pennsylvania
DEPARTMENT OF PUBLIC WELFARE

**Sent via email to:** [redacted]
**MAILING DATE: November 14, 2013**

Ms. Allison L. Showver, Administrator
Albrecht, Inc.
1710 Maple Avenue
Coal Township, Pennsylvania 17866

RE: Guardian Angel Personal Care Home
License # 20208

Dear Ms. Showver:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 20, 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 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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



| | |
|---|---|
| **PCH Name:** GUARDIAN ANGEL PERSONAL CARE HOME | **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
PA L&I

**Staffing Hours**

**Resident Support:** 0 **Total Daily Staff:** 17 **Waking Staff:** 13

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

**Reason(s) for Inspection(s)**

Complaint, Incident

**On-Site Inspections Dates and Department Representatives On-Site**

09/20/2013: OHaire, Anne; Patton, Leslie

**Off-Site Inspection Dates and Inspectors, if Applicable**

**Other Details**

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

**Resident Demographic Data as of Inspection Dates**

| | |
|---|---|
| **Licensed Capacity:** 20 | **Number of Residents who:** |
| **Number of Residents Served:** 17 | **Receive Supplemental Security Income:** 16 |
| **Secured Dementia Care Unit in Home:** No | **Are 60 Years of Age or Older:** 12 |
| **Area:** | **Have Mental Illness:** 4 |
| **Secured Dementia Unit Capacity, if Applicable:** | **Have an Intellectual Disability:** 3 |
| **Number of Residents Served in Secured Dementia Care Unit, if applicable:** | **Have a Mobility Need:** 0 |
| **Number of Current Hospice Residents:** 0 | **Have a Physical Disability:** 0 |
| **Number of Hospice Residents in past year:** 0 | |

**Violation Report:** 20208 - 09/20/2013 - OHaire, Anne
**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**
The home did not report to the Department that a resident had become intoxicated and disorderly on 08-24-13 at 11:30 pm and the local police were called to intervene. This incident was not reported to the Department until 08-26-13.

**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 police were called as a precaution because the incident occured on a weekend night and was reported first thing monday morning which was approximately 34 hrs after occurence. The regulation is important to prevent further violations from occurring and to keep DPW informed of home events. From this point forward *Administrator will report all events/incidents with in the 24 hr. time-frame either to regional office or complaint hotline. Administrator has updated her phone contacts so that reports can be done on the weekend.

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

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

**Printed Name and Title of Legal Entity Representative** (Required on EVERY Page) Allison Shoover Admin

**Date** 11/1/13

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

The above plan of correction is approved as of 11/14/13 (Date)

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

Plan of correction implementation status as of 11/14/13 (Date)

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