pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [redacted]
MAILING DATE: March 11, 2014

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

RE: Guardian Angel Personal Care Home
License: #202080

Dear Ms. Showver:

As a result of the Department of Public Welfare's licensing inspection on February 25, 2014 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.

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
06/25/1996
Dept.of 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

02/25/2014: Rushin, Julienne; Harvey, Jason

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: 20	**Receive Supplemental Security Income:** 13
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 12
Area:	**Have Mental Illness:** 12
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 - 02/25/2014 - Rushin, Julienne
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
On 2/25/14, while addressing an incident involving resident #1, staff person "A" indicated that resident #1 is attention seeking and becomes agitated when touched. The Behavioral -Care Needs Section of the Resident Assessment and Support Plan does not indicate this information.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All support plans will be immediately updated with Behavioral needs as soon as they are apparent ~~in~~ in order to alert other staff, case workers, state agencies, etc of the needs of the residents.

- The administrator shall monitor and be responsible for ongoing compliance.

3/10/14

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** 3-10-14

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

The above plan of correction is approved as of 03/10/14 (Date)

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

Plan of correction implementation status as of 03/10/14 (Date)

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