

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

February 9, 2026

[REDACTED]  
PITTSTON HEAVENLY MANOR INC  
[REDACTED]

RE: PITTSTON HEAVENLY MANOR  
51 NORTH MAIN STREET  
PITTSTON, PA, 18640  
LICENSE/COC#: 21869

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2025 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: PITTSTON HEAVENLY MANOR License #: 21869 License Expiration: 12/01/2025  
 Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640  
 County: LUZERNE Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: PITTSTON HEAVENLY MANOR INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/10/1999 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 12/16/2025

**Inspection Dates and Department Representative**

12/16/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 55 Residents Served: 53  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 51 Are 60 Years of Age or Older: 42  
 Diagnosed with Mental Illness: 53 Diagnosed with Intellectual Disability: 6  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

12/16/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/16/2026

01/20/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/05/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/27/2026

Inspections / Reviews *(continued)*

02/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 9:10 a.m., the home did not have the License Inspection Summaries dated [redacted] and [redacted] posted as required.

Plan of Correction

Accepted [redacted] - 01/20/2026

The violation occurred due to the current incidents not available on board. The immediate fix the administrator retrieved summaries from Sanswrite and posted to the bulletin board at time of inspection on 12/16/2025. to prevent the reoccurrence the responsibility will be the med tech daily 7-3 to ensure the papers are in place. Notify the administrator if removed. the administrator will weekly to ensure compliance is maintained.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [redacted] - 02/09/2026

16c - Written Incident Report

2. 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] the home had a fire alarm go off in the building, and emergency services came out to the home. The home did not report this incident to the department.

Repeat Violation: [redacted]

Plan of Correction

Accepted [redacted] 01/20/2026

The violation occurred due to the administrator not sending the incident report over to the DHS. Alarm went off due to the power going out with the storm and did not reset properly on 09/08/2025. The facility notified Cintas and they came and reset the alarm same day as occurrence. The fire company dispatched one first set off and made aware of what was happening, did safety check and left the building all clear. The immediate fix supervisor of DHS educated this administrator regardless any time ems dispatched must send report over and reason services rendered. In the future regardless all ems except for transports, will be sent to the DHS in incident report form for review.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [redacted] 02/06/2026

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 Criminal Background Check (continued)

Description of Violation

Staff Person A was hired and began working in the building on [REDACTED] but the Pennsylvania State Police Criminal Background Check was not requested by the home until [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/20/2026)

The violation occurred due to the misinterpretation of the of regulation by administrator. The immediate fix clarification was given by supervisor of DHS all must be done by the first day of hire and control due back within 30 days of the hire. to prevent violation from occurring again the administrator will do background checks upon date of hire.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented ([REDACTED] 02/06/2026)

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 11:00 a.m., there was a 16 ounce bottle of "Day Glo" on a cart on the 2nd floor near Stairway 1. The label reads "eye irritant, flush with water for 15 minutes and contact physician". Several residents of the home have been assessed as unsafe around poisons.

Plan of Correction

Accept [REDACTED] 01/20/2026)

The violation occurred due to the cleaning cart left in hallway unattended by housekeeper, the immediate fix was in service to the housekeeper to keep all chemicals with them at all times while on the floor and locked in the laundry room when not in use. In service was on the 12/16/2025. to prevent further violations all cleaning supplies will be locked in the laundry room when not in use and in the room with housekeeper while in use and no carts will be left unattended and in hallways. The med tech will check daily to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented ([REDACTED] - 02/09/2026)

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 11:00 a.m., there was an approximate inch accumulation of snow on the walkway outside of both exits from the dining room.

Plan of Correction

Accept [REDACTED] - 01/20/2026)

The violation occurred due to the exits having snow that obstructed them paths of walking. the immediate fix 12/16/2025, all exits cleared of snow. There was an in service of the removal of snow and review of all outside exits and pathways that permit walking. The supervising med tech will ensure all pathways and exits are clear of snow or ice and are shovel and salted at time of occurrence and all staff is responsible for snow removal.

100b - Removal Snow/Obstructions (continued)

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 02/06/2026)

144c1 - Smoking Area Guidelines

6. 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:

Description of Violation

At approximately 9:47 a.m. more than 15 cigarette butts were observed on the ground near the table in the smoking area in the rear parking lot.

Repeat Violation: [REDACTED].

Plan of Correction

Accept [REDACTED] 01/20/2026)

The violation occurred due to excessive amount of cigarette butts on the ground. The immediate fix was to send staff out to clean the smoking area. The housekeeping will be responsible for cleaning the smoke area and other staff with hourly audit papers that it was checked and cleaned. the med tech will check each 2 hours with building rounds that this is being complete.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 02/06/2026)

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [REDACTED] at 11:00 a.m., the home's menu was not posted only up to [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/20/2026)

The violation occurred due the removal of the weekly menu. The cook is responsible for the posting of the menus. The immediate fix was to obtain a copy of the menu and repost it on 12/16/2025. The cook will check daily to make the menus are not removed and make copy of the original and post if it is. The supervisor will check daily to make sure compliance is maintained.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 02/09/2026)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Resident's Meds Labeled (continued)

Description of Violation

The pharmacy label for Resident [REDACTED] states that it is to be administered 2 times daily. This does not match the Medication Administration Record or prescribers order which states 1 time daily.

Plan of Correction

Accept [REDACTED] - 01/20/2026)

the violation occurred due to a transcription error by med tech from label to med book. The immediate fix called and made doctor aware on 12/16/2025 of the error. The appropriate label for medication was received by the pharmacy 12/16/2025. The new order remains the correct one. To prevent the error from occurring again. There will be checks each shift to ensure all new orders are correct and updated in med book. Med tech 7-3 will be responsible for book 1, med tech 3-11 will be responsible for book 2, med tech 11-7 will be responsible for book 3 to check daily and each new orders will be recheck as they occur by the next shift and signed on ordered they were check. in-service regarding this 1/20/2026. The administrator will check weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] 02/09/2026)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] at 1:43 p.m.; the medication was not available in the home. Resident has not requested the medication.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/20/2026)

The violation occurred due to the facility not having the refill available for medication to be administered if needed. The immediate fix pharmacy called to receive refill for the medication not being available on 12/16/2025. The future prevention is to check all prns with refill days on tuesday and thursday less than 3 pills are to be ordered for these days and also as needed. The administrator will check weekly to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 02/09/2026)

190b - Insulin Injections

10. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]. inject sub q 1 x weekly and is being administered by Med Techs without an approved department waiver.

**190b - Insulin Injections (continued)****Plan of Correction****Accept** [REDACTED] - 01/20/2026

*The violation occurred due the med tech giving the medication without a waiver. The med tech were trained for this with their diabetic training, it was med administrator /administrator error and let the med techs give the medication due to this. The immediate fix is for the nurse of the building to administer injection until orders received for the residents to self-inject and waiver obtained for the med techs to administer to those who can not.*

**Licensee's Proposed Overall Completion Date:** 01/30/2026**Implemented** [REDACTED] - 02/06/2026