

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALBRECHT, INC.

LEGAL ENTITY

To operate GUARDIAN ANGEL PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 20
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 13, 2010 until December 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202080

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

DEC 23 2010

Ms. Allison 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 October 6, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
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, PA 17866		CURRENT LICENSE NUMBER 202080	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Betty Bloch, Mary Ann Domanski	
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 Showers Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Allison P Showers</i>	DATE <i>11-23-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 2/2/10; 3/15/10; 5/5/10; 6/26/10; 6/30/10; 7/12/10; and 8/20/10, cash disbursements of \$40; \$30; \$15.84; \$50 and \$3; \$40; \$20 and \$20; and \$25, respectively, were made to resident # 1. The home did not obtain the resident's signature for receipt of these disbursements.	<i>10/7/10</i>	<i>Resident #1 signed receipts for cash disbursements going forward. The admin. will make sure all residents will sign the cash receipts at the time of disbursement. Admin. or assistant will review the financial disbursements on a monthly basis.</i>	<i>12-7-10 DA</i>

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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 Shoover Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Allison Shoover</i>		DATE 11-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 12-7-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract with a commencement date of 9/29/10 for resident # 2 was not signed or dated by the administrator, administrator designee, resident, or payer. Repeated Violations: 06/29/2009	10-7-10	Resident # contract has been updated & signed by designee & resident. Going forward administrator will note sure all contracts will be signed on 10 1st day of service	Steps have been taken to correct violation; full compliance is not verifiable 12-7-10 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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 Spawr</i>			
SIGNATURE OF LEGAL ENTITY <i>Allison Spawr</i>	DATE 11/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawry</i>	DATE 12-7-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
51/52 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). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not complete a Pennsylvania State Police criminal background check for direct care staff person A, who was hired 6/6/10, and has been completing unsupervised ADL services to residents since 6/8/10.	10-15-10	Background check was done on 7/9/10 and was within the policy time as all Background checks are. Somehow it was misplaced so a new one was sent for on 10/15/10 - Better care will be given to filing documents	12-7-10 JH

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Alison L. Stover</i>			
SIGNATURE OF LEGAL ENTITY <i>Alison L. Stover</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janice Hawley</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.				<i>See Previous Page</i>

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SIGNATURE OF LEGAL ENTITY <i>Allison Showers</i>	DATE 11/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hamey</i>	DATE 12-7-10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.	The ventilation fan in the first floor common bathroom, adjacent to the living room, was inoperable. There is no other form of ventilation in this area.	12/15/10	<p><i>I just checked it several days ago & it was working. However a new one was purchased on 10/14/10 (ordered on 10/7/10) and will be installed by maintenance man</i></p> <hr/> <p><i>Maintenance man will do quarterly checks.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 12-7-10 Initials: (JPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Alison Showers</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan [Signature]</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the "medication closet" did not include gauze pads or adhesive tape.	<i>10/6/10</i>	<i>pads & tape were on top of the 1st Aid Kit. Staff will be reminded to return all supplies to kit</i> <hr/> <i>Correcting during inspection</i> <hr/> <i>Administrator & designee will do weekly checks to make sure kit is up to date</i>	<i>12-7-10 [Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Alison Shower</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan H...</i>	DATE <i>12-7-10</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	Located in the home's laundry room, the temperature in the Welbilt small chest freezer measured 7 degrees.	<i>10/6/10</i>	<i>There was ice build up on the chest. It was corrected at time of inspection. Freezer stores only the bread for Howard. Better care will be taken to defrost ice to control temp. Administrator will do weekly checks on temperature.</i>	<i>12-7-10 JK</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Alicia Shower</i>			
SIGNATURE OF LEGAL ENTITY <i>Alicia Shower</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan [Signature]</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The external vent for the home's clothes dryer was caked with lint.	10/6/10	<i>Dryer is only inches from outside wall. It can be checked visually. However, a cleaning check will be done on a monthly basis. Disagree to do monthly checks.</i>	<i>12-7-10 [Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Allison Showers</i>	DATE 11-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 12-7-10

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126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The last inspection of the home's furnace was conducted on 9/12/10.	10-11-10	<p><i>Administrator had professional furnace co. come in and clean furnace. Going forward the Admin. will have appt. with cleaning co will be made 2 months in advance</i></p>	12-7-10 <i>JK</i>

