



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ALBRECHT INC
LEGAL ENTITY

To operate GUARDIAN ANGEL PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 20
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 2, 2016 until August 2, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202081

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 02 2016

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

RE: Guardian Angel Personal Care Home
License #: 202081

Dear Ms. Shower:

As a result of the Department of Human Services' (Department) licensing inspections on October 22, 2015 and December 29, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #202080 dated December 14, 2015 to December 14, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated December 14, 2015 to December 14, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Allison Shower

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew J. Jones', with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosures

License

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 Department of L&I	C-2 LP 01/13/1995 Department of L&I	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/22/2015: Hummel, Jesse; 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 who:	
Number of Residents Served: 19	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 14	
Area:	Have Mental Illness: 13	
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 - 10/22/2015 - Hummel, Jesse
 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

Resident #1 is prescribed Loxapine 25mg, one capsule by mouth at bedtime. From 10/14/15 through 10/18/2015 this medication was not available at the facility and therefore not administered to the residents as prescribed. The facility failed to submit a reportable incident to the facility regarding these medication errors.

Resident #2 is prescribed Latuda 120mg. From 10/14/15 through 10/18/15 this medication was not available at the facility and therefore not administered to the resident as prescribed. The facility failed to submit a reportable incident to the facility regarding these medication errors.

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.

Admin. was unaware that these were reportable incidents. Family, residents & doctors were notified. From this point forward, all unavailable meds will be reported as reportable incidents by admin.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison L. Spawel*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison L. Spawel* Date *11-10-15*

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

The above plan of correction is approved as of 12-14-15
 (Date)

Plan of correction implementation status as of 12/29/15
 (Date)

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

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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 8 Pa. Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on [redacted] 15 and began providing unsupervised direct care to residents the same day. The facility did not complete a Pennsylvania State Police Criminal History Background Check for the staff person until 6/8/15.

Direct care staff person B was hired on [redacted] 15 and began providing unsupervised direct care to residents the same day. The facility did not complete a Pennsylvania State Police Criminal History Background Check for the staff person until 6/15/15.

The facility allowed staff person A and staff person B to provide unsupervised care to residents prior to completing a background check to ensure these staff were not convicted of a prohibited offense under the Older Adult Protective Services Act, which would make the staff ineligible to work within a personal care 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.

Background request were done before staff was left unsupervised. 1 request was returned immediately the other was returned in 1 week. However, administrator did check the Pa judicial system for prohibitive offenses and there were none. Admin. was also unaware that no background check had to be returned before staff could be unsupervised just that it was filed. Documentation is kept of new hire supervision but it is kept with time sheets. New forms were designed to document all new hire supervision until background checks return and will be kept in each employee file. It will be the Admin. responsibility.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Shaver*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Shaver Admin* Date *11-10-15*

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

The above plan of correction is approved as of 12-14-15
 (Date)

Plan of correction implementation status as of 12/29/15
 (Date)

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

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B does not have a High School Diploma, GED Diploma, or active registry on the Pennsylvania Nurse Aide Registry.

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 B does have a high School diploma and a CNA. We had the current CNA in her file at her time of hire. Admin. forgot to put the updated one in. Admin. has obtained STAFF B's HS diploma and has put it in her file. From this point forward All diplomas and registries will be kept current in staff files and will be done upon hire by admin. & asst.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Allison Shneider</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Allison Shneider</i>	<i>11-10-15</i>

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

The above plan of correction is approved as of <u>12-14-15</u> (Date)	Plan of correction implementation status as of <u>12/29/15</u> (Date)
--	--

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

The above plan of correction was approved by	<i>[Signature]</i> (Initials)
--	----------------------------------

Violation Report: 20208 - 10/22/2016 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

- 1. REGULATION 55 Pa.Code §2600**
 2600.66(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
 Direct care staff person A was hired on [redacted] 15. Direct care staff person A did not receive training in Fire Safety and Emergency Preparedness.

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 A did receive all required training upon hire. However, documentation was misplaced into another file. Better care will be taken when filing by Admin. and admin. asst. to prevent future mishaps.

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
Allison L. Showver		1-10-15

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

The above plan of correction is approved as of <u>10-14-15</u> (Date)	Plan of correction implementation status as of <u>12/29/15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

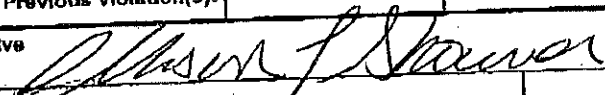

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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
 Direct care staff person A was hired on [redacted] 16. Direct care staff person A did not receive training in Resident Rights, the Emergency Medical Plan, the Older Adult Protective Services Act, or Reporting of Reportable Incidents.

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 A did receive all required training upon hire. However, documentation was misplaced into another file. Better care will be taken when filing by Admin + admin. asst. to prevent future mistakes.

