take care of the individual needs. and if they feel anything needs to be adjust for them to make the staff member doing the paperwork know there is also a 24 hr re-eval to ensure that it is current and acceptable or if the resident decided they want something else either added or subtracted. At, the end of the monitoring week the rest of the paperwork is done and signed as per instructed and will continue to be monitored by the administrator that fully in compliance and there is not something being missed