

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

December 30, 2025

[REDACTED] ADMINISTRATOR  
ANGELS FAMILY MANOR PERSONAL CARE HOME INC  
218 NORTH MAIN AVENUE  
SCRANTON, PA, 18504

RE: ANGEL'S FAMILY MANOR  
PERSONAL CARE HOME  
218 NORTH MAIN AVENUE  
SCRANTON, PA, 18504  
LICENSE/COC#: 21062

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025, 09/08/2025, 09/12/2025 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: 218 NORTH MAIN AVENUE, SCRANTON, PA, 18504  
 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: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 09/12/2025

## Inspection Dates and Department Representative

08/26/2025 - On-Site: [REDACTED]  
 09/08/2025 - Off-Site: [REDACTED]  
 09/12/2025 - Off-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: 44 Are 60 Years of Age or Older: 9  
 Diagnosed with Mental Illness: 46 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 2

## Inspections / Reviews

## 08/26/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/16/2025

Inspections / Reviews (*continued*)

## 11/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/28/2025

## 11/26/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2025  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/06/2025

## 12/30/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2025  
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] Resident 1 was assessed by a home health nurse and was sent to the hospital due to their compression stockings being embedded in the residents' legs, requiring them to be surgically removed. This incident was not reported to the department.

## Plan of Correction

Directed ([REDACTED] - 11/26/2025)

On [REDACTED], Resident 1 was assessed by a home health nurse and was sent to the hospital due to their compression stockings being embedded in the residents' legs, requiring them to be surgically removed. This incident was not reported to the department. The incident was reported to protective services. In the moment the resident was sent to the hospital and the administrator sent the report to protective services but forgot to send it to DHS. The administrator will ensure all reports are filed with both departments in the appropriate time frames. There was a meeting held with all administrators on 11/7/2025 that reviewed the homes policies and procedures and the appropriate time frames and ways to report incidents to DHS. The administrator will send the report with-in the 24hr time frame when an incident needs to be reported. The head administrator will check monthly to make sure they are reporting appropriately.

Proposed Overall Completion Date: 11/28/2025

**(Directed)**

**The Administrator will train all staff in reportable incidents and conditions, as well as the homes internal policy on who is responsible for reporting the incidents to the Department as required including weekends and holidays. Training shall be completed by 12-6-2025. All future incidents will be reported as required**

Directed Completion Date: 12/06/2025

Implemented ([REDACTED] - 12/30/2025)

## 23a - Activities of Daily Living Assistance

## 2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

The assessment and support plan dated [REDACTED], indicates that resident 1 is independent with personal hygiene and obtaining clean clothing. On 05/06/25, it is noted in the assessment and support plan that resident 1 is refusing to shower and to take their stockings off and on 05/30/25, resident 1 continues to refuse to shower and to let anyone help them, therefore indicating a need for assistance in personal hygiene by the home. On 4/9/25 resident 1 was ordered compression stockings due to edema in their lower extremities. On [REDACTED], resident 1's compression stocking was imbedded in their lower extremities. Resident 1 was sent to the hospital where the compression stockings had to be surgically removed, required wound debridement.

## 23a - Activities of Daily Living Assistance (continued)

**Plan of Correction**

Directed (█ - 11/26/2025)

Support plan dated 4/29/25, indicates that resident 1 is independent with personal hygiene and obtaining clean clothing. On 05/06/25, it is noted in the assessment and support plan that resident 1 is refusing to shower and to take their stockings off and on 05/30/25, resident 1 continues to refuse to shower and to let anyone help them, therefore indicating a need for assistance in personal hygiene by the home. On 4/9/25 resident 1 was ordered compression stockings due to edema in their lower extremities. On █ resident 1's compression stocking was imbedded in their lower extremities. Resident 1 was sent to the hospital where the compression stockings had to be surgically removed, required wound debridement. The resident kept refusing to take a shower and refused help to take a shower, the staff was unaware that █ had compression stockings until the day █ was sent to the hospital. The support plans will be updated at the time of occurrence to ensure that ADL's are met. A class was held on 11/27/2025 on documenting and filling out the RASP's. The assistant administrator will update at the time of occurrence and the administrator will check monthly to ensure all updates are complete. A class on resident rights was held with the Ombudsman on 10/29/2025.

