Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

January 13, 2023

[redacted], ADMINISTRATOR
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 11/01/2022, 11/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PITTSTON HEAVENLY MANOR* **License #**: *21869* **License Expiration**: *12/01/2023*

Address: *51 NORTH MAIN STREET, PITTSTON, PA 18640*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *PITTSTON HEAVENLY MANOR INC*

Address: *51 NORTH MAIN STREET, PITTSTON, PA, 18640*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/10/1999* **Issued By**: *PALI*

Staffing Hours

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

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *11/04/2022*

Inspection Dates and Department Representative

11/01/2022 - On-Site [redacted]

11/04/2022 - 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: *1*

Number of Residents Who:

Receive Supplemental Security Income: *51* **Are 60 Years of Age or Older**: *33*

Diagnosed with Mental Illness: *54* **Diagnosed with Intellectual Disability**: *8*

Have Mobility Need: *0* **Have Physical Disability**: *8*

Inspections / Reviews

11/01/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/20/2022*

Inspections / Reviews *(continued)*

12/29/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/10/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/04/2023*

01/13/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/10/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the CO2 detector outside the laundry room were last changed 7/31/2021.

Plan of Correction ***Accept (- 12/29/2022)***

** The batteries in CO2 monitors were overdue and not changed for the year. The batteries need to be replaced yearly for safety.*
**The plan of correction is for the housekeeping staff to change batteries at the time of inspection and the manager and administrator will continue to plan for the end October 30th to continue to be the new date of yearly battery change.*
** The assistant administrator will be responsible for making sure it is complete, and the administrator will check periodically to ensure compliance and that the monitors continue to work.*

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented (- 01/13/2023)

25b SOPb2 - Rent Rebate: Intended Use

2. Requirements

2600.
25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

Description of Violation

The contract for Resident 1 does not indicate the intended use of the rent rebate retained by the home.

Plan of Correction ***Accept (- 12/29/2022)***

** The rent rebate form that is part of the contract was not correct in documentation of how the partial payment to facility is used.*
** the plan of correction is to re-instruct the new assistant to completion of paperwork that is contained in the file. review of all components in chart to ensure understanding. this section will be reviewed with resident number 1*
**In the future, it will be reviewed at the time of admission by the assistant administrator and make sure the sections are fully completed at that time.*
** the assistant administrator will continue to be responsible for completion of the charts post re-education*
**the administrator will check new admissions within 24 hours of completion of chart at time admission to ensure compliance.*

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented (- 01/13/2023)

51 - Criminal Background Check

3. 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).

51 Criminal Background Check *(continued)*

Description of Violation

Staff Member A was hired [redacted], but there is no verification of a criminal background check being completed until [redacted]. This a repeat violation from [redacted]

Plan of Correction ***Accept [redacted] - 12/29/2022)***

** The background check was not obtained within the 30 days of hire.*
** the plan of correction is to have the background check submitted upon hire by the owners and the administrator is to call E patch by the 3rd week of month daily until received.*
** A log and copy of the attempts to obtain will be on file with each employee, if necessary.*
** This is the responsibility of the Administrator to make sure the employee's paperwork for hire is complete and on time.*
** Going forward, the administrator will call E patch daily if not received by 3rd week to ensure that it is received via fax in a timely manner.*
** At this time the violation is complete and there is a completed background check for the staff member.*

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented ([redacted] - 01/13/2023)

57b - 1 Hour/Day

4. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [redacted] there were 55 residents in the home. They are required to staff at least 55 direct care hours but were only able to verify 52 DCS hours.

Plan of Correction ***Accept [redacted] - 12/29/2022)***

** The violation occurred due to not enough hours for DCS on the schedule.*
** The assistant Administrator is retrained by administrator in number of hours and staff needed to be in compliance with regulations.*
** The schedule is reviewed weekly by Administrator to ensure this is maintained properly and to report to the assistant administrator if it is not, to be corrected. *The administrator will review schedules prior to being put into effect each week and then assistant administrator may distribute.*

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented ([redacted] - 01/13/2023)

57d - Waking Hours

5. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 10/29/2022 and 10/30/2022, the home had 55 residents in the home and were required to staff at least 41.25 waking direct care staff hours. The home was only able to verify 36 hours on 10/29/2022 and 40 hours on 10/30/2022.

