

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

July 24, 2024

[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 02/15/2024 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: *12/01/2024*  
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: *PA Dept. L&I*

**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: *02/15/2024*

**Inspection Dates and Department Representative**

02/15/2024 - 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: *53* Are 60 Years of Age or Older: *39*  
Diagnosed with Mental Illness: *55* Diagnosed with Intellectual Disability: *6*  
Have Mobility Need: *0* Have Physical Disability: *5*

**Inspections / Reviews**

**02/15/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2024*

**03/27/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *04/15/2024*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/29/2024*

Inspections / Reviews (*continued*)

04/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/15/2024

07/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License Inspection Summary (LIS) reports dated 11/29/23 and 12/7/23 were not posted in the home as required.

Plan of Correction

Accept (█) - 04/08/2024)

The violation occurred due to the administrator did not post LIS reports post incidents at the building. The administrator will be responsible to ensure each violation that occurs in the building will be posted per the regulations of the DHS. In the future as violations are returned to administrator after being reviewed and accepted will be printed and posted in area where they can be easily reviewed in a public area. The violation was fixed on 2/20/2024. all violations were printed and the administrator will check sanswrite post inspections or complaints to ensure that they are printed and present each as each occurrence happens. The administrator will check periodically through the week to ensure they are present and not removed.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented (█) - 07/24/2024)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for resident #1 who was admitted to the home on █ is not dated when it was signed by the resident and is also not signed by the administrator or the resident's payor.

Plan of Correction

Accept (█) - 04/08/2024)

The violation occurred due to the assistant administrator did not date the contract at the time the resident signed. The payee is not available to sign the contract unable to contact them, the phone number given not in working order and moved from previous address. The admin got advocacy alliance to become the new payee contract and was sent to them for signature. The administrator will continue to monitor and check new charts within 24 hours of admission to ensure accurate and complete and to assist in any concerns or problems that may occur. The resident and administrator reviewed and signed the contract and dated 2/20/2024. The administrator will complete an audit of all files with assistant by 04/12/2024. Admin will make sure to get contract from the payee by 04/12/2024.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented (█) - 07/24/2024)

25c2 - Fee Schedule

3. Requirements

2600.

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

25c2 - Fee Schedule (continued)

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The contract for resident #2 indicates the monthly fee is \$14. The resident's actual monthly fee is \$1468.

Plan of Correction

Accept ( [redacted] ) - 04/08/2024)

The error occurred with the assistant administrator did not write the appropriate number for finances on the contract, the contract was reviewed and signed for the appropriate amount of the room/board monthly fees for this resident. The assistant administrator will continue to be responsible for the start of charts and review the contracts and signatures as required. The administrator will review new admission charts within the 24 hr period to ensure accurate. The contract was fixed 2/20/2024. the homes admin will be completed with audit on 4/12/2024. The audits will be performed monthly and new admissions within 24 hours of admission to the facility. the admin will check chart after audit periodically to ensure charts are updated in timely manor and are correct.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( [redacted] ) - 07/24/2024)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Records indicate that none of the home's staff received annual training in 2023 for the following required topics: (1) Medication Self Administration and (7) Care of Residents with mental illness or intellectual disability.

Plan of Correction

Accept ( [redacted] ) - 04/08/2024)

the violation occurred because the administrator did not add Medication Self-Administration to the yearly training list. The administrator did not ensure the completion of the training for Care Of Residents mental illness/ID. Medication self-administration was added to yearly training and the administrator will review all training each month to ensure the training is completed and the staff has been educated for the subjects required and needed. The mh/ID were completed on 3/28/2024 and The self-administration training was completed on 3/28/2024. for annual training of 2023. In 2024, there the classes will be repeated for annual training year to ensure all staff have mandatory training hours. The admin will make sure to check periodically through each month to make sure each staff receives annual training hours.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( [redacted] ) - 07/24/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person "A" did not receive annual training in the topic of "falls" for the year 2023.

