



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]
MAILING DATE: May 14, 2026

[REDACTED] OWNER
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 Services Licensing, (Department) review on December 29, 2025 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

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

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: 50 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 12/29/2025

Inspection Dates and Department Representative

12/29/2025 - 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: 48 Are 60 Years of Age or Older: 29
Diagnosed with Mental Illness: 49 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 3

Inspections / Reviews

12/29/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/25/2026

Inspections / Reviews (*continued*)

05/06/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2026

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

05/14/2026 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The home did not implement their Quality Management Plan as indicated in the home's policy of a Quality Management review 12/10/24 that the administrator conducts a review and holds a meeting each year on December 10. The home did not conduct the Quality Management review and meeting on 12/10/2025.

Plan of Correction

Accept () - 02/06/2026

The home did not implement their Quality Management Plan as indicated in the home's policy of a Quality Management review 12/10/24 that the administrator conducts a review and holds a meeting each year on December 10. The home did not conduct the Quality Management review and meeting on 12/10/2025. The administrator held a Quality Management meeting on 12/30/2025. The administrator will ensure that the meeting is held on or before this date each year.

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

Implemented () - 05/06/2026

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2024.

Plan of Correction

Accept () - 02/12/2026

Staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2024.

Staff person A was trained at another facility during the training year of 2024. Staff person A was trained at Angel's Family Manor on 12/30/2025 . The administrator will ensure that fire safety is done for each employee yearly in the building.

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

Implemented () - 05/06/2026

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:43 a.m. the toilet located in the main entrance sitting area had feces smeared on the seat.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept (█) - 02/12/2026

The toilet located in the main entrance sitting area had feces smeared on the seat. Staffed cleaned the bathroom immediately. Housekeeping will clean the bathrooms 3 times a day and check them every hour and clean them as needed. The med tech will check periodically throughout the day to ensure that they are clean.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented (█) - 05/14/2026

85c - Trash

4. Requirements

2600.

85.c. Trash shall be removed from the premises at least once a week.

Description of Violation

At 9:53 a.m. facility garbage dumpster lid was not closed and garbage was overflowing. Approximately 15 garbage bags were stacked on the ground by the dumpster.

Plan of Correction

Accept (█) - 02/12/2026

At 9:53 a.m. facility garbage dumpster lid was not closed and garbage was overflowing. Approximately 15 garbage bags were stacked on the ground by the dumpster. The homes garbage is picked up twice a week. The neighbor parked their vehicle in front of the dumpster and the garbage company could not get to the dumpster on Friday. The owner of angel's manor went and spoke to the neighbor about parking in front or around the dumpster. The administrator will check on Mondays and Fridays to ensure that it is not blocked.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented (█) - 05/06/2026

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:55 a.m. located on the 3rd floor hallway, located near room 302, there were 2 missing ceiling tiles with insulation hanging from one of the open areas on the ceiling.

Repeated Violation 1/16/25

Plan of Correction

Accept (█) - 02/12/2026

On the 3rd floor hallway, located near room 302, there were 2 missing ceiling tiles with insulation hanging from one of the open areas on the ceiling. Ceiling tiles were replaced and insulation was put back in place. Housekeeping will notify the administrator immediately if ceiling tiles are down. The owner will replace ceiling tiles as needed. The administrator will periodically walk the building through out the day and ensure that there are no tiles down and insulation hanging.

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

Implemented (█) - 05/06/2026

97 - Elevators/Lifting Devices

7. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The facility elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certificate posted in the elevator expired on 9/30/18.

Plan of Correction

Accept () - 02/12/2026

The facility elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certificate posted in the elevator expired on 9/30/18. TK elevator was called and they will be out to fix the repairs that are needed for labor and industry to issue the new certificate. The administrator will ensure that the certificate is updated yearly.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented () - 05/06/2026

101o - Walls, Floors, Ceilings

8. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At 12:03 p.m. in room 205 the window next to resident # [redacted] bed did not close properly leaving approximately a 1 inch crack. Resident [redacted] stuffed clothing in the crack to block cold air from coming inside.

At 12:24 p.m. room 304 had approximately 8 missing floor tiles in front of the bed located on the left side corner of the room.

At 1:06 p.m. room 302 had 2 plastic (approximately 64 qt) storage containers, 1 kitchen (size approximately 36 qt) trash can and 1, 5-gallon bucket sitting under an exposed ceiling that was actively leaking water.

Plan of Correction

Accept () - 02/12/2026

At 12:03 p.m. in room 205 the window next to resident [redacted] bed did not close properly leaving approximately a 1 inch crack. The window will be fixed by a glass company. Housekeeping will check windows and notify the administrator when there is an issue. The administrator will check periodically to make sure that the windows are closing correctly.

At 12:24 p.m. room 304 had approximately 8 missing floor tiles in front of the bed located on the left side corner of the room. Floor tiles will be replaced. Housekeeping will check daily to ensure that there are no loose or missing floor tiles. They will notify the administrator if there are loose tiles or missing tiles. The administrator will walk the building periodically through out the day and check the floors.

At 1:06 p.m. room 302 had 2 plastic (approximately 64 qt) storage containers, 1 kitchen (size approximately 36 qt) trash can and 1, 5-gallon bucket sitting under an exposed ceiling that was actively leaking water. The roof was leaking. The roof will be fixed and ceiling blocks will be replaced. Housekeeping will notify the administrator if there is a leak and it will be fixed. The administrator will walk the building periodically through out the day and check

101o - Walls, Floors, Ceilings (continued)

for leaks.

