

Department of Human Services  
Bureau of Human Service Licensing

March 31, 2022

[REDACTED], OWNER, ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *11/05/2022*  
Address: *218 NORTH MAIN AVENUE, SCRANTON, PA 18504*  
County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED];

**Legal Entity**

[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: *49* Waking Staff: *37*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *11/23/2021*

**Inspection Dates and Department Representative**

11/23/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *53* Residents Served: *49*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *47* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *36* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *2*

**Inspections / Reviews**

**11/23/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/31/2022*

Inspections / Reviews *(continued)*

03/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/13/2022*

03/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 96a - First Aid Kit

## 1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

## Description of Violation

*The first aid kit in the medication room does not include thermometer.*

## Plan of Correction

**Accept**

*The thermometer was removed during the covid break out when staff used it and left it on the med cart. Staff was told if they use anything from first aid kit to make sure it is put back. A new one was bought to have an extra placed in first aid kit. Med tech will check on first aid kit periodically to make sure all items are there and with in date.*

**Completion Date:** 02/17/2022

## Document Submission

**Implemented**

## 103i - Outdated Food

## 1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

## Description of Violation

*There was an unlabeled, undated bag of chicken nuggets in the Crosley freezer.*

## Plan of Correction

**Accept**

*The bag of chicken nuggets were opened at lunch for residents and put back in freezer. The staff did not tag them, the home got rid of them at time of inspection and manager will check freezers at times of meals to make sure the staff is dating everything.*

**Completion Date:** 02/17/2022

## Document Submission

**Implemented**

## 162c - Menus Posted

## 1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

## Description of Violation

*The home menu's for the current week was posted but not the following weeks menu.*

## Plan of Correction

**Accept**

*The home had menus in office and the admin forgot to put the next weeks up. The home put up new menu at time of inspection and will make sure it is up in time frame given. The manager will keep an eye on menus to ensure they are both up.*

**Completion Date:** 02/17/2022

## Document Submission

**Implemented**

## 171b5 - First Aid Kit

## 1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

## Description of Violation

*The first aid kit in the the home's van used to transport residents does not include scissors, eye shield, thermometer and face shield.*

## Plan of Correction

Accept

*The home just bought the new van for transportation, The home forgot to put first aid kit in it from old van. The admin bought new first aid kit plus all extra items needed to comply with regs. The home has it locked up due to the van being in the garage as soon as the van returns the first aid kit will be placed back into van. pic attached*

**Completion Date:** 02/17/2022

## Document Submission

Implemented

## 182b - Prescription Medication

## 1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

## Description of Violation

*Staff person B completed their annual practicum on [REDACTED]. The annual practicum for 2020 was completed on [REDACTED] more than a year from their last annual practicum. The home is using the annual practicum form from [REDACTED], by using the additional MAR reviews and observations for the annual practicum completed on [REDACTED]. In addition, the form does not indicate the actual dates the MAR reviews and observations were completed, just month and year and there is no new trainer signature or date the annual practicum was completed.*

*Staff person B completed their annual practicum on [REDACTED]. The annual practicum for 2020 was completed on [REDACTED] more than a year from their last annual practicum. The home is using the annual practicum form from [REDACTED], by using the additional MAR reviews and observations for the annual practicum completed on [REDACTED]. In addition, the form does not indicate the actual dates the MAR reviews and observations were completed, just month and year and there is no new trainer signature or date the annual practicum was completed.*

## Plan of Correction

Accept

*Mar reviews were placed on same page as 2019 in list order. Talk to med trainer and had the but on there own papers. All is fixed and had meeting with trainer and she fixed them and understands they need to be done yearly on new page. Pics attached*

**Completion Date:** 02/17/2022

## Document Submission

Implemented

## 3c - Post Current License

**1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**Description of Violation**

On 11/23/2021 the home's LSI's, dated 3/4/21, 1/13/21, 8/11/20, 6/17/20 and 10/8/19 were not posted in a conspicuous and public place in the home.

REPEATED VIOLATION-10/8/2019

**Plan of Correction****Accept**

The home had this hanging due to someone removing them the homes does know where they went new copies will be hung up. The manager try to check to make sure they stay up and no one takes them down.

**Completion Date:** 02/17/2022

**Update:** 03/03/2022

Please send in a photo of the current license and current LIS reports in Step 2

**Document Submission****Implemented****51 - Criminal Background Check****1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

Staff person A hired [REDACTED] did not have a criminal background check until [REDACTED] more then 30days after been hired.

REPEATED VIOLATION- 10/8/2019

**Plan of Correction****Accept**

The home had a background check done but misplaced it. The home admin will make sure managing staff that does backgrounds and places them in files. The home admin will check everyone elses background checks to make sure .

**Completion Date:** 02/17/2022

**Update:** 03/03/2022

If the home cannot locate the CBC, it will have to run another for the employee record. Please send in a copy for Step 2

**Document Submission****Implemented****141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

The resident #1's medical evaluation dated [REDACTED] did not include body positioning, cognitive functioning and medication list.

REPEATED VIOLATION-10/8/2021

**Plan of Correction**

**Accept**

The home sent the dme out for doctor to fill out and sign two boxes were not filled in. The home sent the DME back to doctor he checked them and int it. The home admin and manager will check DME as we receive them to make sure all boxes are filled in.

**Completion Date:** 02/17/2022

**Document Submission**

**Implemented**