## 65g - Annual Training Content (continued)

**Plan of Correction**

Accept ( ) - 04/08/2024)

The violation occurred due to not ensuring the staff member signature present after in-service of falls. The proof was not there that ( ) did not attend due to no signature present on form. The staff member A completed training for falls on 3/28/2024 this will be used for 2023 annual training year. Another training will be scheduled in 2024 for fall prevention to ensure all training is completed for 2024. the administrator will check periodically throughout each month to ensure all training is completed. The staff member received the training. The audit for the training completed on 3/28/2024 and will continue to be checked periodically throughout each month to ensure continued training for staff is completed.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024)

## 82a - Poisonous Materials

**6. Requirements**

2600.

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

**Description of Violation**

A plastic bottle of gold colored cleaning liquid labeled "Pine Sol" in marker was found in a hallway by a resident. The cleaning liquid was stored in a bottle that did not have the original label on it.

**Plan of Correction**

Accept ( ) - 04/08/2024)

The violation occurred because the pine sol was not in appropriate container and the container was also not appropriate labeled with the accurate label needed to use in spray bottles. The housekeeping will be responsible for ensure all poisonous materials are in the original containers and original labels on the original container. The training of poisonous materials was completed on 4/04/2024. The staff was told any cleaning liquids or chemicals must be kept in original container if an issue occurs they are to bring it to the administrators attention. The administrator and assistant administrator will check the cleaning carts throughout the week to ensure all cleaning materials will stay in original container with original label.

Licensee's Proposed Overall Completion Date: 04/04/2024

Implemented ( ) - 07/24/2024)

## 85a - Sanitary Conditions

**7. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

The glucometer belonging to resident #3 had a dried blood like substance over the screen of the glucometer.

**Plan of Correction**

Accept ( ) - 04/08/2024)

The med tech did not use proper cleaning technique post use of the glucometer. Training provided to /all med techs for proper cleaning technique for glucometers will be completed on 4/08/2024. The administrator will ensure all med techs will know how to clean and sanitize glucometers. Admin will check periodically multiple times throughout week to ensure machines are properly cleaned. Resident #3 glucometer was cleaned on 02/15/2024.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024

85d - Trash Receptacles

8. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the 3rd floor bathroom/shower room contained trash and did not have a cover.

Plan of Correction

Accept ( ) - 03/27/2024

The violation occurred because the lid to the trash can was not present. the housekeeping is to ensure that all trash receptacles have a lid and to report to the assistant administrator that one is missing so it can be replaced daily, the housekeeping will remain responsible to report and check daily the lids are present on all garbage containers. the assistant administrator will check on daily rounds that this is being followed

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented ( ) - 07/24/2024

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 exit door from the kitchen to the outside of the home did not have an operable latch to shut the door securely.

Plan of Correction

Accept ( ) - 04/08/2024

the exit door in the kitchen latch was missing and door working properly. All staff and assistant med tech will check the doors periodically throughout each shift to ensure furniture and equipment are in good repair. The kitchen door was repaired on 02/15/2024.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

Description of Violation

The resident on the right side of bedroom 309 does not have a source of light at bedside.

Plan of Correction

Accept ( ) - 04/08/2024

The violation occurred due to the housekeeping did not ensure proper lighting beside the bed. The administrator has made a weekly checklist for housekeepers to go room to room to check and make sure all lighting works properly

101j7 - Lighting/Operable Lamp (continued)

in each room along with furniture and equipment is in good repair. The lighting in 309 was replaced on 02/16/2024. The administrator and assistant administrator went through all rooms to ensure all lighting in all rooms work correctly. The admin will check periodically through week on check list to make all is being completed.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024)

102j - Towels/Wash Cloths Access

11. Requirements

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

An unlabeled wet washcloth was found on the floor in the 3rd floor shower room shared by multiple residents.

Plan of Correction

Accept ( ) - 04/08/2024)

The violation occurred due to the washcloth was left in bathroom post being used by an individual and not put in the dirty linen where it belongs. The housekeepers will check throughout the day to ensure all wash clothes and towels are removed from shower room. The wash cloth was removed on 02/15/2024 Check list for the bathrooms and shower room will be completed daily by the housekeepers. Housekeepers will check in am as the are cleaning the rooms and will go back check before the end of shift to do a 2nd check.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024)

125a - Combustible Storage

12. Requirements

2600.