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: 11-10-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of 12-14-15 (Date)		Plan of correction implementation status as of 12/29/15 (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the second floor bathroom tub. Along the bathroom tub and the bathroom wall was a line of a black, fuzzy like substance.

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.

Calking was beginning to wear in bathroom. It was removed, cleaned & replaced. Staff & cleaning persons were instructed by admin. to check weekly for wear & tear & report to admin. so that it can be maintained in a timely manner.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Allison L. Shover Date 11-10-15

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

The above plan of correction is approved as of 12/14/15 (Date) Plan of correction implementation status as of 12/29/15 (Date)

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

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's dumpster at 1:00pm. The dumpster lid was open allowing for penetration of insects and or rodents. The dumpster contained numerous bags of garbage.

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 Dumpster lid was closed when All staff Arrived and at the change of morning shift and also when inspectors Arrived. All staff was occupied with inspection and did not have a chance to check the dumpster which is a part of the normal daily routine for All staff. The maintaining of a closed dumpster lid is an ongoing part of staff training. All staff and residents were reminded again to check dumpster throughout their shift and the day to make sure it is closed to maintain sanitary conditions. Administrator will remind staff on a weekly basis.
Residents are not responsible to check dumpster.
12-14-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alison Spilloner

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

Alison Spilloner

Date 11-11-15

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

The above plan of correction is approved as of 12-14-15
(Date)

Plan of correction Implementation status as of 12/29/15
(Date)

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

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the window in resident room 3. The window was open, however the screen in place to prevent the penetration of insects has a 2 Inch by 2 Inch hole.

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 house cat lies on the window sill and pushed a hole in the screen. The screen was replaced with a stronger pet screening. STAFF + residents were all instructed by Admin. to notify her immediately of any rips or tears in screens so that they can be replaced immediately.

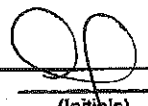
Adm/Designee will conduct weekly walk throughs of the home to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Allison L. Shover Date 11-10-15

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

The above plan of correction is approved as of 12-14-15
 (Date)

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

Plan of correction implementation status as of 12/29/15
 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress RN
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The facility has not submitted their Emergency Preparedness Plan to the local Emergency Management Agency as required.

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.

Admin. was unaware of the annual notification of the EMA. The local Fire Dept was notified annually. The local EMA was notified on 11/17/15 & received a copy of the facility EPP and will continue to receive an updated one annually by admin.

The annual update will be placed on a tickler file or calendar in order to maintain ongoing compliance. Q. 12-14-15

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 11-17-15

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

The above plan of correction is approved as of 12-14-15 (Date) Plan of correction implementation status as of 12/29/15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2800.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 10/22/15 at 9:00am Department Representatives observed the exit door leading from the addition to the exit ramp at the side of the facility. Directly in front of the door were two televisions stacked directly on top of one another. These televisions would impeded egress in the event of an emergency evacuation.

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.

Corrected upon inspection.
Staff was reeducated by administrator about the importance of maintaining clear exits for safety reasons.
Administrator and staff will check all exits throughout their shifts to make sure nothing is blocking them.

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 Date
(Required on EVERY Page) Allison Shower - Admin. 11-11-15

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

The above plan of correction is approved as of 10-14-15
(Date)

Plan of correction implementation status as of 12/29/15
(Date)

RN

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

The above plan of correction was approved by
(Initials)

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's dryer located on the first floor. Observed behind the dryer were a pair of socks, a pair of underwear, a washcloth and an accumulation of lint. These items are combustible and pose a risk of fire as the dryer produces heat.

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.

Corrected at time of inspection. Some Residents do their own laundry and are sometimes unaware if something falls behind the washer & dryer.

Staff & residents were both reeducated on the importance of keeping it clean & tidy behind the appliances and the safety risks involved. Everyone is encouraged to check each time they do laundry & staff is to check each shift.

Adm/Res/one will check around laundry appliances at least weekly to insure ongoing compliance. 12-14-15

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

11-10-15

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

The above plan of correction is approved as of

12-14-15
(Date)

Plan of correction implementation status as of

12/29/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

RN

The above plan of correction was approved by



(Initials)

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
 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

The medical evaluation completed for resident #3 does not include the date that the resident was evaluated.

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 3 was evaluated the same day as the form was completed. Dr. filled out form completed date. Better care will be taken by Admin. asst. to ensure all required spaces are filled out on forms to prevent future violations.

The Adm. designee will set up a system to both schedule appointments timely to adhere to required time frame, as well as review documents upon completion to allow forms to be returned to the dr. if necessary for completion or correction. CP. - 12-14-15

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/05/2014

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 11/10/15

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

The above plan of correction is approved as of 12-14-15
 (Date)

[Signature]
 (Initials)

Plan of correction implementation status as of 12/29/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed 4 extinguished cigarettes along the facility's front walkway. The extinguished cigarettes were located in the grass along with dried leaves posing a possible risk of fire. This is not the designated smoking area of the facility.