57d Waking Hours *(continued)*

Plan of Correction ***Accept [redacted] 12/29/2022)***

** The error occurred due to not enough DCS during waking hours.*

**The plan is that the administrator re trained the assistant in the number of hours/staff needed for the residents while awake.*

** the assistant administrator will continue to do the scheduling of staff *administrator will review and monitor the schedule weekly before finalized to ensure compliance and the appropriate staff is scheduled for each day*

Licensee's Proposed Overall Completion Date: *12/19/2022*

Implemented [redacted] 01/13/2023)

63a - First Aid/CPR Training

6. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/29/2022, the home does not have verification of the required 2 CPR certified staff in the building from 11pm to 7:00am. This is a repeat violation from 11/16/2021.

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

** The violation occurred due to staff receiving total on line training and not in person training from approved institution.*

** The plan of correction is to have an in person class for all staff to be trained by the CPR certified staff, at this establishment.*

** The administrator will continue to monitor the staff training and that all are trained at their appropriate times by the appropriate establishments.*

** The administrator will monitor when staff is due for training and schedule in appropriate timely manner to maintain compliance.*

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented ([redacted] - 01/13/2023)

63b - Current First Aid Training

7. Requirements

2600.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff Members B & C were trained in CPR and first aid by the National Health and Safety Association exclusively online without the required in person training.

Plan of Correction ***Accept [redacted] - 12/29/2022)***

** The violation occurred due to the staff receiving exclusive online training.*

** The CPR certified staff will be responsible to train all staff by the end of the month, in person.*

** The administrator schedules this in a timely manner to ensure that appropriate training is obtained, by the appropriate institution. The administrator will continue to contact appropriate establishment and in person*

63b - Current First Aid Training (continued)

training for all employees. This will be maintained by checking monthly for any training due for the following month.

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented ([redacted] - 01/13/2023)

89b - Hot Water Temperature

8. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature taken from the sink in room 204 was 126.1 degrees. This a repeat violation from 11/16/2021.

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

** The violation occurred due to water temperature being above the limits of 120.*
**The plan of correction is to call the plumber to adjust the water temperature to appropriate setting.*
** the assistant administrator will be responsible to check weekly to ensure compliance and report as necessary if it out of compliance to the administrator and then the plumbing agency will be notified for services.*
** the administrator will check bi-weekly to ensure compliance.*

Licensee's Proposed Overall Completion Date: *12/19/2022*

Implemented ([redacted] - 01/13/2023)

95 - Furniture and Equipment

9. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The illuminated exit sign on the 1st floor between the dining and living room did not have a cover on it which left electrical wiring exposed.

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

** The violation occurred due to the covering for the wires on exit signs were not in place and this is a hazard.*
** The plan of correction the Administrator is to call Cintas the installers and have them install the coverings so there are no exposed wires.*
** the assistant administrator will be responsible during checks of the building that all areas free of exposed wires. the administrator will do a complete walk through of the building periodically throughout the week to ensure compliance.*

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented ([redacted] - 01/13/2023)

121a - Unobstructed Egress

10. Requirements

2600.

121a - Unobstructed Egress *(continued)*

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit leading from the living room to the outside was partially obstructed by a table.

Plan of Correction ***Accept (- 12/29/2022)***

** The violation occurred due to emergency exit partially obstructed by a table.*

** the plan of correction will be to ensure that all emergency exits, and egresses are free from any obstructions by the DCS. The DCS will do multiple rounds throughout the day to ensure that the furniture is in appropriate areas of the building and not moved that will obstruct the areas.*

** the assistant administrator will be responsible for compliance by doing walking rounds of building daily.*

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented (- 01/13/2023)

125a - Combustible Storage

11. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a sock observed on the exhaust vent of the home's dryer.

Plan of Correction ***Accept - 12/29/2022)***

** The violation occurred due to the sock being on the exhaust vent of the dryer. This is a fire hazard.*

** The plan of correction is to educate DCS and housekeeping that when they utilize the dryers to make sure everything went in the dryer and out and to check behind the dryer for any miscellaneous items.*

** the assistant administrator will periodically check throughout the day to ensure this is done. The administrator will check with periodical walk through of the building that this is being maintained.*

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented (- 01/13/2023)

131f - Fire Extinguisher Inspection

12. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the kitchen was last inspected 6/2021.

Plan of Correction ***Accept (- 12/29/2022)***

** the violation occurred because the fire extinguisher is overdue for inspection for the year.*

** The plan of correction is to have Cintas inspectors to come and inspect the fire extinguisher.*

** The administrator will call and schedule for inspection of the extinguishers a month prior to expiration month of the extinguishers.*

Licensee's Proposed Overall Completion Date: *12/06/2022*

131f - Fire Extinguisher Inspection *(continued)*

Implemented (- 01/13/2023)

132a - Monthly Fire Drill

13. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

There was no documentation of a fire drill being completed in 10/2022.

