

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

April 24, 2024

[REDACTED]
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2024 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: 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/19/2024*

Inspection Dates and Department Representative

03/19/2024 - 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

03/19/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2024*

04/24/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/24/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

04/24/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

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

On [REDACTED] Resident [REDACTED] entered into an altercation with resident [REDACTED] over something spilled on the floor. The two residents scuffled, with Resident [REDACTED] hitting the other resident in the arm and threatening to kill [REDACTED].

Staff immediately responded to separate the two and the local police were called to respond. The local Police Department is familiar with Resident [REDACTED]. An officer arrived at the Home and had a discussion with Resident [REDACTED].

The home is being cited for physical abuse perpetrated by Resident [REDACTED].

On [REDACTED] Resident [REDACTED] entered another resident room where [REDACTED] reside. Resident [REDACTED] awoke a [REDACTED] resident. frightening [REDACTED]. Resident [REDACTED] also threatened [REDACTED] with bodily harm. One of [REDACTED] roommates entered the room and told Resident [REDACTED] to leave immediately. Resident [REDACTED] then threatened the roommate as well. At this time the 3rd roommate became aware of the altercation in the room and became frightened for [REDACTED] personal safety as well.

Resident [REDACTED] continued to be belligerent and threatening. The local police department was called and an officer arrived on the scene to assist staff in removing the [REDACTED] resident from the room.

One of the three female residents is pressing charges against Resident [REDACTED].

All three roommates remained fearful and needed assistance from staff to reach baseline emotional status after this event. The police officer stayed and offered reassurances as well.

The home is being cited for Emotional abuse being perpetrated by Resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/24/2024)

Resident [REDACTED] was emotional and physically abusive towards other residents. On [REDACTED] resident [REDACTED] placed [REDACTED] hands on resident [REDACTED]. The police were called. Resident [REDACTED] was sent to the hospital and aging was called. Protective services got involved. The hospital sent resident [REDACTED] back to the facility. There was an open case with protective services. Protective services was working with us to find resident [REDACTED] a new place to live. On [REDACTED] resident [REDACTED] was emotionally abusive to [REDACTED] roommates. The police were called again and resident [REDACTED] was taken to the hospital. The hospital tried to send resident [REDACTED] back to the facility and protective services stopped it. Resident [REDACTED] was placed elsewhere. The facility would follow the same steps if an incident like this occurs again.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 04/24/2024)