



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2015

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 Human Services' licensing inspection on November 5, 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.

Your regular license for the period December 14, 2014 to December 14, 2015 was issued on August 29, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *SM*

Enclosure
License Inspection Summary

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff persons A and B, are the home's administrators; each completed only 22 hours of training during the 2013 training year.

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.

Administrators missed the last training of 2013 b/c of weather. But was immediately made up in 2014. Both administrators have 26 hrs of training for 2014.

Per telephone call with administrator Allison Showner on 12-30-14, the following is added.

The administrator will establish a monthly tracking form to monitor on-going administrator annual training to ensure that all training is completed timely. It is also recommended that the administrator and assistant administrator complete as many of the required 24 hours of annual administrator training earlier than December 1st. to allow for any adjustments that have to be made to complete all of the 24 hours by the end of each calendar year. Administrator (Asst) Administrator to monitor training monthly. DCU 12-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Allison Showner *12/14/14*

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

The above plan of correction is approved as of 12-30-14 (Date)

Plan of correction implementation status as of 12-30-14 (Date)

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

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

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PGH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person D (hired 5/28/96) and staff person E (hired 11/7/06) did not receive training regarding Fire Safety and Falls and Accident Prevention during the 2013 training year.

Staff person F (hired 4/2/97) did not receive training regarding Fire Safety, Falls and Accident Prevention, and the Older Adult Protective Services Act during the 2013 training year.

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.

Staff D & F were not able to attend those trainings. They have received them in 2014 and will continue to do so in the future. All staff will receive required training in the future to prevent future violations. Admin. will be responsible to assure compliance.

Per telephone conversation with administrator Allison Shaver on 12-30-14. See addendum page 3A of 10

DCV 12-30-14

Repeat Violation: No	Date(s) of Previous Violation(s):	11/07/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Allison Shaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison L. Shaver* Date *12/4/14*

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

The above plan of correction is approved as of 12-30-14 (Date)

Plan of correction implementation status as of 12-30-14 (Date)

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

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

DCV

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person D (hired 5/26/95) and staff person E (hired 11/7/06) did not receive training regarding Fire Safety and Falls and Accident Prevention during the 2013 training year.

Staff person F (hired 4/2/97) did not receive training regarding Fire Safety, Falls and Accident Prevention, and the Older Adult Protective Services Act during the 2013 training year.

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.

Addendum 3A of 10.

The administrator will establish a monthly tracking form to monitor on-going annual training for all staff. The tracking form is to comprise all six (6) areas of training required by regulation 2600.65(g)

The administration and assistant administrator will review the monthly staff training tracking form to ensure that all requirements of regulation 2600.65(g) are completed timely and accurately.

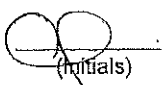
DCV 12-30-14

Repeat Violation: No	Date(s) of Previous Violation(s):	11/07/2013	
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>12-30-14</u> (Date)</p> <p>The above plan of correction was approved by  (Initials)</p>	<p>Plan of correction implementation status as of <u>12-30-14</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The home's monthly fire drill records indicate fire drills were conducted February and March of 2014; the log does not indicate the specific dates.

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.

*dates were accidentally omitted. All dates have
be documented since. Better care will be taken
to ~~to~~ insure future obedience to the regulations.
Staff person [redacted] will document dates and
administrator will double check*

*Dates were researched + corrected
Per telephone conversation with administrator Allison
Shrover on 12-30-14, the following is added:*

*The administrator and/or assistant administrator
will review each monthly fire drill record within 24 hours
of the fire drill being conducted. The administrator(s) will
ensure that the monthly fire drill logs are completed
correctly and the information contained therein is
always accurate. JAV 12-30-14*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Allison L. Shrover* Date *12/4/14*

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

The above plan of correction is approved as of 12-30-14
(Date)

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

Plan of correction implementation status as of 12-30-14
(Date) *JAV*

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

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
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

A medical evaluation (D.M.E) for resident # 7, (Date of Admission 7/22/14), was not completed. The medical evaluation in resident # 7's record, dated 7/3/13, was completed from a previous 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.

upon further investigation. In SS, Medical evaluation was done on the date of admission. However, the Dr. refused to do another one. Support plan was done using one from the previous home. This will not be done again. Documentation will be made when Dr. refuses to fill out forms. Current medical eval is being done by 1/5/15. a new support plan + will be ~~prep~~ submitted to DPW.

Per telephone conversation with administrator Allison Showers on 12-30-14 the following information is added to the Plan of Correction + see addendum 5 Add 10 Dec 12-31-14

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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(Date)

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(Initials)

Plan of correction implementation status as of 12-30-14
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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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.

Addendum page 5A of 10

The administrator and/or assistant administrator will contact each resident physician that will be required to complete a medical evaluation form in addition to the Medical Assistance Medical Evaluation form MA-51 and encourage the physician or his designee to complete the two required medical evaluation forms to ensure on-going compliance with this regulation. The administrator(s) will also complete portions of the Department's Adult Residential Licensing - Documentation of Medical Evaluation form (DME) that requires basic resident information; by doing so, the physician's office may be more cooperative in completing both medical evaluation forms required by the Department in a timely manner.

Dec 12-30-14


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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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(Date)

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(Initials)

Plan of correction implementation status as of 12-30-14
(Date)
Dec

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

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person G did not receive training regarding medication administration and is therefore not permitted to administer medication.

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.

Staff person G did receive med training and is current. Papers were misplaced when filing old ones. They were found the next day and were immediately faxed to DSPW.

