

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 14, 2011 until December 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **202080**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 24 2012

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

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 December 8, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

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) 12/08/2011		REGIONAL REPRESENTATIVE Jason Harvey, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;"><i>Allison Showver Adm.</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Allison Showver</i>	DATE <i>12/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Hojajalaghi</i>	DATE <i>1-3-12</i>


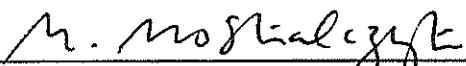
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>15a</p> <p>The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.</p>	<p>The home did not notify the Local Area Agency on Aging of the physical assault that occurred on 9/1/2011 at approximately 4pm between resident #1 [REDACTED] and resident #2 [REDACTED]</p> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 1.5em; font-weight: bold; letter-spacing: 0.2em;">RECEIVED</p> <p>DEC 23 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>	<p><i>12/16/11</i></p>	<p><i>Act 13 abuse report was filed from this date forward Act 13 will be filed along with incident report for all residents altercations. Administrator will be responsible for reports.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Steps have been taken to correct violation: full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Date _____ Initials (DPW) _____</p>

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SIGNATURE OF LEGAL ENTITY <i>Alison J Shower</i>	DATE 12/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 1-3-12

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.	<p>The contract dated 9/26/2011 in the record for resident #3 was not signed by the administrator or designee.</p> <p>The contract dated 9/26/2011 in the record for resident #4 was not signed by the administrator or designee.</p> <p>The contract dated 4/19/2011 in the record for resident #5 was not signed by the resident, administrator or designee.</p> <p>Repeated Violations: 10/06/2010</p>	12/19/11	<p><i>all contracts were signed by the designee. Designee was refreshed in the importance of completing all aspects of contracts. All contracts will be signed in the future and monitored by the administrator.</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 <i>12/19/11</i> Initials (DPW) <i>MS</i></p>

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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The common bathroom located next to the main TV room does not have any type of locking mechanism to ensure the resident's privacy while toileting.	12/20/11 + * ONGOING	lock was purchased on 12/19 & installed on 12/19 (see receipt) all bathrooms now have locks to ensure privacy * The administrator will monitor for ongoing compliance. mm.	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> Date _____ Initials (DPW) _____ Compliance is not verifiable Date _____ </div>

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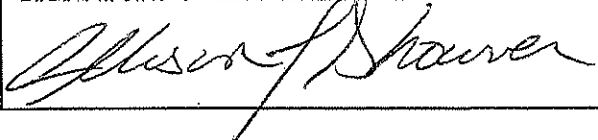
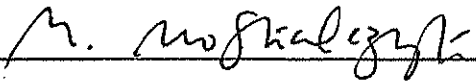
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85a Sanitary conditions shall be maintained.	The home uses one glucometer to check the resident's blood glucose levels when needed.	12/8/11 * ONGOING	<p>glucometer was destroyed during inspection. New glucometers will be obtained for residents who do not have upon doctor diagnosis of insulin or non-insulin dependent diabetes.</p> <p>All current residents with diabetes diagnosis have individual glucometers.</p> <p>* The administrator will monitor weekly for ongoing compliance. <i>mu</i></p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center; margin: 0;">Steps have been taken to correct violation (if applicable) and compliance is being maintained.</p> <p style="margin: 0;">Date: <u>12/10/11</u></p> <p style="margin: 0;">Initials (DPW): <u>JS</u></p> </div>

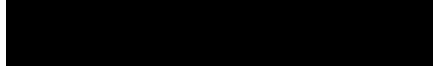
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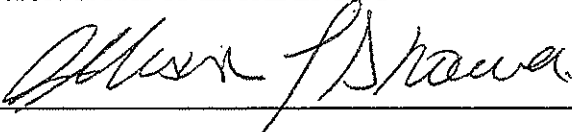
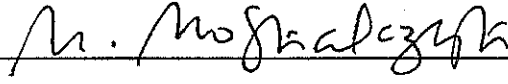
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature measured 139.6 degrees in the first floor common bathroom next to the TV room.	12/15/11 * ONGOING	<p>water heater temp poco lowered. Monthly checks will be done by staff to assure compliance. or as needed.</p> <p>* If hot water temperatures exceed 120°F the administrator will be notified and the temperatures will be fixed/adjusted immediately. The administrator will assure ongoing compliance with this regulation. -mm</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 1/3/12 Initials (DPW): [Signature]</p>


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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The homes cordless phone that is used by residents and staff does not have the required emergency numbers posted on the phone.	12/19/11	Resident phone was installed  and numbers are posted. Staff & admin. will check weekly to ensure phone #'s are not removed.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: 1-3-12 Initials: (DPW) </div>

