

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

February 14, 2024

[REDACTED], ADMINISTRATOR
ANGELS FAMILY MANOR PERSONAL CARE HOME INC
218 NORTH MAIN AVENUE
SCRANTON, PA, 18504

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 11/07/2023, 11/08/2023 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: 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:** 49 **Waking Staff:** 37

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 11/08/2023

Inspection Dates and Department Representative

11/07/2023 - On-Site: [REDACTED]
11/08/2023 - 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:** 38
Diagnosed with Mental Illness: 47 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 3

Inspections / Reviews

11/07/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/07/2023

12/14/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/22/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/22/2023

Inspections / Reviews *(continued)*

02/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25c13 - Complaint Procedure

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

The record of resident #1 (contract dated [REDACTED]) did not contain a signed resident rights statement, regarding the resident's rights.

Plan of Correction

Accept [REDACTED] - 12/14/2023)

Resident rights statement was not signed. Had resident come in and went over residents rights and had [REDACTED] sign it. The administrator will go through each contract to make sure that all papers are signed. The administrator will periodically check to make sure that all paperwork is complete.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented [REDACTED] - 02/14/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately [REDACTED] resident #1 pushed and tackled resident # to the floor. Resident #2 was sent to the hospital and diagnosis with a lateral compression fracture.

Plan of Correction

Accept [REDACTED] - 12/14/2023)

Residents were fighting in their room. Home immediately switched rooms. Resident 2 was discharged to another home. We will have a residents rights training for staff. Administrator will do weekly checks to make sure residents are safe.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 02/14/2024)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

It was determined through resident interviews that staff member #1 was found to have spoken to resident #6 in a disrespectful tone of voice while serving dinner in the dining room.

42c Treatment of Residents (continued)

Plan of Correction

Accept [redacted] - 12/14/2023)

Staff member spoke to resident in a disrespectful manner. The staff member was suspended, put on probation for 180 days and has to do weekly trainings for de escalation 6 week. Administrator is keeping an eye on Lavina when she is on shift and asking residents and other staff members how she has been and if she is yelling or being disrespectful.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented [redacted] - 02/14/2024)

85b - Infestation

4. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

During the home's 2 day renewal inspection, [redacted] drain flies were observed throughout the facility.

Plan of Correction

Accept [redacted] - 12/14/2023)

Drain flies were throughout the facility. Orkin was called and is going to work on it. Home also poured stuff down drain to try and get rid of them. Administrator will check periodically and call Orkin if necessary.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented [redacted] - 02/14/2024)

86b - Bathroom

5. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

Room 306 bathroom ventilation fan was inoperable.

Plan of Correction

Accept [redacted] - 12/14/2023)

Exhaust fan was not working properly. Maintenance will replace fan. Maintenance will check weekly to make sure all exhaust fans are working properly. The administrator will also check periodically.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 02/14/2024)

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Room 306 had a missing ceiling block and two missing floor tiles causing a tripping hazard.

88a - Surfaces (continued)

There was an approximately 6'x 8' hole in the ceiling in shared resident bedroom 304.

Plan of Correction

Accept (█ - 12/14/2023)

There is a hole in the ceiling in residents' room 304. We have been working with roofers and air conditioner repair people for several months now. They have been out multiple times to fix the roof and AC units. The floor tiles were replaced and fixed. The ceiling will have plastic grates because the AC leaks when residents leave doors or windows open. Maintenance will check periodically to make sure nothing is leaking.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (█ - 02/14/2024)

95 - Furniture and Equipment**7. Requirements**

2600.

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

Description of Violation

The toilet seat in the men's bathroom next to living room was broken and on the floor.

Room 306-bathroom shower did not have a shower head.

The closet door located in shared resident bedroom 205 was broken and unable to be pulled open without the possibility of it falling over.

Plan of Correction

Accept (█ - 12/14/2023)

There was a broken toilet seat and a missing shower head, and a broken closet door. The toilet seat was replaced and a new shower head was put in place. The closet door was fixed. Maintenance will check all fixtures throughout the building, daily, to make sure they are in good repair. The administrator will check periodically also.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█ - 02/14/2024)

102k - No Common Towel**8. Requirements**

2600.

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

Description of Violation

The shared bathroom located near resident room #306 did not have paper towels or any way for residents to dry their hands.

Plan of Correction

Accept (█ - 12/14/2023)

There were no paper towels located in the bathroom. Housekeeping will ensure that there are paper towels in the bathrooms daily and/or as needed. Administrator spoke with housekeeping, and they are to make sure there is toilet paper and paper towels in all bathrooms at all times. The administrator will periodically check to make sure that there are paper towels in the bathroom.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█ - 02/14/2024)

103i - Outdated Food

9. Requirements

2600.

