

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

January 16, 2024

[REDACTED]  
PITTSTON HEAVENLY MANOR INC  
[REDACTED]

RE: PITTSTON HEAVENLY MANOR  
51 NORTH MAIN STREET  
PITTSTON, PA, 18640  
LICENSE/COC#: 21869

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2023 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]

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: [REDACTED]  
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: *56* Waking Staff: *42*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *12/07/2023*

**Inspection Dates and Department Representative**

12/07/2023 - 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: *54* Are 60 Years of Age or Older: *39*  
Diagnosed with Mental Illness: *53* Diagnosed with Intellectual Disability: *6*  
Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**12/07/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/07/2024*

**01/16/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *01/16/2024*  
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

01/16/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227b - Support Plan Content

1. Requirements

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

The resident's support plan dated 5-15-23 was not updated to include the resident has concerns with agitation, irritation or aggression. All boxes on support plan are checked as A as having no concerns.

Plan of Correction

Accept [REDACTED] - 01/16/2024)

The violation occurred due the care Support plan not reflecting the changes in resident's behavior, the changes in behavior were updated at time of incident and all changes in behavior of residents will be documented appropriately in support plan at time of incidents, In the future the administrator will ensure all support plans are updated at the time of occurrence and continue to be followed through as incidents occur.

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

Implemented [REDACTED] - 01/16/2024)