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Bedroom #7 occupied by three residents, contained only 2 chairs. Bedroom #5 occupied by one resident, did not contain a chair.	12/19/11 * Ongoing	Chairs are in everywhere for each bed (See photos). Staff will check to ensure that chairs stay in each room. * Administrator will monitor resident bedrooms on a monthly basis to assure compliance - ongoing	Steps have been taken to correct violation; full compliance is not verifiable Date: 1-3-12 Initials (DPW): 

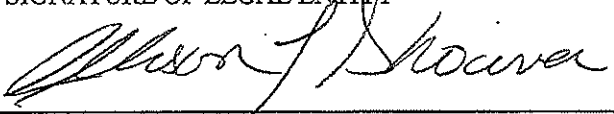
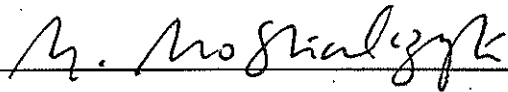
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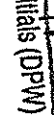
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Room #8 located on the first floor, did not contain a source of light at bedside.	12/19/11 + * ONGOING	Other roommate had both lights on [redacted] nightstand. Another light was added for room at bedside (see photo). Staff will do random checks to ensure residents have a lamp at bedside.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____ </div>

* The Administrator will monitor monthly for ongoing compliance.

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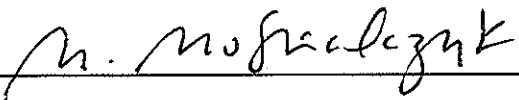
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The homes fire drill record did not include the date of the fire drills held for the months of August, September, October and November.	12/20/11	<p><i>time sheets + fire dept. records were checked to verify dates of drills. Dates are now documented on log Designee + Admin. will assume responsibility of recording dates of fire drills from this date forward. (See attached)</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: 1/3/12 Initials (DPW): </p>

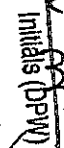
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		<i>M. Myszkalczyk</i>	1-3-12

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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.	Resident's #'s 5, 6, and 7 stated during the last two monthly fire drills they only evacuated to the homes front porch. On 12/8/2011 at 2:40pm staff person A stated during the November fire drill resident's #'s 5, 6, and 7 only evacuated to the home's front porch due to the weather and did not participate in evacuating to the home's designated meeting place across the street from the home.	12/20/11	<p style="font-size: 1.2em; font-family: cursive;">All residents will be required to evacuate to the meeting place across the street. Fire drill was conducted on 12/20, it was raining, all residents evacuated to meeting place. (See attached picture) Staff & designee will assume responsibility to use designated area</p>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> <p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">Date: 1/3/12</p> <p style="font-size: 0.8em; margin: 0;">Initials (DPW): </p> </div>



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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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>A. Morski alczyk</i>	DATE <i>1-3-12</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																																																																	
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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132i A fire alarm or smoke detector shall be set off during each fire drill.	The home's fire drill record indicated that the fire alarm or smoke detector was not set off during the fire drill held on 6/7/2011.	12/19/11	Homes alarm is activated during every drill. However, we have 1 smoke detector that is not interconnected so a drill is done periodically to ensure that residents can hear it + react to it. From this point forward alarm will be activated for every drill + it will be monitored by the administrator.	<div style="text-align: right; font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 1/3/12 Initials (DPW): JS </div>																																																																	
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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	The medical evaluation for resident #8 dated 4/15/2011, indicated "see attached" for medications; the attachment was dated 4/11/2011 and was not signed by the physician. The medical evaluation for resident #9 dated 11/25/2011, indicated "see attached" for medications; the attachments were not signed or dated by the physician. Repeated Violations: 10/06/2010	12/19/11 + *ONGOING	Doctors receive a copy of our med list at each app. these are usually used as their attachments for med. evals. From this point forward staff will have Dr. date & initial our list at each app. and when medical eval is done.	<div style="text-align: right; font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable Date: <u>1/3/12</u> Initials (DPW): <u>JH</u> </div>

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

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SIGNATURE OF LEGAL ENTITY <i>Oliver Shawer</i>	DATE 12/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proszalczyk</i>	DATE 1-3-12

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.			<p style="text-align: center;"><i>(CONT. FROM PREVIOUS PAGE)</i></p> <p style="text-align: center;"><i>see pg 14</i></p> <p style="text-align: center;">* The administrator will monitor all medical evaluations and content/attachments and assure compliance with this regulation - <i>mm.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <i>1-2-11</i> <i>mm</i> Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Alison Shawver</i>	DATE 12/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyuk</i>	DATE 1-3-12