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

Description of Violation

A buildup of dryer lint was found behind the two dryers and the two washers in the first-floor laundry room.

A buildup of dryer lint was found lying on the ground under the outside dryer vent on the left side of the home.

Numerous cigarette butts were found lying near the dryer lint.

REPEAT VIOLATION - 11-1-2022 et al".

Plan of Correction

Accept ( ) - 04/08/2024)

The violation occurred due to the housekeeping not checking for build up outside the building and ensuring behind the dryer and washers were clean and free from any debris or lint and outside of the building by the vent. The lint and cigarette butts were removed on 02/16/2024. Check list for the Lint/cigarette for dryer outside and behind machines will be completed twice daily by the housekeepers. Housekeepers will check in am as they are doing laundry and will go back check before the end of shift to do a 2nd check.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024)

132a - Monthly Fire Drill

13. Requirements

2600.

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

Description of Violation

Based on review of the home's fire drill logs, it was determined that a monthly drill was not conducted in December 2023 or in January 2024. REPEAT VIOLATION - 11-1-2022 et al".

Plan of Correction

Accept ( [REDACTED] ) - 04/08/2024)

The fire drill for overnight in December was not completed and the assistant administrator is responsible for activating the fire drill system and documenting and the administrator transfers documentation into the fire log. The administrator did not document appropriately in fire log book for the fire drill in January on in the staff notes. The administrator will be responsible for making sure that all fire drills are done in a timely manner. The administrator will be responsible for documenting all fire drills on the log sheets. Both fire drills were made 1 fire drill completed documentation for 01/31/2024 7:34am 4 min 22 sec 55 people. This was documented appropriately for the fire drill in January 1 fire drill extra in March for this was the make up for overnight in December fire drill in. The admin [REDACTED] will be responsible to check periodically throughout each month to ensure all fire drills are completed and done correctly.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( [REDACTED] ) - 07/24/2024)

132e - Fire Drill Sleeping Hours

14. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last sleeping hour drill conducted by the home was on 6/30/23 at 4:27am.

Plan of Correction

Accept ( [REDACTED] ) - 04/08/2024)

The violation occurred due to the assistant administrator not performing an overnight fire drill. The fire drill overnight that was due in December was done in March to be made up for the December 2023 on 3/05/2024. The administrator will be responsible to complete and document the fire drills correctly. The admin will train assistant administrator regarding overnight fire drills and monthly drills to ensure all drill are done correctly and documented in fire log correctly.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( [REDACTED] ) - 07/24/2024)

141a - Medical Evaluation

15. 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.

Description of Violation

The Documentation of Medical Evaluation (DME) form for resident # 1 dated [REDACTED] was not signed by the physician who completed the evaluation and also did not include the physician's medical license number.

REPEAT VIOLATION - 11-1-2022 et al".

141a - Medical Evaluation (continued)

Plan of Correction

Accept ( ) - 04/08/2024

The violation occurred due to the physician not signing and putting medical license number on the DME. The DME was sent back over to [redacted] for signature and medical license number to be documented on DME. Admin/assistant admin will have chart audits completed by 04/12/2024. Admin will check DME periodically monthly to ensure they are filled out correctly.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024

141b1 - Annual Medical Evaluation

16. Requirements

2600.

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

Description of Violation

The most current DME for resident #4 is dated [redacted]. The previous DME was completed [redacted], more than 12 months prior.

Plan of Correction

Accept ( ) - 04/08/2024

The violation occurred due to the DME past compliance. The resident had scheduled doctor appointments and did not attend and was trying to bounce from doctor to doctor due wanting to take [redacted] own meds, no one will authorize and resident is not capable of administering correctly on [redacted] own. The resident family is now POA and [redacted] is seeing only one doctor at this time now, whom is Dr. [redacted], and is compliant with seeing primary care physician. The admin [redacted] will make sure to check DME's are completed in a timely fashion Admin/POA has resident seeing Dr. [redacted]. The appointment will be set one month prior to completion date to ensure compliance. New DME was completed on 01/09/2024.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024

144c1 - Smoking Area Guidelines

17. 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

On 2-15-24 at approximately 10:00 am, 50+ Cigarette butts were found lying on the ground in and around the designated smoking area of the home.

