

Department of Human Services
Bureau of Human Service Licensing

May 10, 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 01/07/2022, 01/11/2022, 01/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/18/2022*

Inspection Dates and Department Representative

01/07/2022 - Off-Site: [REDACTED]
01/11/2022 - Off-Site: [REDACTED]
01/18/2022 - Off-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: *51* Are 60 Years of Age or Older: *41*
Diagnosed with Mental Illness: *52* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

01/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/28/2022*

03/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/09/2022*

05/10/2022 - Document Submission

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 Violation

Resident #1 left the building and did not return on 12/24/21 at approximately 5:30am. The home did not report the incident to the Department until 12/27/21.

Resident #1 did not receive the prescribed norvasc, abilify, pepcid, protonix and morning dose of lamictal on 12/23/21. The resident did not receive the prescribed effexor, cymbalta, norvasc, abilify, lisinopril, pepcid, protonix, neurotin, lamictal, keppra and vancomycin at 12p & 6p on 12/24/21. The resident did not receive all of the prescribed medications on 12/25/21. The home did not submit an incident report to the Department regarding the medication errors.

Plan of Correction

Accept

The staff made the md aware of all medication refused and missed due to being out of the facility on 12/23-12/25, per documentation unaware also submission of incident report required. This administrator did file an incident report due to circumstances of of filing with protective services due to behaviors, missed medication and leaving the building without warning and set up and the resident is unable to medicate self according to DME. In the future, even with the md aware and no new orders and a refusal to fill because [redacted] needed [redacted] appointment first will send an incident report to the DHS along with protective services.

Completion Date: 03/04/2022

Update: 03/30/2022

Please send in your proof of compliance in Step 2.

AG, 3-30-22

Document Submission

Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 did not receive the prescribed norvasc, abilify, pepcid, protonix and morning dose of lamictal on 12/23/21. The resident did not receive the prescribed effexor, cymbalta, norvasc, abilify, lisinopril, pepcid, protonix, neurotin, lamictal, keppra and vancomycin at 12p & 6p on 12/24/21. The resident did not receive all of the prescribed medications on 12/25/21.

Plan of Correction

Accept

The staff attempted to give medication and resident refused and the other medications are not refilled by Community Counseling Services due to the resident not being at phone for appointment time. Both medical doctor and psychiatrist aware of medications being refused and the psychiatric department aware of no meds and continue same regimen and wait for appointment. The resident left the facility on the 12/24/21 which constituted an investigation of where [redacted] was and the md are and community counseling aware. The resident refused to come back to facility and unable to have them come back even with explaining the detriment to [redacted]. The doctors aware,

187d - Follow Prescriber's Orders (continued)

police aware and also protective services aware due other allegations resident while this person was not in facility. The facility was following protocol for giving medication and refusal of medication on 12/23. The resident was not in facility on 12/24 in evening or 12/25 to give medication to.

Completion Date: 03/04/2022

Update: 03/30/2022

Please send in your proof of compliance in Step 2.

AG, 3-30-22

Document Submission

Implemented