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

Description of Violation

2 large zip lock bags of chicken nuggets located in the kitchen freezer where not label or dated.

1 large zip lock bag of ground beef located in the kitchen freezer where not label or dated.

1 large zip lock bag of waffles located in the kitchen freezer where not label or dated.

1 large zip lock bag of chicken patties located in the kitchen freezer where not label or dated.

1 large zip lock bag of rice located in the kitchen cabinet was not labeled or dated.

Plan of Correction

Accept () - 12/14/2023)

Food (Chicken nuggets, ground beef, waffles, chicken patties and rice) were not labeled or dated. Staff will label and date all food when placed in the kitchen, refrigerator, freezer and cabinets. The administrator spoke with staff about labeling and dating food. The administrator will check daily to make sure food is properly labeled.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented () - 02/14/2024)

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 () did not include pulse rate.

Plan of Correction

Accept () - 12/14/2023)

There was no pulse rate on residents DME. Dr's office never put pulse rate on DME. Administrator will make sure all paperwork is filled out properly when it comes from the doctor's office. The Dr's office put pulse rate and initialed DME. The administrator will check periodically to ensure paperwork is properly filled out.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented () - 02/14/2024)

141b1 - Annual Medical Evaluation

11. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #5's most recent medical evaluation was completed [REDACTED] and the previous was completed [REDACTED], which exceeds the annual timeframe.

Plan of Correction

Accept ([REDACTED] - 12/14/2023)

Residents' medical evaluation was not completed in the proper timeframe. There was COVID in the building and the Dr would not see anyone until COVID was cleared from the building. Resident was seen as soon as the building was cleared. The administrator will check periodically to ensure paperwork is done within the proper timeframe.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented ([REDACTED] - 02/14/2024)

144c1 - Smoking Area Guidelines**12. 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

8 loose cigarette butts were found on the ground in the home's indoor smoking room.

Plan of Correction

Accept ([REDACTED] - 12/14/2023)

Cigarette butts were found in the indoor smoking area. Cleaners will clean the smoke room twice a shift. Cleaners will check every hour to make sure there are no butts on the ground. Had a resident meeting and spoke to residents about throwing butts on the ground. Administrator will check periodically to make sure there are no butts on the ground.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented ([REDACTED] - 02/14/2024)

183a - Original Containers and Injections**13. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

The medication cart included three loose pills found in the fifth drawer from the top. The medication was able to be identified: Two Prednisone and one Eliquis tablets. The medication could not be matched to a particular resident.

Plan of Correction

Accept ([REDACTED] - 12/14/2023)

There were loose pills found in the med cart. A resident was in the hospital and medication was sent back to pharmacy, the pills must have fallen out of the packets. Med techs will check the cart for loose pills during every

183a - Original Containers and Injections (continued)

shift daily. The administrator will check periodically throughout the week.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█) - 02/14/2024)

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

Resident #3 is prescribed █ at █ daily. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin bottle was opened.

Resident #4 is prescribed █ insulin at █ daily. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin bottle was opened.

Plan of Correction

Accept (█) - 12/14/2023)

Insulin pens were not dated. The insulin pens were immediately discarded at the time of inspection. New insulin pens were opened and dated at the time of inspection. Administrator spoke with med techs about dating things properly. Administrator and head med tech will check periodically through the week to make sure things are properly dated.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█) - 02/14/2024)

186a - Authorized Prescriber**15. Requirements**

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident #4 had a PRN order for █ nasal spray for accidental overdose. This medication was not available and there was no order to discontinue.

Plan of Correction

Accept (█) - 12/14/2023)

There was no █ available. The █ must have been expired and sent back and we didn't receive another one. Med tech called pharmacy and had one sent up. Administrator and head med tech will check periodically through the week to ensure all Narcan's are there and stay within date.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█) - 02/14/2024)

227d - Support Plan Medical/Dental**16. Requirements**

227d - Support Plan Medical/Dental (continued)

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's RASP dated [REDACTED] was not updated to include an altercation with resident [REDACTED]. [REDACTED] tackle resident [REDACTED] to the ground in their shared room. Resident [REDACTED] received an injury from the altercation.

Resident #1's RASP dated [REDACTED] was not updated to include the resident current behaviors and an altercation with resident # on [REDACTED].

Plan of Correction**Accept [REDACTED] - 12/14/2023)**

Residents RASP was not updated. RASP was updated at the time of inspection. Any incidents that happen with a resident will be document in a timely manner. Administrator will make sure support plans are updated as needed. Administrator will check periodically to make sure they are updated in a timely manner.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented [REDACTED] - 02/14/2024)