Plan of Correction ***Accept (- 12/29/2022)***

** The violation occurred due to no fire drill in the month of 10/2022.*

** The administrator will make sure there is 2 fire drills done at different times for November to ensure the residents have proper knowledge of exiting the building.*

** The administrator will check fire log every 2 weeks to maintain compliance and variation of when the fire drills will be conducted.*

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented (- 01/13/2023)

133.1 - Exit Signs

14. Requirements

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

There was no exit sign posted at 1 of the 2 exits in the living room area.

Plan of Correction ***Accept (- 12/29/2022)***

1. The violation occurred due to no exit sign over the second door in the living room.

2. the plan of correction is for the administrator to ensure that all exits have a sign posted above each exit door.

3. the maintenance of these signs will be checked in a daily walk through by the administrator and correctly immediately.

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented (- 01/13/2023)

141a 1-10 Medical Evaluation Information

15. 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 DME dated [redacted] for Resident 2 was incomplete and did not include the required field for health status. This a repeat violation from [redacted].

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

1. The violation occurred due to the incomplete DME.

2. The plan of correction is the administrator will call the md and confirm which areas need to be corrected and document stated conversation with the doctor.

3. in the future, to ensure full compliance the assistant administrator will review the DME as it is received by MD at time of visit to the facility to ensure that it is complete and correct. The administrator will be doing chart audits weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented ([redacted] - 01/13/2023)

144c1 - Smoking Area Guidelines

16. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The smoking area was observed to have approximately 50 cigarette butts on the ground and not in proper receptacles.

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

1. The error occurred due to too many cigarette butts in the smoking area

2. The plan of correction is to have the housekeeping staff clean throughout the day to ensure the smoke area is clean and tidy and continue to promote to the residents they must use the ashtrays and not the ground to get rid of the cigarettes.

3. the assistant administrator will check periodically throughout day to ensure this is followed through

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented ([redacted] - 01/13/2023)

162c Menus Posted

17. 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

There was no food menu posted in the home at the time of inspection.

Plan of Correction ***Accept (- 12/29/2022)***

1. The violation occurred due to the menu not posted in the correct area for the residents to see.
2. The plan of correction is to have the cook make sure the menus are posted in the appropriate area at all times. if the correction needs to be added or order needs to be done to go to the area the menus are posted at to obtain the information.
3. in the future, it will be part of the daily check to make sure menus are where they are supposed to be by the administrator.

Licensee's Proposed Overall Completion Date: *12/05/2022*

Implemented - 01/13/2023)

187d Follow Prescriber's Orders

18. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 has a physician's order to receive weekly. On , the medication was not available and unable to be administered as ordered. This a repeat violation from .

Plan of Correction ***Accept - 12/29/2022)***

1. The violation occurred due to the medication was stated unavailable and not administered on and no follow through
2. the plan of correction is to educate the med tech to check the areas of medication cart completely prior to administering the medication before declaring missing. The med tech was also educated they must call and notify the md of missing medication and to call the pharmacy for refill also an order for the medication to be given upon receiving, if applicable or they aware of the missed dose and call the pharmacy to see if the refill available and to have them send to obtain. The administrator must be notified is this occurs.
3. The administrator will check weekly to ensure all medications are received and distributed per orders.

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented - 01/13/2023)

225a Assessment 15 Days

19. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days *(continued)*

Description of Violation

Resident 1 was admitted to the home on [redacted] but did not have an assessment completed until [redacted].
Resident 2 was admitted [redacted] but did not have an assessment completed until [redacted].

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

1. The violation occurred due to improper documentation and completion of the rasp for initial assessment of the new residents.
2. The assistant administrator was re-educated for proper completion of the assessment for the chart in the initial RASP. Taught when and how all documentation should be done and when it needs to be completed by.
3. The administrator will check with each new admission that the assessment and completion are accurately done. the administrator will also check weekly with chart audits to ensure all are properly documented.

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented ([redacted] - 01/13/2023)

227d - Support Plan Medical/Dental

20. 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

The RASP dated [redacted] for Resident 4 was not updated to show that hospice services have been received since [redacted]

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

1. The violation occurred due to improper documentation of new services started and not documented on the RASP. The need for this continuity of service and any new information needs to be communicated on the RASP.
2. The assistant administrator is re-educated that the new care must be entered on the front of the RASP and carried over with each additional RASP thereafter to initial start of care or additional services.
3. The administrator will do chart audits weekly to ensure all paperwork is done properly and completely.

Licensee's Proposed Overall Completion Date: *12/06/2022*

Implemented ([redacted] - 01/13/2023)