

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

August 11, 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 07/09/2025 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:** 46 **Waking Staff:** 35

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/09/2025

Inspection Dates and Department Representative

07/09/2025 - On-Site: [REDACTED] [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 53 **Residents Served:** 46

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 42 **Are 60 Years of Age or Older:** 27
Diagnosed with Mental Illness: 40 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 4

Inspections / Reviews

07/09/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/01/2025

07/31/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/10/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/05/2025

Inspections / Reviews *(continued)*

08/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/12/2025

08/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 4:20 p.m. resident [redacted] punched resident [redacted] in the face. The home did not report the incident to the Area Agency on Aging as required.

Plan of Correction

Accept [redacted] - 08/07/2025)

On June 25,2025 around 4:20pm resident [redacted] punched resident [redacted] in the face. The home did not report the incident to Area Agency on Aging. The home did report it to Area Agency on Aging on July 9,2025. The home's administrator will ensure that future reports are sent to DHS and Area Agency on Aging within the appropriate time frame. On the weekends, the administrator will report incidents to Aging. Staff was retrained on 08/06/2025 on regulation 15a.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented [redacted] - 08/11/2025)

225c Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] support plan dated [redacted] was not updated to include the resident's difficult behaviors including: smoking inside the home, frequent verbal aggression towards staff and residents, an incident that occurred on [redacted] in which resident [redacted] punched another resident, and the resident's frequent habit of urinating on their bedroom floor and also in outdoor areas around the home.

Plan of Correction

Accept [redacted] - 08/07/2025)

Resident [redacted] support plan was not properly updated to include difficult behaviors including: smoking inside the building, verbal aggression towards staff and other residents, the incident that occurred on [redacted] in which resident [redacted] punched another resident, and the resident's habit of urinating on their bedroom floor and also in outdoor areas around the home. Resident [redacted]'s support plan was updated on 07/09/2025 to include all difficult behaviors. Resident [redacted] has been issued several 30-day notices, however we have been unsuccessful in finding a new place. The administrator will periodically check to make sure behaviors are documented accurately and in a timely manner in the support plans. An audit on resident RASP's was done on 08/06/2025

Licensee's Proposed Overall Completion Date: 08/06/2025

Implemented [redacted] - 08/11/2025)