Approximately 5 cigarette butts were found on the ground and the flowerpots near the main entrance.

REPEAT VIOLATION - 11-1-2022 et al".

Plan of Correction

Accept ( ) - 04/08/2024

the violation is due to the littering in front of the building and the clean up not being done. The housekeeping will

**144c1 - Smoking Area Guidelines (continued)**

be checking and cleaning twice daily per the checklist for cleanliness and maintain compliance. The administrator will speak with residents throughout the day to encourage the use of the cans provided to extinguish and place finished cigarettes in. The housekeepers were sent out on 02/15/2024 to clean cigarette butts from area up.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024)

**185a - Implement Storage Procedures****18. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #2's glucometer indicated a blood glucose level of 127 on 2/13/24 at 8:00pm; 120 is written on the MAR.

Resident # 5's glucometer indicated a blood glucose level of 159 on 2/8/24 at 8:00pm; 129 is written on the MAR.

**Plan of Correction**

Accept ( ) - 04/08/2024)

The supervising dayshift med tech is charge of checking the glucometers weekly for accuracy, cleanliness and appropriate documentation on 03/28/2024. The administrator ( ) did the training for accuracy and proper documentation of accuchecks with glucometer cleaning. Administrator will check periodically throughout the week to ensure proper documentation is being completed.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024)

**187d - Follow Prescriber's Orders****19. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed Novolog Flex Pen (100 units/ML), with instructions to inject 5 units before each meal (8am, 12pm, 4pm). Resident #2's MAR is not initialed by staff to indicate the insulin was administered on 2/7/24 at 4:00 pm.

Resident #2 is prescribed Novolog Flex Pen (100 units/ML) with a sliding scale for coverage 3x daily. Resident #2's MAR indicates a blood glucose level of 205 on 2/7/24 at 8:00pm. According to the sliding scale, the resident required 4 units of insulin. Staff did not initial the MAR to indicate the 4 units of insulin was administered on that date and time as prescribed. Repeat 11/1/23.

Resident # 6 is prescribed Novolog Flex Pen 12units, 3x daily with meals. The resident's MAR is not initialed by staff to indicate the insulin was administered on 2/3/24 at 8am and 12pm and on 2/10/24 at 8am and 12pm as prescribed.

Resident #6 is prescribed Sinequan 100mg. 1 tab. every night. The resident's MAR is not initialed by staff to indicate the medication was administered on 2/8/24 at 8pm as prescribed.

Resident #6 is prescribed Simvastatin 20 mg. 1 tab. daily. The resident's MAR is no initialed by staff to indicate the medication was administered on 2/8/24 at 8:00pm as prescribed.

Resident #6 has an order for their temperature to be taken twice daily (8am/8pm). The resident's MAR is not initialed by staff to indicate resident #6's temperature was taken on 2/9/24 at 8pm as ordered.

REPEAT VIOLATION - 11-1-2022 et al".

187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept ( ) - 04/08/2024

The violation occurred due to proper documentation not being done by the med tech. The training for the med tech followed the med training site of proper documentation in the MAR on 03/28/2024. The Admin ( ) will check periodically weekly to ensure all documentation is correct on the MAR. The assistant administrator will monitor daily and report to the administrator any discrepancies.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 07/24/2024

251b - Record Entries Legible

21. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

Correction fluid (white out) was used to change the date evaluated section of the DME dated ( ) for resident #5.

**Plan of Correction**

Accept ( ) - 03/27/2024

The violation occurred due to the staff member from the doctor's office used white out on the form to correct the number instead of cross out or ask for a new form. The violation was not caught during chart evaluation. The doctor's office was notified document sent over and asked for the form to be filled out appropriately. The administrator will ensure that white out is not used on any document while others are filling out paperwork. The staff does not have white out on hand use in the building.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented ( ) - 07/24/2024