Proposed Overall Completion Date: 11/28/2025

**(Directed)**

**In addition to the above plan of correction, residents that refuse to shower, change their clothes daily and are documented as independent will have staff provide supervision for assisting residents with ADLs and detailed, comprehensive assessment that identifies all of the resident(s)'s personal care needs. The home will also create a shower audit tool for all residents and will document when a resident showers or refuses to and Shower forms will be filled out in their entirety, including signatures and dates. The home will continue to evaluate residents for ADLs every month for the next 6 months.**

Directed Completion Date: 11/28/2025

Implemented (█ - 12/30/2025)

## 23b - Instrumental Activities of Daily Living Assistance

**3. Requirements**

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

The resident's assessment and support plan dated █, indicates that resident 1 requires total physical assistance in managing and securing health care and making and keeping appointments. On 4/9/25 resident 1 was ordered compression stockings due to edema in their lower extremities. Through a discussion with the resident's PCP's Certified Physician's Assistant, the resident should have been measured by the pharmacy for proper size for their compression stockings. The home failed to follow up with the PCP or pharmacy for specific instructions on the use and size of the compression stockings for resident 1.

On █ resident 1's compression stocking was noted to be imbedded in their lower extremities. Resident 1 was sent to the hospital where the compression stockings had to be surgically removed, required wound debridement.

## 23b - Instrumental Activities of Daily Living Assistance (continued)

**Plan of Correction****Directed (█ - 11/26/2025)**

Resident's assessment and support plan dated █ indicates that resident 1 requires total physical assistance in managing and securing health care and making and keeping appointments. On 4/9/25 resident 1 was ordered compression stockings due to edema in their lower extremities. Through a discussion with the resident's PCP's Certified Physician's Assistant, the resident should have been measured by the pharmacy for proper size for their compression stockings. The home failed to follow up with the PCP or pharmacy for specific instructions on the use and size of the compression stockings for resident 1.

On █, resident 1's compression stocking was noted to be imbedded in their lower extremities. Resident 1 was sent to the hospital where the compression stockings had to be surgically removed, required wound debridement. The med tech will ensure that orders for compression stockings are clear and contact PCP for further instructions if they are not. Med tech will put compression stockings in the MAR and they will sign for putting them on taking them off. If the resident refuses either, it will be document in the MAR and the ordering physician and administrator will be notified. A class on resident rights was held with the Ombudsman on 10/29/2025. All IADL's will be updated in the support plans by the assistant administrator at the time of occurrence. A class was held on 11/27/2025 on documenting and filling out the RASP's. The administrator will check support plans and MAR's periodically to ensure compliance.

Proposed Overall Completion Date: 11/28/2025

**(Directed)**

**In addition to the above plan of correction, residents requiring managing, securing health care, making and keeping appointments will have staff provide supervision for assisting residents with IADLs and complete a detailed, comprehensive assessment that identifies all of the resident(s)'s IADLs. The home will continue to evaluate residents for IADLs every month for the next 6 months and provide assistants.**

Directed Completion Date: 11/28/2025

**Implemented (█ - 12/30/2025)**

## 42b - Abuse

**4. 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 4/9/25, resident 1 was ordered compression stockings due to edema in their lower extremities. The resident's assessment and support plan dated █ states that resident 1 requires total physical assistance in managing and securing health care, making and keeping appointments and is independent with personal hygiene. On 5/6/25, resident 1 was refusing to shower and to take their compression stockings off. On █, the resident continued to refuse to shower and to let anyone help them. On █, staff observed resident #1's compression stockings were stuck to the resident's legs. Resident 1 was sent to the hospital, where the stockings had to be surgically removed, and the wounds that developed on both lower extremities required debridement.

