

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

January 15, 2025

[REDACTED]
ANGELS FAMILY MANOR PERSONAL CARE HOME INC
[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 11/26/2024 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:** 11/05/2025
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

Type: Other **Date:** 04/11/2014 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/26/2024

Inspection Dates and Department Representative

11/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 53 **Residents Served:** 48

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 45 **Are 60 Years of Age or Older:** 29
Diagnosed with Mental Illness: 40 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 3

Inspections / Reviews

11/26/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/13/2024

12/17/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/14/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/24/2024

Inspections / Reviews *(continued)*

12/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/31/2024

01/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home posted a licensing inspection summary dated [redacted] for public view. However, the summary contained a resident privacy coding sheet, identifying the resident's named in the document.

Plan of Correction

Accept [redacted] - 12/17/2024)

An inspection summary was posted for public view with resident's names on it. Paper will be removed from public view. The administrator will double check all paperwork before posting to make sure that there are no names visible. all inspection summaries will be posted with out residents names from here on. The admin will be responsible to ensure summaries are posted correctly. was fixed at time of inspection 11/26/24

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 01/14/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

Direct Care Staff Member A, hired [redacted], did not have a high school diploma, GED, or CNA certification.

Plan of Correction

Accept [redacted] - 12/24/2024)

Direct Care staff member does not have a high school diploma, GED or CNA certificate on file. Staff member will have documentation notarized that they have a GED. The staff member has made several attempts to get a copy from the school in New Jersey. He has contacted the state of New Jersey and will receive a copy in the mail in 8 weeks. The administrator will make sure all files are complete when someone new is hired. The administrator will check monthly to make sure all documents are on hand. Worker left the company on 12/13/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 01/15/2025)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On the date of inspection at 9:20am, it was observed that no emergency numbers were posted near the landline telephone located outside the kitchen of the home.

91 Telephone Numbers (continued)

Plan of Correction

Accept [redacted] - 12/24/2024)

There were no emergency phone numbers posted near the landline. Phone numbers will be placed near the phone on 12/23/2024. Housekeeping will make sure that the phone number list is there daily and if it is not, they will report it to the administrator. The administrator will periodically check to make sure that numbers are in place.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented ([redacted] - 01/14/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bed located closest to the window in bedroom [redacted] did not have a lighting located within the resident's reach from bedside.

Plan of Correction

Accept [redacted] - 12/17/2024)

There was no lighting within reach of the resident's bed. Housekeeping moved lamp into reach of the resident. Housekeepers will make sure that lamps are in reach on a daily basis. The administrator will check periodically to ensure that lamps are in reach.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 01/14/2025)

144c1 - Smoking Area Guidelines

5. 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

During the walkthrough of the home, in excess of 20 cigarette butts were observed in the grassy area located in the home's outdoor smoking area.

Repeat Violation [redacted], et al., [redacted]

Plan of Correction

Accept [redacted] - 12/17/2024)

There were an excess of 20 cigarette butts in the grassy area in the outdoor smoking area. Housekeeping/maintenance will clean and check the areas every 2 hours. The head housekeeper will check daily to ensure that staff are cleaning them up. The administrator will periodically check to make sure that they are cleaning up.

Licensee's Proposed Overall Completion Date: 12/13/2024

144c1 Smoking Area Guidelines (continued)

Implemented [REDACTED] - 01/14/2025)

184b Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident [REDACTED] has an order for [REDACTED], apply bilaterally to both knees two times daily for pain. The resident's Medication Administration Record documents to apply the cream two times a day, however the pharmacy label states to apply the cream three times a day.

Plan of Correction

Accepted [REDACTED] 12/24/2024)

The MAR and the prescription label have different orders. The med tech called MD on 11/26/2024 to clarify and get the appropriate prescription sent to the pharmacy and our office. The head med tech will check weekly to make sure that all labels and MAR's match. The administrator will periodically check to make sure that labels and MAR's match.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [REDACTED] - 01/14/2025)

185a Implement Storage Procedures

7. 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 [REDACTED] has an order for [REDACTED], inhale two puffs by mouth every four hours as needed for wheezing. Resident [REDACTED] has an order for [REDACTED] take 5mg by mouth every six hours as needed for cough. Resident [REDACTED] has orders for [REDACTED], take one or two capsules as needed for [REDACTED] and [REDACTED], one tablet by mouth daily. The medications noted for Residents [REDACTED] Resident [REDACTED], and Resident [REDACTED] were not onsite at the time of inspection.

Plan of Correction

Accepted [REDACTED] - 12/24/2024)

PRN medication was not on site at the time of inspection. All medications that were not on site were order/received on 11/26/2024. Med tech will order all medication 3 days prior to being empty so that the medication is on site. The head Med tech will check weekly to ensure that all medication is on hand and if it is close to running out, they will ensure that it is ordered. The administrator will check periodically to make sure that all medication is on hand.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [REDACTED] - 01/14/2025)

227d Support Plan Medical/Dental

8. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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

Staff interviews indicate Resident [REDACTED] began receiving wound care services on [REDACTED]. Resident [REDACTED] Assessment Support plan dated [REDACTED] does not note the resident is currently receiving wound care services.

Plan of Correction

Accept ([REDACTED] - 12/24/2024)

Residents support plan does not include that they are receiving wound care. The support plan was updated on 11/27/2024 to show that they are receiving wound care. The administrator will make sure to write it in in the future. The administrator will periodically check charts to make sure appropriate information is on them.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [REDACTED] 01/14/2025)