pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [redacted]
MAILING DATE: December 10, 2013

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

RE: Guardian Anbel Personal Care Home
License: #20208

Dear Ms. Showver

As a result of the Department of Public Welfare's (Department) licensing inspection on October 15, 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
09/16/1987
PA Dept. of L&I

Staffing Hours

Resident Support: 0 | **Total Daily Staff:** 19 | **Waking Staff:** 14

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

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

10/15/2013: Yellenic, Cindy; Dumas, Gerald

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 Served: 19

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: 15

Are 60 Years of Age or Older: 12

Have Mental Illness: 9

Have an Intellectual Disability: 2

Have a Mobility Need: 0

Have a Physical Disability: 0

Violation Report: 20208 - 10/15/2013 - Yellenic, Cindy
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(e) - 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.

2a. DESCRIPTION OF VIOLATION
On October 8, 2013, Resident #1, while intoxicated, entered into Resident #2's bedroom without permission.

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.

This was a 1 time occurance, Resident #1 was removed from the room and 15 min. checks were done until the end of the investigation. DPW, AAA, Dept. of Aging (THINK ~~THINK~~) were all Notified Along with family. Abuse report was filed as a precaution. 15 min. bed checks were done until the end of the investigation. House rules were reviewed with resident ~~#~~ #1. Councilings sessions have been scheduled starting 11/21/13. All were done by the administrator.

• The administrator shall monitor for ongoing compliance - M 12/10/13

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** 11/12/13

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

The above plan of correction is approved as of 12/10/13 (Date)

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

Plan of correction implementation status as of 12/10/13 (Date)

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

Violation Report: 20208 - 10/15/2013 - Yellenic, Cindy
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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
Resident #1, has been diagnosed with alcohol abuse. This resident entered into resident #2's room uninvited, intoxicated and requested sexual advancements. Resident #1 was removed without incident. The home currently has not put into place positive interventions to modify or eliminate this problematic behavior.

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 2 was having a relationship with Resident 1. The uninvited entrance into the room was a 1 time event. The home does use positive intervention when problematic behavior occurs. However, due to this event occuring All residents were re-educated in resident rights and were given a copy to review and staff was refreshed on positive interventions. An annual training will be scheduled as continued education. And resident 1 is entering counciling sessions starting 11/21/13

- The administrator shall monitor for ongoing compliance on 12/10/13

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

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

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

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