

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

October 7, 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 08/20/2025 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:** 03/31/2013 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/20/2025

Inspection Dates and Department Representative

08/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 53 **Residents Served:** 50

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: 49 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 2

Inspections / Reviews

08/20/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/18/2025

09/23/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/07/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/30/2025

Inspections / Reviews *(continued)*

09/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/07/2025

10/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at 4:00pm, there was a physical altercation between 2 residents, and the police were contacted. The home did not report this incident to the department until [REDACTED] at 11:45a.m.

Plan of Correction**Accept [REDACTED] - 09/30/2025)**

On 08/03/2025 there was a physical altercation between 2 residents and the police were called. The report was not filled with the department until 08/06/2025 at 11:45a.m. The administrator was retrained on abuse reporting and guidelines on 08/06/2025. The administrator will ensure that future reports are reported within the 24 hour time frame. All staff will be retrained on the homes policies and reporting requirements.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/07/2025)