



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 24, 2010**

Ms. Allison L. Showver, Administrator  
Albrecht, Inc.  
Guardian Angel Personal Care Home  
1710 Maple Avenue  
Coal Township, Pennsylvania 17866

Dear Ms. Showver:

As a result of the Department of Public Welfare's licensing inspection on April 1, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Brown".

Regional Licensing Administrator

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Guardian Angel Personal Care Home, 1710 Maple Avenue, Coal Township, Pennsylvania 17866		CURRENT LICENSE NUMBER 202080	
INSPECTION DATE(S) (Include all dates of the inspection) April 1, 2010		REGIONAL REPRESENTATIVE Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Allison L. Showver Admin</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Allison L. Showver</i>		DATE <i>6/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd. Biagini</i>
			DATE <i>7/14/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
130f Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.  <b>RECEIVED</b>  JUN 28 2010  SCRANTON FIELD OFFICE Adult Residential Licensing	The home's fire drill record did not indicate if the alarm was operable during the fire drills conducted on 11/1/10, 2/2/10 and 3/30/10. The area on the form was left blank.  Repeated Violation – 6/29/09	<i>4/1/10</i>	<i>All blanks were filled in. upon inspection it will be in the future. Staff will be responsible. felt it was self explanatory that if the Alarm was activated it was documented, it was also operative</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>7/14/10</i> Date Initials (DPW) <i>G.S.</i>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Ellison J. Shaver</i>		<b>DATE</b> <i>4/21/10</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bob Brangrini</i>
			<b>DATE</b> <i>7/14/10</i>

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132e A fire drill shall be held during sleeping hours once every 6 months.	The home's fire drill record indicated that a sleeping hour fire drill was not conducted between April 2009 and November 2009, as noted below: <u>Date of fire drill</u> <u>Time of fire drill</u> 3/07/09                  12:30 am 4/18/09                  4:30 pm 5/16/09                  7:00 pm 6/10/09                  8:48 am 7/18/09                  8:30 am 8/21/09                  12:15 pm 9/15/09                  10:00 am 10/31/09                 1:30 pm 11/19/09                 8:25 pm 12/15/09                 4:30 am  Staff per A, the administrator, stated that at least 50% of the residents are	<i>5/16/10</i>	<i>Regs were misunderstood sleeping hr. drills were held once <del>at</del> within every 6 mon. period not within 6 mon of each other. A sleeping hr. drill was held in Dec of 09 and another in MAY 10. The Admin. will be responsible to ensure that a sleeping hour fire drill is conducted</i>	<i>7/14/10 B.B.</i>

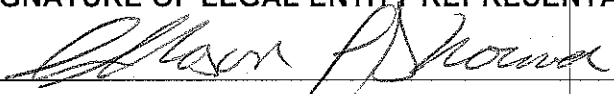
*at least every six months to maintain compliance with this regulation.  
Bob B. 7/14/10*

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(Continued from the previous page)	awake by 7:00 am and asleep by 10:00 pm.		see previous page	see previous page

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home's fire drill record indicated that all residents were not evacuated from the home during the fire drills conducted on 9/15/09 and 3/30/10, as noted below:  <table border="1"> <thead> <tr> <th>Date</th> <th># Res. In Home</th> <th># Res. Evac.</th> </tr> </thead> <tbody> <tr> <td>9/15/09</td> <td>16</td> <td>14</td> </tr> <tr> <td>3/30/10</td> <td>17</td> <td>16</td> </tr> </tbody> </table>	Date	# Res. In Home	# Res. Evac.	9/15/09	16	14	3/30/10	17	16	<del>7/14/10</del> 4/1/10	documented Res. in Home As census residents not actual residents in home. I was out I was in Hospital. Will document by all staff doing fire drills as resident in home as actually physically in home, not census. <u>All residents ARE ALWAYS evacuated</u> - see 2010 fire drill log on pg 2.	7/14/10 B.S.
Date	# Res. In Home	# Res. Evac.											
9/15/09	16	14											
3/30/10	17	16											

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Alison P. Hoover</i>	<b>DATE</b> 6/21/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>BA Brangini</i>	<b>DATE</b> 7/14/10

