

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

January 10, 2023

[REDACTED], ADMINISTRATOR  
ANGELS FAMILY MANOR PERSONAL CARE HOME INC  
[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 11/15/2022, 12/16/2022 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ANGEL'S FAMILY MANOR PERSONAL CARE HOME      **License #:** 21062      **License Expiration:** 11/05/2023  
**Address:** 218 NORTH MAIN AVENUE, SCRANTON, PA 18504  
**County:** LACKAWANNA      **Region:** NORTHEAST

## Administrator

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

## Legal Entity

**Name:** ANGELS FAMILY MANOR PERSONAL CARE HOME INC  
**Address:** 218 NORTH MAIN AVENUE, SCRANTON, PA, 18504  
**Phone:** [REDACTED]      **Email:** [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:** 50      **Waking Staff:** 38

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 11/16/2022

## Inspection Dates and Department Representative

11/15/2022 - On-Site: [REDACTED]  
12/16/2022 - 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:** 45      **Are 60 Years of Age or Older:** 35  
**Diagnosed with Mental Illness:** 39      **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 1      **Have Physical Disability:** 4

## Inspections / Reviews

11/15/2022 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/11/2022

12/13/2022 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/09/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/19/2022

Inspections / Reviews *(continued)*

12/19/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/02/2023

01/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 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 was hired on [REDACTED]. The home did not obtain a criminal background check for Staff Person A until 10/20/22.

#### Plan of Correction

Accept [REDACTED] - 12/13/2022)

The home did not have a criminal background on person A done in 30 days. The administrator will obtain a criminal history report upon hiring. If unable to get back from e-patch in a timely manner, we will keep a detailed log of payments and attempts to contact. The administrator will periodically check and be responsible to obtain and keep logs if necessary.

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

Implemented [REDACTED] - 01/10/2023)

## 57c - 2 Hours/Day

### 2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

#### Description of Violation

The home has 48 residents in the home, including 1 resident with mobility needs, requiring a total minimum of 49 hours of direct care service. On [REDACTED] and 11/6/22, only 42 hours of direct care staffing was provided.

#### Plan of Correction

Accept [REDACTED] - 12/13/2022)

There wasn't enough direct care staff on the schedule. Make sure appropriate number of staff on at all times to complete job duties for the number of hours needed per person. The scheduler didn't include family workers on the schedule including Buddy Minelli. In the future, the administrator will review hours with the scheduler weekly to maintain compliance.

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

Implemented [REDACTED] - 01/10/2023)

## 57d - Waking Hours

### 3. 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

The home has 48 residents in the home, including 1 resident with mobility needs, requiring a total minimum of 36.75 hours of direct care service during waking hours. On 11/5/22 and 11/6/22, only 28 hours of direct care service were available during waking hours.

**57d Waking Hours (continued)****Plan of Correction**

Accept ( ) - 12/13/2022)

*There wasn't enough staff on for waking hours. Make sure appropriate number of staff are on at all times to complete job duties for the number of hours needed per person. The scheduler didn't include family workers. In the future, the administrator will review hours with the scheduler weekly to maintain compliance. During waking hours, the appropriate number of staff will be scheduled.*

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

Implemented ( ) - 01/10/2023)

**82a - Poisonous Materials****4. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

*There was an unlabeled spray bottle filled with a blue cleaning solution, and an unlabeled spray bottle filled with a purple cleaning solution, in the home's 2nd floor laundry area.*

**Plan of Correction**

Accept ( ) - 12/13/2022)

*Spray bottles were unlabeled. All bottles will have appropriate labels on cleaning supplies and chemicals. Housekeeping supervisor will check daily to make sure all labels are correct. Administrator will periodically throughout the week will check to make sure labels are correct.*

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

Implemented ( ) - 01/10/2023)

**92 - Windows****5. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

*There was no screen in the leftmost window located in the right hallway on the second floor.*

**Plan of Correction**

Accept ( ) - 12/13/2022)

*Screen was missing from 2nd floor window. Obtain screen and have maintenance install it. Maintenance will do weekly checks to make sure windows and screens are in good repair. Administrator will check periodically throughout the week.*

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

Implemented ( ) - 01/10/2023)

**102i - Soap Dispenser****6. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

102i - Soap Dispenser (continued)

Description of Violation

There was no soap available in the shared bathroom located near bedroom #205.

Plan of Correction

Accept (█ - 12/13/2022)

There was no hand soap in the bathroom. Housekeeper will do several checks throughout the day to make sure that there is soap in all bathrooms.

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

Implemented (█ - 01/10/2023)

102k - No Common Towel

7. Requirements

2600.  
102.k. Use of a common towel is prohibited.

Description of Violation

There was a pink loofah located on the sink in the shared bathroom located near bedroom #305 that was not labeled with the resident's name.

Plan of Correction

Accept (█ - 12/13/2022)

There was a pink loofah left in the bathroom. Staff will ensure that all personal items are labeled, and personal items will remain in residents' room when not in use. The administrator will check periodically throughout the week to make sure that personal items are labeled.