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 residents are instructed to smoke in the designated smoking area and sign & agree to it. Staff also checks on a regular basis. However, the street has heavy foot traffic & it is possible that they come from guests or passer bys. Staff will be educated on smoking safety and to do hourly checks on the residents to ensure they are in the designated area. Residents were also reminded about smoking safety by a DMN. & instructed to always use designated area. Flame resistant receptacles & furniture are provided.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Spower Date 11-10-15

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

The above plan of correction is approved as of <u>12-14-15</u> (Date)  (Initials)	Plan of correction implementation status as of <u>12/29/15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress RN <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #4 self administers Xalatan 0.005% eye drops and Triamcinolone 0.5% cream. The resident's most recent medical evaluation completed on 12/4/15 indicates the resident is not capable of self administering medications.

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 cream is kept in med closet and admin. by staff. Dr. has given permission for self administration of eye drops. From this point forward, orders will be received from the dr. for self admin. if it does not correspond with the medical eval. this will be done by admin and staff.

Adm'l Designee will continue to monitor residents so only residents that are permitted to self adm & actually do so.
 [Signature] 12/14/15

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
Allison L. Shover		11-10-15

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

The above plan of correction is approved as of <u>12/14/15</u> (Date)	Plan of correction implementation status as of <u>12/29/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented
	<input type="checkbox"/> Partially Implemented - Adequate Progress RN
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input checked="" type="checkbox"/> Not Implemented

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Tylenol 325mg, one tablet twice daily as needed. The label on the medication bottle incorrectly indicates "Take according to label directions." The label instructions do not match the actual prescription medication order.

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.

Tylenol was ordered blister packed instead of bottle to prevent difference in order. Staff was instructed to use this method when dr. orders for OTC. meds differ from bottle labels Admin. will check on a weekly basis to prevent future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alison L. Spomer

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

Alison L. Spomer

Date *11-10-15*

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

The above plan of correction is approved as of 12/4/15
(Date)

Plan of correction implementation status as of 12/29/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

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

- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the sample prescription medication Latuda prescribed to resident #2. The sample prescription medication does not contain a label indicating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.

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 sample medication was just picked up from the dr. and label was not yet attached. Staff is fully aware of the regulation but Admin. mediated just in case. All samples will be labeled immediately. Admin. and Staff will be responsible. This was corrected upon inspection.

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 11-10-15

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

The above plan of correction is approved as of 12/14/15 (Date)

Plan of correction implementation status as of 12/29/15 (Date)

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

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

PN

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Loxapine 25mg, one capsule by mouth at bedtime. From 10/14/15 through 10/18/2015 this medication was not available at the facility and therefore not administered to the residents as prescribed. The facility is not following the prescribers orders regarding the administration of this medication.

Resident #2 is prescribed Latuda 120mg. From 10/14/15 through 10/18/15 this medication was not available at the facility and therefore not administered to the resident as prescribed. The facility is not following the prescribers orders regarding the administration of this 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.

From this point forward all meds will be reviewed and compared to the MAR to make sure all meds that are needed will be on hand and those that are no longer needed will be removed and either returned to pharmacy or disposed of.

This will be done on the night shift by staff at least 1x/month

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Date 1-6-16

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

The above plan of correction is approved as of 01-06-16
Adm/Designee will monitor (Date)
at least once monthly to insure
ongoing compliance.

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

Plan of correction implementation status as of 01-06-16 (Date)

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

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.18B(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Loxapine 25mg, one capsule by mouth at bedtime. From 10/14/15 through 10/18/2015 this medication was not available at the facility and therefore not administered to the residents as prescribed. The facility failed to notify the prescribing physician of these medication errors.

Resident #2 is prescribed Latuda 120mg. From 10/14/15 through 10/18/15 this medication was not available at the facility and therefore not administered to the resident as prescribed. The facility failed to notify the prescribing physician of these medication errors.

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.

Both Drs were notified that we did not have the medications. The Dr. from Res #1 was to call the pharmacy w/ a refill and the Dr. for Res #2 was waiting on samples b/c the med is too expensive for the resident. It is always the facility protocol to immediately notify the PCP if a med is needed & not on hand. All staff was re-educated on this policy by the admin. If meds are ordered and not on hand, the home is not in compliance. 12/14/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alison Shannon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alison Shannon Date 11-12-15

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

The above plan of correction is approved as of 12-18-15 (Date) Plan of correction implementation status as of 12/29/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented *[Signature]*

Violation Report: 20208 - 10/22/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the quarterly financial statement for resident #3. Correction fluid was observed on the quarterly financial statement. Entries into the resident record are required to be permanent. The use of correction fluid is prohibited.

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.

Admin. made a scribble mark accidentally on the financial statement and used correction fluid without thinking. It will not happen again. All corrections will be made with a single line, date & initials.

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 *11-10-15*

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

The above plan of correction is approved as of 12-14-15
 (Date)

Plan of correction implementation status as of 12/29/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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