pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [redacted]
MAILING DATE: October 1, 2013

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 July 18, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

Sincerely,

Anne Graziano

Anne Graziano
Regional Licensing Administrator

Enclosure

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

PCH Name: GUARDIAN ANGEL PERSONAL CARE	**License Number:** 20208
Address: 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866	**County:** Northumberland
Administrator: ALLISON SHOWVER	**Region:** NORTHEAST
Legal Entity Name: ALBRECHT INC	
Legal Entity Address: 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866	

Certificate(s) of Occupancy

C-2 LP
11/22/1994
LABOR AND INDUSTRY

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 20 **Waking Staff:** 15

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

07/18/2013: Dumas, Gerald

Off-Site Inspection Dates and Inspectors, If Applicable

07/22/2013: Dumas, Gerald

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 20

Number of Residents Served: 20

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 13

Are 60 Years of Age or Older: 12

Have Mental Illness: 1

Have an Intellectual Disability: 2

Have a Mobility Need: 0

Have a Physical Disability: 0

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
Interviews with residents confirm that Staff Person B curses at residents, and degrades them.

-Resident # 1 was called , " a f_ing nut case"
-Another " f_ing retard"
-Other residents said that they are called "stupid, dumb"
-One resident was called "piss pants" another, "diaper boy"
- Another resident said that Staff Person B calls the residents " _ holes"
-Yet another resident is called a"Drama Queen"
·Degrading remarks like one resident stating, " he/ she wont amount to anything"

A witness statement from Resident # 1 documented - " that Staff Person B said, if Resident # 1 falls, Staff Person B would let them on the floor as the resident would be faking it."

Another resident stated that Staff Person B "threatened to tie Resident # 4 to the chair"

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.

upon discovery of alleged abuse, Staff B was immediately suspended and later released from her position in the home.

To prevent this situation from occuring in the future, an abuse reporting class is being scheduled for all staff with AMA in September. The home now has a zero tolerance policy on abuse for all staff members. Periodic, unannounced, drop-in visits by Supervisors, will occur on all shifts. Also an Abuse policy for Staff is effect.

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** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.51 – Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
A regular volunteer," A ", has unsupervised access to residents and assists in serving breakfast does not have a criminal background check.

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 volunteers will have Background checks done immediately upon agreement of volunteer services.
A new volunteer has started since incident and a background check has been done. The administration will be responsible to ensure compliance.

Volunteer A no longer provides services to the home

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** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

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

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.58(a) - If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

2a. DESCRIPTION OF VIOLATION
The home's census at the time of inspection was 16 and is licensed for 20 residents . Resident interviews indicated that residents have observed Staff person B sleeping in the common living room. The time of observation are periods varying between 11p.m. to 6 a.m in the last month.

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 staff were re-educated on their responsibilities of night shift and the requirement of being awake at all times. Staff B was dismissed from employment. Periodic, unannounced drop-in visits will occur by Supervisors.
Drop ins occurred on. 8/2, 8/14 and 8/20. They will occur 1-2X By Assistant Sue. Per month.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Allison L Shannon			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Allison L. Shannon	**Date**	8/20/13	

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2500

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

(1) Evacuation procedures.
(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
(5) The location and use of fire extinguishers.
(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Regular Volunteer" A" does not have an orientation in general fire safety training and emergency preparedness that includes the following:

(1) Evacuation procedures
(2) Staff duties and responsibilities
(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
(5) The location and use of fire extinguishers.
(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

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.

Volunteer A was immediately trained in all necessary areas. From this point forward, all volunteers will be immediately trained prior to services rendered. Admin will be responsible for preventing future violations. Volunteer A no longer provides services. We have a new volunteer and he was immediately trained in all required areas.

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** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

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

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Regular Volunteer ' A "who assists staff in the home with serving breakfast in the a.m. has not been orientated in the required areas which includes the following:

(1) Resident rights
(2) Emergency medical plan
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
(4) Reporting or reportable incidents and conditions.

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.

Volunteer A was immediately trained in all required areas. Admin. refreshed herself in the regulation. Volunteer A is no longer providing services. From this point forward, all volunteers will be immediately trained prior to services rendered. Admin. will be responsible for preventing future occurances. A new Volunteer has been hired and was immediately trained in all required areas

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Allison L. Shawver — **Date** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 7/18/13 at 10:30 a.m., the sliding glass doors located in the mid section of the home leading to the front and rear back yards was blocked by a bar preventing the immediate exit from the home. A sign of the sliding glass doors informs residents to keep the doors closed at all times. The door is locked during the overnight hours from 11 p.m. and 6 a.m. In a phone interview with staff person B, she stated that the bar is never removed from the sliding glass doors.

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.

Doorway to the exit to the Smoking area. Smoking area has been relocated off the property. The door is not listed as an exit with L+I since it just goes to the enclosed back yard. There are 2 other doorway exits in the same room. The Sliding glass door has been designated as NOT AN Exit and a sign has been posted.

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** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
Current medication training for staff person B, who works overnight ,was not available to review.

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 staff are, and have been completely trained and monitored in medication administration. Staff that was on duty when inspector came, did not realize that forms were 2 sided.. Form was immediately forwarded to DPW upon admin. return and staff was educated on the location of records.

The home will use the forms provided by DDP trainers upon completion, then will be forwarded to the NE Regional office for review.

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** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

- ☐ Fully Implemented
- ☒ ~~Partially Implemented - Adequate Progress~~ ERROR
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
Direct care staff B failed to use positive alternative interventions when resident # 1 had difficulty sleeping and asked if she could sit in the living area during the overnight hours. The resident was told to go to 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.

All staff were individually re-educated by administrator that this is the resident home and if they want to stay up an watch TV, they may. If they fall asleep they may encourage them to go to bed in order to get their proper rest. Violations will be prevented in the future by admin. communicating with residents on a daily basis and asking for their input

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

Signature of Legal Entity Representative (Required on EVERY Page) Allison J Dumas

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Date 9/6/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

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

Violation Report: 20208 - 07/18/2013 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The home did not update the RASP for resident # 4. In the past several weeks, according to staff, resident # 4 has been experiencing sundowning and was seen by a local agency to address the resident's progressive dementia. This change in condition is not reflected or updated in the resident's RASP or residents record.

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 Support Plans are updated immediately upon a change in resident conditions. Resident was at the doctor 3 days prior and was waiting for a bed in the hospital. So she could be evaluated. From this point forward all Support plans will be updated immediately upon change in behavior. Admin. and Asst. have gone through all Support plans and all are up to date. There have been no changes in any resident behaviors. Admin. and. assistant will be responsible for preventing future violations.

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

Signature of Legal Entity Representative (Required on EVERY Page) Allison J Shawver

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Shawver — **Date** 8/20/13

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

The above plan of correction is approved as of 9-30-13 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9-30-13 (Date)

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