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

Implemented (█ - 01/10/2023)

125a - Combustible Storage

8. Requirements

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

Description of Violation

The outdoor smoking area utilizes flammable, wooden benches for seating. There was a gas grill with a filled gas container located in the outdoor smoking area.

Plan of Correction

Accept (█ - 12/13/2022)

Wooden benches and grills in the outside smoking area. Grills will be kept in storage when not in use and the wooden benches will be removed from the area. Staff will monitor residents while outside and there will be no smoking in the area while using the grill. The administrator will check to make sure that the grills are put in proper storage when not in use and no flammable materials are left in the area.

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

Implemented (█ - 01/10/2023)

141a - Medical Evaluation

9. Requirements

2600.

**141a Medical Evaluation (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.

**Description of Violation**

Resident #1's medical evaluation (DME) dated [REDACTED] was updated with pen by staff after the form was signed and returned by an authorized medical professional, without obtaining the consent of the authorized medical professional.

**Plan of Correction**

Accept [REDACTED] - 12/13/2022)

Staff filled in parts of the DME after it was sent back from MD. Obtain consent from MD if medical evaluations need to be updated and post it on the DME. In the future the administrator will call and get permission to correct the updated information from the doctor at the time of occurrence. Administrator will check DMEs on a monthly basis to make sure documentation is done correctly.

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

Implemented [REDACTED] - 01/10/2023)

**141a 1-10 Medical Evaluation Information****10. Requirements**

2600.

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**

Resident #1's DME dated [REDACTED] did not contain the resident's weight.

Resident #2's DME dated [REDACTED] did not contain the resident's height, weight, allergies, health status, cognitive functioning, or mobility needs assessment.

**Plan of Correction**

Accept [REDACTED] - 12/13/2022)

DME was missing information ex: height and weights. Ensure that the DME is filled out correctly before the doctor leaves. In the future the administrator will check to make sure all areas are completed before the physician leaves the facility.

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

Implemented [REDACTED] - 01/10/2023)

**144c2 - Smoking Area Distance****11. Requirements**

144c2 - Smoking Area Distance (continued)

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:

- 2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

**Description of Violation**

*There were 10+ cigarette butts located on the ground of the home's outdoor smoking area.*

**Plan of Correction**

**Accept** [redacted] - 12/13/2022)

*Cigarette butts found on the ground in outside smoking area. Make sure there are enough cans to put cigarettes out in. Housekeeping/maintenance will check several times a day to make sure there is no cigarette butts on the ground. Administrator will periodically check throughout the day to make sure we are in compliance.*

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

**Implemented** [redacted] - 01/10/2023)

181c - Self-administration Assessment

**12. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

*Resident #3 self-administers medications to include an [redacted], and [redacted] cream; however, Resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.*

**Plan of Correction**

**Accept** [redacted] - 12/13/2022)

*Assessments for self-administered medication were not done. Residents will be assessed for self-administered medications. Will have the physician updated DMEs when self-administered medication is ordered. The administrator will periodically check throughout the week to make sure of proper documentation.*

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

**Implemented** [redacted] - 01/10/2023)

183b - Meds and Syringes Locked

**13. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*There was an [redacted] cream located in Resident #3's bedroom at time of inspection, unlocked and accessible.*

183b - Meds and Syringes Locked (*continued*)**Plan of Correction**

Accept (█ - 12/15/2022)

Medication was unlocked and accessible. Make sure residents have a lockbox to lock medication up in their room. Med tech will check daily to make sure medication is safely stored in bedrooms. Administrator will check periodically throughout the week to maintain compliance.

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

Implemented (█ - 01/10/2023)

## 183d - Prescription Current

**14. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

An antifungal powder was located in Resident #3's bedroom. Resident #3 is not currently prescribed this antifungal powder.

**Plan of Correction**

Accept (█ - 12/13/2022)

Antifungal powder was in residents' room and was not prescribed to resident as it was an over-the-counter powder. Resident was educated on bringing over the counter medication in. Resident is now aware that the DR must prescribe all medication. Resident was also educated on making staff aware of any medical issues that need to be addressed by the physician before obtaining any medication and it will all come from our pharmacy. DCS will check rooms daily to make sure no over the counter medicine is out in their rooms.

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

Implemented (█ - 01/10/2023)

## 187d - Follow Prescriber's Orders

**15. Requirements**

2600.

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

**Description of Violation**

Resident #4 is prescribed █, with parameters to hold the medication if the resident's heart rate is under 60bpm. Staff are not documenting the resident's heart rate on the medication record and therefore it could not be verified if this medication is being administered properly.

**Plan of Correction**

Accept (█ - 12/15/2022)

Heart rate was not being documented per MD orders. Medication class will be given on proper documentation of parameters. MD was made aware that it was not being documented and no order changes were given. Med trainer will check MARs bi-weekly to maintain compliance. Administrator will check periodically throughout the week to make sure MARs are correctly documented.

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

Implemented (█ - 01/10/2023)