

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

December 10, 2025

[REDACTED]
ANGELS FAMILY MANOR PERSONAL CARE HOME INC
[REDACTED]
[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 11/04/2025 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:** The 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: Complaint **Exit Conference Date:** 11/04/2025

Inspection Dates and Department Representative

11/04/2025 - 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: 1

Number of Residents Who:

Receive Supplemental Security Income: 44 **Are 60 Years of Age or Older:** 38
Diagnosed with Mental Illness: 47 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 4

Inspections / Reviews

11/04/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/27/2025

11/26/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/10/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/03/2025

Inspections / Reviews *(continued)*

12/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/10/2025

12/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On [REDACTED] at approximately 9:06 a.m., the carbon monoxide detector located in the 3rd floor hallway had batteries were last changed on [REDACTED]. The Care Facility Carbon Monoxide Alarms Standards Act requires batteries to be changed annually.

Plan of Correction

Accepted [REDACTED] - 12/03/2025)

The carbon monoxide detector located in the 3rd floor hallway had batteries were last changed on 1/10/24. The Care Facility Carbon Monoxide Alarms Standards Act requires batteries to be changed annually. The batteries were replaced in the carbon monoxide detectors on 11/18/2025. Maintenance will replace batteries in the carbon monoxide detectors yearly and as needed. The administrator will check yearly and as needed to ensure that the batteries are replaced and operable.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [REDACTED] - 12/10/2025)

85a - Sanitary Conditions**2. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:33 a.m., a large dark brown stain was observed on the rug next to resident [REDACTED] bed that was identified by staff as a urine stain.

Plan of Correction

Accepted [REDACTED] - 12/03/2025)

On [REDACTED] at 9:33 a.m., a large dark brown stain was observed on the rug next to resident [REDACTED] bed that was identified by staff as a urine stain. Housekeeping will shampoo the area by 12/8/2025 and maintain the area throughout the day. Housekeeping will check several times throughout the day. Staff will encourage resident to use the facilities several times throughout the day and ensure that the resident has enough personal hygiene supplies. The MD will be contacted on 12/3/2025 and notified of the behaviors and we will get the resident an appointment to follow-up with the appropriate doctor's as needed. If the behaviors continue and are unable to be controlled, a 30-day notice will be issued to the resident for a more suitable placement. The administrator will periodically check the area for sanitary conditions.

Proposed Overall Completion Date: 12/08/2025

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented [REDACTED] - 12/10/2025)

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

At 9:11 a.m., a cloth covered chair that was not labeled as fire resistant fabric was located in the homes exterior designated smoking area.

Plan of Correction

Accepted [redacted] - 12/03/2025)

At 9:11 a.m., a cloth covered chair that was not labeled as fire resistant fabric was located in the homes exterior designated smoking area. The chair was immediately moved to the dumpster. Maintenance and housekeeping will check the areas multiple times daily to ensure that there are no flammable materials in the smoking areas. A meeting was held with maintenance and housekeeping to go over smoking area policies. The meeting was held on 11/18/2025 The administrator will periodically check throughout the day to ensure that there is nothing there.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented [redacted] - 12/10/2025)

225c Additional Assessment

4. Requirements

2600.

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

Description of Violation

Resident [redacted] assessment, dated [redacted], does not include the resident's behavior of urinating on the floor of their bedroom and in common areas.

Plan of Correction

Accepted [redacted] - 12/03/2025)

Resident [redacted]'s assessment, dated [redacted], does not include the resident's behavior of urinating on the floor of their bedroom and in common areas. The assistant administrator updated the assessment on 11/18/2025 to include the behavior of urinating on the floor and in the common areas. The administrator will check monthly to ensure that the RASP's are updated in a timely manor.

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented [redacted] 12/10/2025)