

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

July 24, 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 05/08/2024 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: [REDACTED]
 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: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *05/08/2024*

Inspection Dates and Department Representative

05/08/2024 - 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: *38*
 Diagnosed with Mental Illness: *54* Diagnosed with Intellectual Disability: *6*
 Have Mobility Need: *0* Have Physical Disability: *3*

Inspections / Reviews

05/08/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2024*

05/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/10/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/31/2024*

Inspections / Reviews (*continued*)

06/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/09/2024

07/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102j - Towels/Wash Cloths Access

1. 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

A wet, unlabeled wash cloth was noted hanging in the 2nd floor shared shower room.

Plan of Correction

Accept [redacted] - 05/29/2024)

The housekeeping staff will do hourly rounds hourly to ensure all linen is taken out of the shower room when the residents have finished using the shower room during the day. The PCA will do hourly rounds on 3-11 and 11-7 to ensure safety and dirty linens in the shower room. The administrator/assistant Admin will periodically check throughout the day to ensure no linen in the area during the day. the med will check on 3-11 and 11-7. This was started on 5/09/2024 and documentation was added to the current audit form.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [redacted] 07/24/2024)

141a 1-10 Medical Evaluation Information

2. 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 [redacted] was admitted to the home on [redacted]. The Medical evaluation was completed on [redacted], more than 60 days prior to admission of the home.

Resident [redacted] most recent medical evaluation was completed on [redacted]. However, the medical evaluation was not signed by a physician.

Plan of Correction

Accept [redacted] - 05/29/2024)

Resident [redacted]: the resident is a transfer from the other building owned by the owners. the responsibility of the assistant administrator is to update the chart for DME and Rasp within the year seen by the house physician. Each building has a different license number, and the correction is to have all paperwork as a new resident in the building. the transferred resident was seen by the md in April at Pittston Manor and paperwork was updated and now current as of 5/09/2024. The administrator will check each residents paper work within 24hrs of admission

141a 1-10 Medical Evaluation Information (continued)

and follow-up periodically throughout month to ensure completed in full and a timely manner.

Resident [REDACTED]: The resident did have a completed Ma51 and DME and it was copied by the doctor's office double sided with only the MA51 signed. The MD left the facility to work in the new area and our facility contacted office on 5/10/2024 about the MD refusal to sign both sides. The MD remains to say I already signed it even with the explanation of it is a completely different paper work and require a signature for each one and should not be put together like they were. The resident has a new MD and with an appointment set for July for new patient physicals. [REDACTED] is also on cancellation list if an appointment comes about earlier. The resident declined seeing the house MD when approached by staff. The assistant admin will check each month to ensure all papers are signed seperately. the administrator will check periodically throughout the month to ensure compliance. If the doctor refuses again, promptly call the head admin to make aware and he will speak with the md regarding state regulations for completed paperwork that is required.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [REDACTED] - 07/24/2024)

144c1 - Smoking Area Guidelines

3. 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

Over 20 extinguished cigarette butts were noted on the ground near the front entrance of the home, on the side of the building and on the ground near the designated smoking area.

Plan of Correction

Accept [REDACTED] 05/29/2024)

the housekeeping/pca will alternate hourly to check and clean the smoking area and check the perimeter of the building to ensure it is clean and no cigarette butts are on the ground. The administrator will continue to speak with smokers and repeat where the smoking area is located and that is the only place anyone is allowed to smoke. The administrator and assistant administrator will check throughout the day to ensure the area is clear and clean. This was started on 05/09/2024 and documentation added to the current audit form.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [REDACTED] - 07/24/2024)

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

181c - Self-administration Assessment (continued)

Description of Violation

The DME for Resident [REDACTED], dated [REDACTED], indicates they are not assessed to self-administer medications. 4 [REDACTED] tablets were noted on the resident's bedside table.

Plan of Correction

Accept [REDACTED] - 05/29/2024)

the resident rooms are checked hourly throughout the entire 24 hour period. The PCA will check that there is medicine prescription and/or OTC medication seen on any surfaces in the room. The administrator will check the rooms throughout the day to ensure there is no medication in anyone's rooms. The administrator spoke with resident [REDACTED] regarding medication explaining that there can not be any medication in room that is unlocked and out in open including OTC medication. The resident was told all residents must be assessed by the md to administer their own meds and proper storage and documentation needs to occur in order to take their own medication. The resident was encouraged to ask the med techs for anything they feel they may need and it will be brought to the attention of the doctor and stored in the med room with an order

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [REDACTED] - 07/24/2024)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The DME for Resident [REDACTED], dated [REDACTED] indicates they are not assessed to self-administer medications. 4 [REDACTED] tablets were noted on the resident's bedside table and the room was unlocked and unattended.

Plan of Correction

Accept [REDACTED] - 05/29/2024)

the resident rooms are checked hourly throughout the entire 24 hour period. The PCA will check that there is medicine prescription and/or OTC medication seen on any surfaces in the room. The administrator will check the rooms throughout the day to ensure there is no medication in anyone's rooms. The administrator spoke with resident [REDACTED] regarding medication explaining that there can not be any medication in room that is unlocked and out in open including OTC medication. The resident was told all residents must be assessed by the md to administer their own meds and proper storage and documentation needs to occur in order to take their own medication. The resident was encouraged to ask the med techs for anything they feel they may need and it will be brought to the attention of the doctor and stored in the med room with an order. The resident did not request to be assessed at this time. The MD is aware the resident did have a med that was already received an order for in her room. The medication was immediately removed from room on 05/08/2024

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [REDACTED] - 07/24/2024)

185a - Implement Storage Procedures

6. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident [redacted] and Resident [redacted] glucometers were not calibrated to the correct date and time. The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer.

Resident [redacted] - At 8am on [redacted] the reading on the [redacted] was [redacted] but the MAR indicated that the resident refused.

Plan of Correction

Accept [redacted] - 05/29/2024)

The dayshift supervisor will check each morning for proper calibration of the glucose machines and will set the machine to correct settings if adjustment needed. all accu check machines were calibrated by the administrator on 05/08/2024 and the supervisor will check daily to maintain compliance, the administrator will check throughout the week to ensure the machine is accurate.

The error in documentation due the resident coming back after initially refusing accu check and walking away. The resident came back after time frame and requested to have blood sugar checked. The refusal stands as is and the request will be documented in the as needed order where it was supposed to be after the allotted time frame and refusing to have completed initially. The staff training occurred on 05/10/2024 to avoid any further errors with requests for accu checks after a refusal to have it done at the time due.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [redacted] - 07/24/2024)

225a - Assessment 15 Days

7. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An initial assessment for resident [redacted] was not completed within 15 days of the resident's admission to the home on [redacted] and for Resident [redacted] that was admitted on [redacted].

Plan of Correction

Accept [redacted] 06/04/2024)

The initial assessment for Resident [redacted] and Resident [redacted] were completed while in the Angel Manor Residence. The new initial assessment for building change is the responsibility of the assistant admin with follow up by Administrator. The education by administrator that all residents will be treated as new admits and not transfers from the other building's. The paperwork will /reflect the admission date to the month RASP and DME also.

The administrator is responsibility to fix the problem and educate the staff responsible for the work. The assistant administrator is responsible to maintain appropriate paperwork for the charts; this education was given 05/09/2024. The chart's were updated on 05/09/2024 and 05/10/2024.

The administrator will continue to monitor charts throughout the month.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented [redacted] - 07/24/2024)