All staff always have & will be trained in med. admin. before working on their own.

Admin. will take better care when re-filing papers & storing them to prevent future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Allison L. Straver

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

Allison L. Straver

Date

12-4-14

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

The above plan of correction is approved as of 12-30-14
(Date)

Plan of correction implementation status as of 12-30-14
(Date)

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

The above plan of correction was approved by

AS
(Initials)

DCU

Violation Report: 20208 - 11/05/2014 - Dumas, Getald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

Three tubes of Santyl cream proscribed to resident # 1 were stored in the home's kitchen refrigerator which was not locked at the time of the inspection resulting in the medication being accessible to residents and other individuals.

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.

Cream was moved to locked area upon inspection. All prescription meds, OTC + CAM stored ~~in~~ the frug. will be locked. Staff was verbally reeducated by admin. on the importance of locking meds. Admin & Staff will be responsible for future compliance

Per telephone conversation with Administrator, Allison Showver on 12-30-14, the following is added to the Plan of Correction.

The administrator(s) will post a notice on the Home's Kitchen refrigerator and on the Home's Medication Cart(s) that advise all staff to ensure that all prescribed medication, over-the-counter medications and CAMs that all stored in the Home are kept in locked areas or containers. The administrator and 1st assistant administrator and all staff trained in medication administration will monitor these areas daily for on-going compliance.

DU12-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L Showver Date 12-4-14

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

The above plan of correction is approved as of 12-30-14 (Date)

Plan of correction implementation status as of 12-30-14 (Date) *DeV*

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

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

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2609
2800.1B3(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
"Leader" brand Adult Tussin cough syrup prescribed to resident # 2 expired August 2014 and "Leader" brand Adult Tussin cough syrup prescribed to resident # 3 expired October 2014.
Two packages of Zyrxexa 2.5mg prescribed to resident # 3 expired October 2014.

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 PRN's were entered into the computer with the expiration date listed. They are checked weekly by Admin. Asst.
All expired meds are removed and reordered if needed. Per telephone conversation with administrator Allison Showver on 12-30-14, the following is added to the Plan of Correction. The administrator(s) will re-train all staff that administer medication by 1-30-15 of the importance of having all resident medications that are currently prescribed available in the home at all times. The administrator will input into the home's computer program all medications that have been discontinued by physician for resident presently in the home. The administrator, Allison Showver who is also the Medication Administrator Trainer will also do monthly checks of resident MAR's to ensure compliance. Dec 12-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Showver Date 12/14/14

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

The above plan of correction is approved as of 12-30-14 (Date)

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

Plan of correction implementation status as of 12-30-14 (Date) Dec

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

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Percocet 5mg to be administered to resident # 4 every day as needed was not on-hand at the time of the inspection.
Ondansetron ODT 4mg to be administered to resident # 5 every 8 hours as needed was not on-hand at the time of the inspection.
Tramadol HCL 50mg to be administered to resident # 6 every 6 hours as needed was not on-hand 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.

Percocet for resident # 4 was refilled
Tramadol for resident # 6 was discontinued
Ondansetron for resident # 5 is a generic for
Zofran and was discontinued on 11/11/14.
The day before inspection. All medications
(PRNs) will be entered into computer and are
checked weekly by staff [redacted] for refills
and expiration.

Per telephone conversation with administrator Allison
Shower on 12-30-14, the following is being added
to the Plan of Correction. See addendum 9.A & 10.

(See proof on pg 8)

Repeat Violation: No Date(s) of Previous Violation(s): 11/07/2013

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 12-4-14

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

The above plan of correction is approved as of 12-30-14
(Date)

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

Plan of correction implementation status as of 12-30-14
(Date) *SCV*

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

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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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.

addendum 9-A of 10. The administrator(s) will re-Train all staff that administer resident medications by 1-30-15 of the importance of having all resident medications that are currently prescribed available in the home at all times. In addition to retaining copies of all medication changes or discontinuances the administrator(s) will input all changes into the home's computer program.

The administrator, Allison Showver who is also the medication administration trainer for the home will also conduct monthly checks of all resident MARs (Medication Administration Records) to ensure compliance.

Documentation of in-service training by the Administrator(s) to be completed by 1-30-15 shall be retained by the administrator and documentation of the in-service training along with signatures of staff trained is to be forwarded to the Department's North East Regional Office by 2-3-15.
DCV 12-30-14

Repeat Violation: No Date(s) of Previous Violation(s): 11/07/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

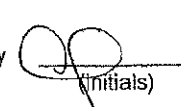
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

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

The above plan of correction is approved as of 12-31-14
(Date)

Plan of correction implementation status as of 12-30-14
(Date)
DCV

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

The above plan of correction was approved by 
(Initials)

Violation Report: 20208 - 11/05/2014 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800

2800.228(a) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident # 8 was discharged on 8/16/14. The home did not document the reason for the transfer. The destination of the resident was documented.

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 form was drawn up to be used on all resident discharges to meet regulations. Form will be filled out by Staff doing discharge to prevent future violations. Staff was verbally educated on the importance of the regulations. Admin. will be responsible in preventing future violations. Per telephone conversation with administrator Allison Showver on 12-30-14, the following is added to the Plan of Correction. The administrator and/or assistant administrator shall review each resident discharge documentation within 24 hours after each discharge to ensure that all the information required by regulation 2600.228(a) is secured and that the documentation of resident discharge is accurate and complete. DCV 12-30-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Allison L Showver

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

Allison L Showver

Date

12/14/14

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

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Plan of correction implementation status as of 12-30-14 (Date)

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(Initials)