

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

January 12, 2024

[REDACTED], OWNER
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 11/29/2023, 11/30/2023 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]

Acting 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: L&I

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: 12/15/2023

Inspection Dates and Department Representative

11/29/2023 - On-Site: [REDACTED]
 11/30/2023 - 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: 0

Number of Residents Who:
 Receive Supplemental Security Income: 53 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 54 Diagnosed with Intellectual Disability: 54
 Have Mobility Need: 0 Have Physical Disability: 3

Inspections / Reviews

11/29/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2023

12/29/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/12/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/29/2023

Inspections / Reviews *(continued)*

01/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

01/12/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. 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

Resident 1 was interviewed and indicated that Resident 2 would stay in their room and forced themselves upon Resident 1. Resident 1 indicates that Resident 2 forced them to have sex and raped them while a resident of the home. Resident 1's assessment and support plan indicated that staff would keep males away from resident 1, which they neglected to do.

Plan of Correction

Accept [redacted] 01/12/2024)

Resident#1 Support Plan was not updated regarding changes of the resident. The changes and calls were documented on other paper and kept in resident's chart. The Area on Aging office for Protective Services was contacted x 2. The Ombudsman was contacted and report sent to the state. In the future all RASP will be updated for health and well-being changes as well as separate documentation. The administrator will check throughout week to ensure all RASP are updated.

Timeline:

11/02/22: [redacted] gives permission for [redacted] to be in room.

11/03/22: [redacted] permission for all males employees to be in room.

01/31/23: [redacted] Ombudsman had meeting about house rules and rights. [redacted] spoke with [redacted] alone regarding this. [redacted] states if [redacted] wants [redacted] in room that is their right.

01/31/23: Area on Aging, Protective Services Department, spoke to them regarding situation [redacted] stated if [redacted] wants [redacted] in [redacted] room and not claiming abuse or no witness of abuse; nothing we can do.

03/07/23: Advocacy Alliance called to make [redacted] aware of [redacted] and [redacted] attempt to remove [redacted] money from there and to a bank account.

3/12/23: Received SSI letter regarding changes attempting to be made from Advocacy alliance to [redacted] own bank account and using [redacted] cell phone as a contact and payee.

Called Area on Aging, Protective Services Department, spoke to [redacted] told him how [redacted] was trying to open a bank account and as long as [redacted] not claiming abuse or any witness to abuse it is heresay.

The home will also contact all agencies involved and try to have all have a meeting together if this type of situation occurs again.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ([redacted] - 01/12/2024)

227d - Support Plan Medical/Dental

2. 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

Resident 1's assessment and support plan, dated [redacted], indicated that Resident 1 is diagnosed with [redacted] and the support plan to meet the need indicated that the resident is unable to resolve issues and staff will

227d Support Plan Medical/Dental (continued)

keep young opposite sex peers away from the resident. Resident 2 was admitted to the home on [REDACTED] Resident 1's RASP was not updated to reflect the change in resident 1's behavior in allowing opposite sex peers in their room and a plan to protect the resident from potential abuse.

Plan of Correction

Accept [REDACTED] 01/12/2024)

Resident #1, signed papers allowing male staff in [REDACTED] room and [REDACTED] allowed in [REDACTED] room on different piece of paper. The support plan was not updated to reflect the additional new paperwork or change of resident. In the future, all RASP will reflect new/ updated information in addition to signatures or other documents by administrator as changes are occurring. The immediate solution is the Administrator will document on the Support plan at time of occurrence and in the specific area of the support plan reflecting changes. The timeline and specific dates are on attachments and below as the support plan can nt be adjusted at this time the resident resides elsewhere. In the future the administrator will continue to update and monitor the support plans are followed through and changes are carried through for future care plans completed by the assistant. Gathering all agencies involved in a meeting together to resolve the circumstance as a whole will also occur for this type of situation.

Resident#1 Support Plan was not updated regarding changes of the resident. The changes and calls were documented on other paper and kept in resident's chart. The Area on Aging office for Protective Services was contacted x 2. The Ombudsman was contacted and report sent to the state. In the future all RASP will be updated for health and well being changes as well as separate documentation. The administrator will check throughout week to ensure all RASP are updated.

Timeline:

11/02/22: [REDACTED] gives permission for [REDACTED] to be in room.

11/03/22: [REDACTED] gives permission for all males employees to be in room.

01/31/23: [REDACTED] Ombudsman had meeting about house rules and rights. [REDACTED] spoke with [REDACTED] alone regarding this. [REDACTED] states if [REDACTED] wants [REDACTED] in room that is their right.

01/31/23: Area on Aging, Protective Services Department, spoke to them regarding situation [REDACTED] stated if [REDACTED] wants [REDACTED] in [REDACTED] room and not claiming abuse or no witness of abuse; nothing we can do.

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3/12/23: Received SSI letter regarding changes attempting to be made from Advocacy alliance to [REDACTED] own bank account and using [REDACTED] cell phone as a contact and payee.

Called Area on Aging, Protective Services Department, spoke to [REDACTED] told him how [REDACTED] was trying to open a bank account and as long as [REDACTED] is not claiming abuse or any witness to abuse it is heresay.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] - 01/12/2024)