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141a-2 The medical evaluation shall include the following: (4) Special health or dietary needs of the resident. (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.	<ul style="list-style-type: none"> <li>The most current medical evaluation dated 10/26/09 for resident # 1 indicated that the resident can administer medications with assistance in offering medications at the prescribed times.</li> <li>The most current assessment dated 10/8/09 indicated that the resident could also self-administer medications without assistance from others. An updated assessment is requested:</li> <li>This same medical evaluation dated 10/26/09 for resident # 1 did not address immunizations, treatment/therapies or body</li> </ul>	4-29-10	Resident had 2 medical evals from 2 different doctors SS med eval was filled out completely DPW was not. Dr. will now be reminded + encouraged to fill out completely. And we will not let up until they are. Resident has not returned.	<p align="center">Steps have been taken to correct violation; full compliance is not verified</p> <p>Date: 7/14/10 Initials (DPW): B.B.</p>
181c A resident who desires to self-administer his medications				

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Ellison J. Shover</i>	<b>DATE</b> 6-21-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Ed Brangman</i>	<b>DATE</b> 7/14/10

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<p>shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.</p> <p>227e The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.</p>	<p>positioning, if applicable. The areas on the form were left blank. The area addressing medications indicated "per list"; there were no attachments to this medical evaluation.</p>		<p><i>from rehab yet so new assessments + evals cannot yet be done. Admn. will be responsible</i></p>	<p><i>see previous page</i></p>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (13) Date and time of medication administration.	The March 2010 medication administration record for resident # 1 did not include the time of day the following medications were administered:  <u>Medication</u> <u>Time Administered</u> Coumadin   8:30 (no am or pm) Ativan   "   " Ibuprofen   "   " ProAir Inhaler   "   " Omeprazole   7:00   "	4-1-10	MAR has color coded lines and times were always written on the same lines. AM & PM has now been added to All MAR Sheets	10/12/10   G.G.

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William J. Shaver</i>	DATE 6/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Betty Bloch</i>	DATE 7/14/10

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187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> <li>The medications Coumadin and Ibuprofen were not listed on the handwritten Discharge Instruction Sheet, dated 2/21/10, from the Shamokin Area Community Hospital for resident # 1.</li> </ul> <p>Review of the resident's medication administration record indicated that the home continued to administer Coumadin 2.5mg at 8:30pm, and Ibuprofen 400mg at 7am, 12pm and 8:30 pm to resident # 1 after returning to the personal care home from the hospital on 2/21/10 until s/he was re-admitted to the hospital on 3/28/10.</p>	<del>4-1-10</del> 4-1-10	Resident was discharged late Sunday evening. We had [redacted] at [redacted] DR at 10AM on 2/22 with our current med list. The DR checked it + OK'd it along w/ 4 more appointments w/in the next month. The med's in question were even listed on a printed sheet from the hospital on 3/3/10. The discharge instructions that we received were hand written NURSES NOTES. We did not	Steps have been taken to correct violation; full compliance is not verifiable 10/21/10 B.B. Date Initials (DPW)

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(Continued from the previous page)	<p>• In addition, the home did not follow the physician's order from the same Discharge Instruction Sheet dated 2/21/10 to administer Prilosec 20mg PO bid to resident # 1.</p> <p>At the time of the inspection, review of the February 2010 and March 2010 medication administration records provided did not include this medication.</p> <p>On 4/14/10 the home provided an additional page of the March 2010 medication administration record for this resident which indicated Omeprazole 20mg was given once a day at 7:00 (time of day not</p>	4-1-10	<p>receive the pre-printed discharge sheets from the hospital until 3/30/10 After we requested them from the Dr. (we did not know they existed until protective services received different ones from the hospital. Even the primary care Dr.</p>	see previous page

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(Continued from the previous page)	<p>indicated) on 3/26/10, 3/27/10 and 3/28/10. The Discharge Instruction Sheet indicated to take the medication twice a day.</p> <p>Staff person B stated that the resident was not given this medication in February 2010.</p> <p>The February and March 2010 medication administration records indicated that the medication was not given from 2/22/10 – 3/25/10.</p> <p><b>Repeated Violation – 6/29/09</b></p>	4-1-10	<p>did not receive any until 3/29/10.</p> <p>All discharge summaries will be immediately compared to our current med lists. All discrepancies will be sent to primary care Dr. New Adpt. sheets are being used to verify Dr. checking med list.</p>	see previous page

**RECEIVED**

JUN 28 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing