

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, 2012 until December 14, 2013,  
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



DEC 19 2012

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 (Department) licensing inspection on October 17, 2012 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 Human Services 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 be "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

16 c

Resident #1 did not pay his/her pharmacy bill. Resident #1 did not receive the following medications from 10-01-12 thru 10-09-12. The home did not submit an incident report identifying these missed medications:

1. Ferrous Sulfate 325 mg tabs, take 1 tab by mouth 1 time a day supplement.
2. Vitamin B-6 100 mg tab take 1 tab by mouth one time a day supplement.
3. Ultram 50 mg tab. Take, by mouth 2 times a day 1 time a day for pain.
4. Codin 5/500mg tab, by mouth 2 times a day for pain as needed.
5. Probenecid 500 mg tab. By mouth as needed for acute gout attack.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*Incident report is included. - #5 was d/c on 4/13/12 (copy included) other d/c was received 10/9/12.*

*Incident reports will be filed in a timely manner for all required incidents  
 Administrator will be responsible*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Alison L. Shawer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison L. Shawer* Date *11-14-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-19-12</u> (Date)  The above plan of correction was approved by <u><i>ES</i></u> (Initials)	Plan of correction implementation status as of <u>11-19-12</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**2a. DESCRIPTION OF VIOLATION**

Residents #2- #4 did not receive an itemized account of financial transactions made on the residents' behalf since January 2012.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Quarterly reports were done by administrator but were not signed by residents.  
 All quarterly reports have been signed and received by residents and are current to date.  
 They will be done in a timely manner from now on. (w/in 15 days of end of quarter) and will be distributed accordingly.  
 Administrator will be responsible.  
 Adm will review all existing resident quarterly transaction reports to insure full compliance going forward. 11-19-12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Allison L. Shaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison L. Shaver*      Date *11-12-12*

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The above plan of correction is approved as of 11-19-12 (Date)      Plan of correction implementation status as of 11-19-12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(y) - A resident has the right to choose his own health care providers without limitation by the home.

2a. DESCRIPTION OF VIOLATION  
 The home's current rules state, "All residents must deal with Medicine Shoppe Pharmacy. They package medication to our specifications." The home's resident application also states, "Medicine Shoppe program has been explained to me and I accept this as a condition of being a resident at Guardian Angel Personal Care Home." Based upon an interview with staff person A, who is the administrator, and the above stated information, it was determined that residents are not permitted to use a pharmacy of their choosing and must use the pharmacy specified by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident Rules and application have been updated to comply with regulation. Administrator is responsible to maintain compliance.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison J. Shawner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Shawner</i>	Date <i>11-13-12</i>
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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature in the bathroom sink located across from room #2 measured 135.4 degrees Fahrenheit.  
 The water temperature in the bathroom sink located adjacent to the large living room measured 135.1 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Maisterpiece turned down water temp. on furnace. on 10/18/12. 1/2 of water supply is from water heater, other 1/2 is from oil burner. To keep better control on temp. of water weekly checks of water temp will be done in Oct & Nov 2012 and documented. From December 2012 on Bi-weekly checks will be done by Staff [redacted] to maintain control.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Alison L. Shaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alison L. Shaver</i>	Date <i>11-12-12</i>
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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The Personal Care Home hotline number was incorrectly posted next to the telephone located in the dining room, the large living room, and the telephone located in the small sitting room leading to the exit for the smoking area. In addition, the number was also incorrectly posted on the bulletin board in laundry room.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Personal Care Home Hotline number was added and corrected at time of inspection  
 Adm or designee will do weekly reviews of the home's telephones to insure ongoing compliance. Records will be kept of these compliance activities. *AS* 11-19-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2011	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L Shower*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Allison L Shower Date 11-12-12

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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

The fire exit which leads from the second floor to the exterior back yard area, had an uneven and slippery surface. There were numerous patio pavers missing, the ground surface was covered with a blue color plastic material and a large accumulation of dried leaves were on the ground in this area.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The surface is not slippery or uneven. The patio pavers are strictly decorative. A tree was in the process of being cut down so, the pavers were moved. The blue plastic is used as a weed barrier for mulch that we are waiting on delivery. The leaves were from the numerous trees in the back yard & the tree that was being removed. All leaves were cleared up <sup>the season of fall.</sup> mulch will be delivered by 11-30-12 and pavers will be returned. Tree has been removed. Documentation will follow. Better Care will be given to have maintenance during the fall season.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L Spawver*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Allison L Spawver      Date 11-12-11

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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

**2a. DESCRIPTION OF VIOLATION**  
 The bedside table located in single occupancy room #9 was located across the room and not next to the resident's bed.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*A shelf was placed over the residents bed. Rooms will be checked by housekeeping to ensure that night stands are not moved from bedside.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L. Spower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Spower</i>	Date <i>11-13-12</i>
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**Violation Report:** 20208 - 10/17/2012 - Patton, Leslie  
**PCH Name:** GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**  
 The beside lamp located in single occupancy room #9 was located across the room and not next to the resident's bed.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*A wall sconce was hung by the residents bed. Housekeeping will inspect rooms to make sure bedside lights are not moved from the bedside.*

<b>Repeat Violation:</b> Yes	<b>Date(s) of Previous Violation(s):</b> 12/08/2011		
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *[Handwritten Signature]*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Allison L Shover</i>	<b>Date</b> <i>11-13-12</i>
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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**  
 The temperature in the freezer section of the refrigerator located in the laundry room measured 15 degrees Fahrenheit at 1:15pm and 2:00pm.  
 The temperature in the refrigerator section of the refrigerator located in the laundry room measured 54 degrees Fahrenheit at 1:15pm and 2:00pm.  
 In addition, the thermometer in the refrigerator located in the home's kitchen was inoperable.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Thermometer in freezer was defective & replaced.  
 Refrigerator*

*Food was still cold & frozen.*

*A new thermometer was purchased for the kitchen frig. since the original had broken that week.*

*Administrator will periodically check thermometers for accuracy to assure compliance with regulations*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Alison L. Sholover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Alison L. Sholover</i>	<i>11-12-11</i>

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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(b) - The home shall have written emergency procedures that include the following:  
 (1) Contact information for each resident's designated person.  
 (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.  
 (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.  
 (4) Means of transportation in the event that relocation is required.  
 (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.  
 (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**  
 The home does not have an emergency preparedness plan.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Home does have a plan, it just doesn't have all the details required. A new plan is being drawn up by administrators and will be completed by 11-30-12.*

*Upon completion, the home will submit their emergency procedures for review and approval. ES 11-19-12*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L Shower*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Allison L Shower*      Date *11-13-12*

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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
 The home's current letter from a local water supply company states, "Tulpehocken water agrees to deliver 60 gallons of water to Guardian Angel Personal Care Home upon request in an emergency situation." The letter does not indicate the water will be provided immediately nor does the home have any water on-hand for the 19 residents being served at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Contract was discussed with the water company to be updated and have water delivered immediately. They agreed, I am waiting on the return of the signed contract. I will have it by 11/30/12. Administrator is responsible. In the meantime, 30 gallons are on hand as a precaution.*

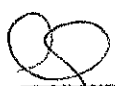
*Received  
 11/14/12*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Allison Shrover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison Shrover*      Date *11-14-12*

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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION  
 The smoke detector located in the hallway on the second floor had previously been removed to replace the battery. At the time of the inspection, the smoke detector had not been returned to its original location resulting in the closest smoke detector being 25 ½ feet away from room #6 and 29 feet away from room #7.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Battery was replaced at time of inspection. Detector will be replaced immediately at time of battery replacement. Administrator will be responsible.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L. Shaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Shaver</i>	Date <i>11-12-11</i>
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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(1) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 was admitted to the home on 6/11/12. The medical evaluation located in the resident's record was completed on 11/3/11, more than 60 days prior to admission and was therefore not completed in a timely manner.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident gave a difficult time in selecting a local doctor and several that were acceptable would not accept the access card. Also staff [redacted] that is responsible for medical evals was aware of the 30 day after reg. but not the 60 day prior and assumed the medical eval we had from 11/11 was acceptable.

Staff [redacted] was educated by administrator of the exact regulation. A current medical eval has been received. Admin. will check on [redacted] a giving of medical evals in the future in a timely manner.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Alison L Shover*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Alison L Shover*      Date *11-13-12*

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Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 The following resident medications were expired:  
 1. Resident #5: Clearlax Powder, expiration date was 7/12.  
 2. Resident #6: Tussin Cough Medicine, expiration date 07/12.  
 3. Resident #7: Polyethylene Glycol Powder, take one cap full in liquid daily had an expiration date of 8/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*All expired meds were disposed of when monthly exchange comes, all over the counter meds will be checked for expiration date. Staff [redacted] who is responsible for med. organization will check dates. Admin. will follow up.*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Alison L. Showver*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Alison L. Showver*      Date *11-13-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-19-12</u> (Date)	Plan of correction implementation status as of <u>11-19-12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The home did not have resident #1's medications from 10-1-12 thru 10-9-12. The medication error was never reported to the resident's designated person or the prescriber.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident and the Doctor were both aware of the medications being temporarily stopped. We requested a discontinuation from the doctor if they were not necessary. We called several times for the order but did not receive it until 10/19. Doctor was notified on 9/28/12. Discussions with resident started on 6/8/12. Adm or designee will review medication errors to insure reporting is in compliance w/ this regulation.  
 11-19-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Allison L Shaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Allison L Shaver	11-14-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-19-12</u> (Date)	Plan of correction implementation status as of <u>11-19-12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20208 - 10/17/2012 - Patton, Leslie  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The record of resident #2 did not contain a photograph.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Picture was taken but was misplaced. It has now been found and placed in resident file. All pictures will be placed promptly in files by Administrator and/or assistant.

Adm or designee will review all current resident files to insure full compliance w/ this regulation.  
 EJ 11-19-12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L Shower*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Allison L Shower      Date 11-13-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of: 11-19-12  
 (Date)

The above plan of correction was approved by *EJ*  
 (Initials)

Plan of correction implementation status as of 11-19-12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented