

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 12/11/2025 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: 03/31/2013 Issued By: City of Scranton

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Interim Exit Conference Date: 12/11/2025

Inspection Dates and Department Representative

12/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 53 Residents Served: 49

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: 29
 Diagnosed with Mental Illness: 46 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

12/11/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/03/2026

12/30/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/30/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/30/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 12/3/25 and 12/10/25 resident #1 refused to take all of their morning medications. The home did not notify the prescriber within 24 hours as required.

Plan of Correction

Accept (█ - 12/30/2025)

On 12/3/25 and 12/10/25 resident #1 refused to take all of their morning medications. The home did not notify the prescriber within 24 hours as required. The prescriber was notified immediately. Anytime a resident refuses medication the med tech will notify the prescriber in the manor and time frame that the prescriber requests. The med tech will document the refusal on the front and back of the MAR and immediately notify the administrator. The assistant administrator will do a weekly audit to ensure that all refusals are documented and sent appropriately.

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented (█ - 12/30/2025)

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 #1's support plan dated █ indicates that the resident has incontinence episodes when the resident is not able to contact their family member and also yells at staff. On 12/1/25 the home reported that resident #1 urinated on themselves in the dining room and then refused to shower and change. The support plan dated █ does not include a plan to address resident # 1's incontinence issues that occur in common areas of the home when the resident is upset.

Repeat Violation-7/9/25, 8/26/25.

Plan of Correction

Accept (█ - 12/30/2025)

Resident #1's support plan dated █ indicates that the resident has incontinence episodes when the resident is not able to contact their family member and also yells at staff. On 12/1/25 the home reported that resident #1 urinated on themselves in the dining room and then refused to shower and change. The support plan dated █ does not include a plan to address resident # 1's incontinence issues that occur in common areas of the home when the resident is upset. The residents support plan was updated and the doctor was notified. The doctor ordered a UA C&S and a psych referral was sent. The resident also has pull ups but continues to refuse to wear them. Staff will encourage █ to wear them daily. █ is added to the monthly ADL check list and will be updated regularly. The administrator will add all new behaviors as they arise and will be checked by the administrator monthly with the ADL check list.

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented (█ - 12/30/2025)