

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

April 29, 2026

[REDACTED]
ANGELS FAMILY MANOR PERSONAL CARE HOME INC
[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 01/27/2026 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:** 11/05/2026
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:** 04/11/2014 **Issued By:** 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: Incident **Exit Conference Date:** 01/27/2026

Inspection Dates and Department Representative

01/27/2026 - 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: 0

Number of Residents Who:

Receive Supplemental Security Income: 48 **Are 60 Years of Age or Older:** 28
Diagnosed with Mental Illness: 48 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 6

Inspections / Reviews

01/27/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/12/2026

04/20/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/23/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/24/2026

Inspections / Reviews (*continued*)

04/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/25/2026

04/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [redacted] at 9:00 a.m. there were no staff in the building who had access to resident records; the resident records were in a locked office that could not be opened until approximately 9:45 a.m. when staff person A arrived at the home.

Plan of Correction

Accept [redacted] - 04/20/2026)

On 1/27/26 there were no staff in the building who had access to resident records; the resident records were in a locked office that could not be opened until approximately 9:45 a.m. when staff person A arrived at the home. There was a snow storm the night before and staff person A lives 45 minutes away. The administrator will keep binders in the med room with residents face sheet, DME and RASP. The administrator will monitor for updates and to ensure records kept in the med room are up to date.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented [redacted] - 04/29/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted], one tablet twice a day. From [redacted] through [redacted] the medication was not administered due to the home not receiving the medication from the pharmacy.

Plan of Correction

Accept [redacted] - 04/21/2026)

Resident [redacted] has an order for [redacted], one tablet twice a day. From 1/14/26 through 1/21/26 the medication was not administered due to the home not receiving the medication from the pharmacy. Resident #1 was a newer resident and his metformin was not being covered by his insurance because it was filled for 90 days at the end of December. The resident is no longer at the facility. The med cart will be audited weekly. The med techs will be trained again by 4/22. In the future, if this happens the med tech will contact the prescribing doctor for new orders. The head med tech will monitor the medication when new residents come in and notify the administrator of any issues.

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented [redacted] - 04/29/2026)