Licensee's Proposed Overall Completion Date: 02/13/2026

Not Implemented (█ - 05/14/2026)

107c - Food/Water 3 Day Supply**9. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 12/29/25, the home served 48 residents, requiring 144 gallons of emergency drinking water. However, the home did not have any water on hand. The home could not provide a current contract with a local bottled water supplier that would deliver water to the home.

Plan of Correction

Accept (█ - 02/12/2026)

On 12/29/25, the home served 48 residents, requiring 144 gallons of emergency drinking water. However, the home did not have any water on hand. The home could not provide a current contract with a local bottled water supplier that would deliver water to the home. The home purchased enough water for a 24 hour period and culligan will supply water after the 24 hour period. The administrator will ensure that there is water on hand for emergencies.

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

Implemented (█ - 05/14/2026)

125a - Combustible Storage**10. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:30 A.M., the second floor clothes dryer had a plastic basket of clothing, a plastic glove, and a small pile of lint on the dryer while it was running.

Plan of Correction

Accept (█ - 02/12/2026)

At 9:30 A.M., the second floor clothes dryer had a plastic basket of clothing, a plastic glove, and a small pile of lint on the dryer while it was running. A meeting was held with housekeeping and they will not place anything on top of the dryers. The administrator will periodically walk the building through out the day to ensure dryers are object free and all lint traps are emptied.

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

Implemented (█ - 05/06/2026)

132i - Testing Fire Alarm**11. Requirements**

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the fire drill on 8/29/25, the fire alarm was not sounded. In its place, staff banged pots and pans together to

132i - Testing Fire Alarm (continued)

alert residents based on what was documented on fire drill log.

Plan of Correction

Accept (█) - 02/12/2026)

During the fire drill on 8/29/25, the fire alarm was not sounded. In its place, staff banged pots and pans together to alert residents based on what was documented on fire drill log. A fire drill will be conducted monthly by pulling the alarm. The key was taken and a fire drill needed to be completed. Keys were replaced and fire drills will be conducted monthly by staff and the administrator will properly document them monthly.

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

Implemented (█) - 05/06/2026)

141a 1-10 Medical Evaluation Information**12. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 2's medical evaluation (DME) dated █, was incomplete, the last page had boxes that were not checked by the medical professional certifying that they are licensed, and that the resident needs can be met in the Personal Care Home.

Plan of Correction

Accept (█) - 02/12/2026)

Resident # 2's medical evaluation (DME) dated █ was incomplete, the last page had boxes that were not checked by the medical professional certifying that they are licensed, and that the resident needs can be met in the Personal Care Home. Spoke with the residents doctor and all pages were corrected. The administrator will check monthly to ensure that all boxes are marked correctly and documentation is done correctly.

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

Implemented (█) - 05/06/2026)

182b - Prescription Medication**13. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

At 12:15 P.M., resident # 3 was witnessed administering █ own Simbrenza eye drops at the medication window of

182b - Prescription Medication (continued)

the home. Staff person B handed the resident [REDACTED] bottle. Resident support plan dated 7/1/25 documents the resident cannot self-administer the medication.

Plan of Correction**Accept ([REDACTED] - 02/12/2026)**

At 12:15 P.M., resident # 3 was witnessed administering [REDACTED] own Simbrenza eye drops at the medication window of the home. Staff person B handed the resident his bottle. Resident support plan dated 7/1/25 documents the resident cannot self-administer the medication. Resident #3 gives the med techs a hard time putting the eye drops in. The administrator spoke with the resident and [REDACTED] is willing to allow the med techs to administer [REDACTED] eye drops. A meeting was held with all med techs about self administration and were told that if there is an issue that it needs to be brought to the administrators attention immediately. The administrator will check periodically through out the day to ensure that no one is self administering there medications.

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

Implemented ([REDACTED] - 05/06/2026)**183e - Storing Medications****14. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At 1:00P.M., resident # 1 had a Lantus Sol 100 units flex pen in the medication cart that did not have a date of opening. According to the manufacturer's instructions the Lantus Solus pen should be used within 28 days of opening.

Plan of Correction**Accept ([REDACTED] - 02/12/2026)**

At 1:00P.M., resident # 1 had a Lantus Sol 100 units flex pen in the medication cart that did not have a date of opening. According to the manufacturer's instructions the Lantus Solus pen should be used within 28 days of opening. A class was held with all med techs proper procedures when opening and dating things in the med cart. The head med tech will ensure that items are properly dated on a daily basis and the administrator will periodically check to ensure that procedures are being followed.

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

Implemented ([REDACTED] - 05/14/2026)**185a - Implement Storage Procedures****15. 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

At 12:22 p.m., the hallway sitting area near room 304 contained 3 oxygen tanks stored on the floor. The oxygen tanks were not properly secured or held in a storage container or stand. Also, at 12:23 p.m., room 305 contained approximately 12 oxygen tanks stored on the bedroom floor. The oxygen tanks were not properly secured or held in a storage container or stand.

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept (█ - 02/12/2026)**

At 12:22 p.m., the hallway sitting area near room 304 contained 3 oxygen tanks stored on the floor. The oxygen tanks were not properly secured or held in a storage container or stand. Also, at 12:23 p.m., room 305 contained approximately 12 oxygen tanks stored on the bedroom floor. The oxygen tanks were not properly secured or held in a storage container or stand. All empty oxygen tanks will be returned to the proper companies and all extra tanks will have a stand/storage container from the oxygen company. The med techs will check daily to ensure that all tanks are properly stored and returned if needed. The administrator will walk the building and ensure that no tanks are out of place.

Licensee's Proposed Overall Completion Date: 02/06/2026**Implemented (█ - 05/14/2026)**