## 42b - Abuse (continued)

**Plan of Correction**

Directed (█ - 11/26/2025)

Resident 1 was ordered compression stockings on 04/09/25 due to edema in their lower extremities. The resident's assessment and support plan dated █, states that resident 1 requires total physical assistance in managing and securing health care, making and keeping appointments and is independent with personal hygiene. On 5/6/25, resident 1 was refusing to shower and to take their compression stockings off. On █ the resident continued to refuse to shower and to let anyone help them. On █, staff observed resident #1's compression stockings were stuck to the resident's legs. Resident 1 was sent to the hospital, where the stockings had to be surgically removed, and the wounds that developed on both lower extremities required debridement. The resident kept refusing to take a shower and refused help to take a shower, the staff was unaware that █ had compression stockings until the day █ was sent to the hospital. The assistant administrator will update support plans when ADL's and IADL's change. The aide's will document and notify the administrator when showers are refused and if they notice anything new with a resident. The MD will be notified if an issue occurs. If compressions stockings are ordered again, the med tech will ensure that the policies are followed. The administrator will check MAR's and support plans periodically to ensure that policies are being followed. A resident rights class was held with the Ombudsman on 10/29/2025.

Proposed Overall Completion Date: 11/28/2025

**(Directed)**

**In addition to the above plan of correction, an assessment for residents ADLs will be completed on all residents.**

**Any resident who doesn't shower, change their clothes, and are listed as independent will be reviewed to ensure that the home can safely meet the needs of the resident. Any resident that is unable to have their needs safely met will be issued a safe discharge with appropriate notice given. The home will provide staff to safely meet the needs of all residents in the home at all times. The home will continue to evaluate residents for ADLs every month for the next 6 months. These assessments will be documented with name of resident, staff completing assessment, date, and determination of the assessment.**

Directed Completion Date: 11/28/2025

Implemented (█ - 12/30/2025)

## 225c - Additional Assessment

**5. Requirements**

2600.

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

**Description of Violation**

The resident's assessment and support plan dated █ states that resident 1 requires total physical assistance in managing and securing health care, making and keeping appointments and is independent with personal hygiene. On 5/6/25 resident 1 was refusing to shower and to take their compression stockings off. On 5/30/25, the resident continued to refuse to shower and to let anyone help them. On █ the resident was assessed by a home health nurse and was sent to the hospital because their compression stockings were stuck to the resident's legs. While at the hospital, the compression stockings had to be surgically removed, and the wounds that developed on both lower extremities required debridement. Resident 1 assessment was not updated to identify the residents current ADL/IADL needs and a plan by the home to meet those increasing needs.

## 225c - Additional Assessment (continued)

**Plan of Correction****Directed (█ - 11/26/2025)**

Resident's assessment and support plan dated █, states that resident 1 requires total physical assistance in managing and securing health care, making and keeping appointments and is independent with personal hygiene. On 5/6/25 resident 1 was refusing to shower and to take their compression stockings off. On 5/30/25, the resident continued to refuse to shower and to let anyone help them. On █, the resident was assessed by a home health nurse and was sent to the hospital because their compression stockings were stuck to the resident's legs. While at the hospital, the compression stockings had to be surgically removed, and the wounds that developed on both lower extremities required debridement. Resident 1 assessment was not updated to identify the residents current ADL/IADL needs and a plan by the home to meet those increasing needs. The resident kept refusing to take a shower and refused help to take a shower, the staff was unaware that █ had compression stockings until the day █ was sent to the hospital. The assistant administrator will update support plans when ADL's and IADL's change. A class was held on 11/27/2025 on documenting and filling out the RASP's. The aide's will document and notify the administrator when showers are refused and if they notice anything new with a resident. The MD will be notified if an issue occurs. If compressions stockings are ordered again, the med tech will ensure that the policies are followed. The administrator will check MAR's and support plans periodically to ensure that policies are being followed. A resident rights class was held with the Ombudsman on 10/29/2025.

Proposed Overall Completion Date: 11/28/2025

**(Directed)**

**In addition to the above plan of correction, residents that refuse to shower, change their clothes daily and are documented as independent will have a detailed, comprehensive assessment that identifies all of the resident(s)'s personal care needs. The assessment(s) will be documented on the Department's required form. Forms will be filled out in their entirety, including signatures and dates.**

Directed Completion Date: 12/06/2025

**Implemented (█ - 12/30/2025)**