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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	<p>On 12/8/2011 at 10:26am resident #10 was observed smoking next to the sliding doors in the back of the home, outside of the designated smoking area.</p> <p>On 12/8/2011 at 11:05am resident #4 was observed smoking next to the sliding doors in the back of the home, outside of the designated smoking area.</p>	<p>12/19/11</p> <p>+</p> <p>*ONGOING</p>	<p>All residents were reminded that it is not an option to not use the designated area, regardless of the weather. Large signs were posted (see attached). Staff will do periodic checks to assure obeying order of rule.</p> <p>* The Administrator will monitor for ongoing compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date _____ Initials (P/PA) _____</p>

* The Administrator will monitor for ongoing compliance. *mm*

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Oliver J. Shaver</i>	DATE 12/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mokolozyn</i>	DATE 1-3-12

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
183e 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.	<p>A half broken tablet of Levodopa 25/100mg belonging to resident #11, was found unpackaged in the medication cabinet in drawer number three.</p> <p>A half of a broken round white tablet labeled with the number 4, was found unpackaged in the medication cabinet in drawer number three.</p>	<p>12/20/11</p> <p>* ON BOARD</p>	<p>Pills were accidentally popped out of blister packs when they were being put in med draws. Weekly checks of draws will be done to check for accidental removal. Medication staff will be responsible and documentation will be kept. (see attached)</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p>

* The administrator will monitor all medications monthly to assure compliance.
MM


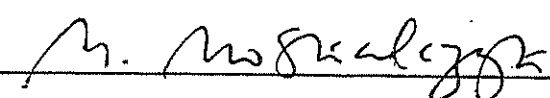
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The preadmission screening in the record of resident #4 (dated 9/26/2011) did not indicate if the needs of the resident can be met by the services of the home.</p> <p>The preadmission screening in the record of resident #5 (dated 4/14/2011) did not indicate if the needs of the resident can be met by the services of the home.</p> <p>The preadmission screening in the record of resident #9 (dated 10/31/2011) did not indicate if the needs of the resident can be met by the services of the home.</p> <p>Repeated Violations: 10/06/2010</p>	12/19/11	<p><i>Preadmission screenings were filled in completely and dated. Admin. will take better care when filling out screenings. Admin. will examine all files to verify compliance.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation. All compliance is verifiable</p> <p style="text-align: center;">Date: 1-3-12 Initials (DPW): <i>DPW</i></p>
		01/20/12	<p><i>The administrator will audit all resident records for documentation and documentation of the audit will be maintained by the administrator.</i></p>	

*The audit will be completed by 1/20/12.
mm.*

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #5's assessment dated 5/14/2011 was completed more than 15 days after being admitted to the home on 4/19/2011. Resident #3's assessment dated 10/13/2011 was completed more than 15 days after being admitted to the home on 9/26/2011.	12/19/11 *Ongoing	assessment was ¹⁵ 2 days late because we had difficulty getting the medical evaluation done by the doctor. More care will be taken for future assessments to be done on time and daily calls will be made to the doctor to urge his completion of forms. Administrator & assistant will be responsible for following regulations.	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> Steps have been taken to correct violation; full compliance is verifiable Date: 12/19/11 Initials (DPW): MMS </div>
	* - The administrator will assure that all required forms are completed timely.			

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident 9's assessment, completed on 11/8/2011, does not include an assessment of the resident's mobility needs.	<i>12/19/11</i>	<i>assessment mobility needs was completed. Better care will be taken to ensure all documentation is done in the future by Administrator & assistant.</i>	<div style="text-align: center;"> <p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date _____ Initials (DPW) _____</p> </div>
		<i>01/20/12</i>	<i>The administrator will audit all current resident records to assure residents mobility needs are assessed correctly. This audit will be completed by 1/20/12.</i>	

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #5's medical evaluation dated 4/14/2011 and the PCH assessment dated 5/14/2011 states the resident has a diagnosis of anxiety and depression. The resident's support plan dated 5/14/2011 does not indicate how the home will meet the resident's needs under the sections titled Mental Health and Behavioral Services. The support plan states "none known" under each section. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">DEC 23 2011</div> SCRANTON FIELD OFFICE Adult Residential Licensing	12/29/11	assess next woc updated to cover mental health and Behavioral. Better care will be taken by staff and admn. to ensure all services necessary are provided and documented	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;"> Steps have been taken to correct violation, full compliance is not verifiable Date: _____ Initials (DPW): _____ </div>
		01/20/12	The administrator will audit all current resident records and assure all necessary services are being provided and documented. The audit will be completed by 1/20/12	