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SIGNATURE OF LEGAL ENTITY <i>Allison Shover</i>		DATE <i>11-23-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>
			DATE <i>12-7-10</i>

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141a The medical evaluation shall 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	<p>The most current medical evaluation for resident #1, dated 5/26/10, did not address communicable disease, treatment/therapies, or body positioning. In addition, it indicated to "see attached" for medications; there were not attachments to this medical evaluation.</p> <p>The most current medical evaluation for resident #3, dated 9/9/10, did not address treatment/therapies, body positioning, or height.</p> <p>The most current medical evaluation for resident #5, dated 8/19/10 did not address treatment/therapies, body positioning, or height. In addition, it indicated "see list" for medications; there were not attachments to this medical evaluation.</p>		<p><i>Administrator update #1, 3, & 5 to reflect required info on this medical evals</i></p> <p><i>Going forward Admin. or designee will insure the required info is included.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>12-7-10</i> Initials (DPW) <i>DPW</i></p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Allison Showel</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawing</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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.				<i>See Previous Page</i>

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SIGNATURE OF LEGAL ENTITY <i>Allison J Showover</i>	DATE <i>11-23-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harvey</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified nurse practitioner regarding the ability to self-administer and the need for medication reminders.	The most current medical evaluation for resident # 3, dated 9/9/10, indicated that the resident "cannot self-administer medications"; the most current assessment, dated 8/19/10, indicated that the resident could self administer with assistance in remembering schedule, offering medications at prescribed times, and opening container or locked storage area. The two assessments must be in agreement.	<i>10/15/10</i>	<p><i>A new assessment was completed for resident #3 to reflect the evaluation!</i></p> <p><i>The admn. + designee will make sure the self admin. portion of assessment will reflect the medical evaluation</i></p>	<i>12-7-10</i>

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SIGNATURE OF LEGAL ENTITY <i>Allison Showers</i>	DATE 11/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janice Hanning</i>	DATE 12-7-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	A tube of Triamcinolone Acetonide Ointment USP 0.1% and a tube of Flucanide Cream USP, 0.050 were found unlocked on a card table near a recliner in the home's rear first floor lounge area.	10/6/10	Resident uses [redacted] cream & it is immediately returned to med closet however, this day, resident used it & went to the bathroom before [redacted] was finished! Staff will be encouraged to wait for resident to finish using cream so that it will be returned immediately	12-7-10AL

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SIGNATURE OF LEGAL ENTITY <i>Alicia Shower</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	An expired tube of Neosporin + Pain Relief was stored in the home's first aid kit. It had an expiration date of 6/2010.	<i>10/6/10</i>	<i>Neosporin was removed from kit during inspection. Monthly checks will be done for outdated meds.</i>	<i>12-7-10 JH</i>

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SIGNATURE OF LEGAL ENTITY <i>Alison Shower</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean H...</i>	DATE <i>12-7-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Two unlabeled medicated eye drop bottles containing Timolol 5ml and Pred Forte 1% were found in the home's medication cart. The eye drops were prescribed and provided by the physician for resident # 4, after eye surgery.	<i>10/6/10</i>	<i>Bottles were bagged & labeled in front of the inspector on 10/6/10 - All meds will be dated & labeled & checked by admin. Designee will do a monthly audit of med. carts</i>	<i>12-7-10</i>

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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 Showel Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Allison Showel</i>	DATE 11/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>	DATE 12-7-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The preadmission screening form for resident # 2, completed 9/29/10, did not include information on "diagnosis", "other special care needs", or "behavioral needs".</p> <p>The preadmission screening form for resident # 3, completed 8/2/10, did not include information on "diagnosis", "other special needs", or "behavioral needs".</p> <p>Repeated Violations: 06/29/2009</p>	10/6/10	<p>we didn't have a diagnosis for #5 because [redacted] was an emergency placement by [redacted] at night. Resident #3 - no info was available during preadmission resident said nothing was wrong. In the future more research will be done to determine diagnosis going forward admin or designee will make sure the required info is gathered during admission.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 12-7-10 Initials (DPW): [redacted]</p>

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