



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]

MAILING DATE: March 3, 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' licensing inspection on December 29, 2015 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,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.15(c) - The home shall report the incident or condition to the Department's personal care home regional office or personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting sh also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Pred Forte 1% eye drops - 1 drop in the operated eye 4 times daily. This medication is not on hand at t facility. It was determined this medication has not been on hand at the facility and not administered for the entire month of Decer 2015.

Resident #1 is prescribed Simvastatin 40mg - 1 tab daily. This medication was not available at the facility on 12/9/15, 12/13/15 ar 12/14/15 and therefore not administered to the resident.

Resident #1 is prescribed Metformin HCL 500mg - 1 tablet daily. This medication was not available at the facility from 12/15/15 through 12/17/15 an d therefore not administered to the resident.

The facility failed to notify the Department via a reportable incident regarding these medication errors 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 complete immediately, include dates by which the steps will be completed.

Eye drops had been d/c but were not removed from MAR - Staff were habitually signing w/o checking. Obtained d/c order from doctor. Retraining was done on proper procedures for med admin & priority was given on constant rechecking of med to MAR Admin will do some annual trainings on med training along w/ required med training

Residents, & Dr. were to & responsible person were all notified of unavailable meds. They were ordered in a timely manner. However, I did forget to report to DHS. We were having major difficulties with the pharmacy which was going under ownership changes. We are now in the process of switching pharmacies. As of 3/1/16, we will be dealing w/ a new local pharmacy. Admin. will report all med errors as required.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/22/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alison J Shower Date 2-10-16

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The above plan of correction is approved as of 2/29/16 (Date)
The Adm will train all staff in the home regarding what is reportable and to report w/in 24 hrs. The home will retain a record of the training.
The above plan of correction was approved by G (Initials)

Plan of correction implementation status as of 2/29/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 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 A was hired on [redacted] 5. Staff person A does not have a high school diploma, GED Diploma or active regl on the PA nurse aide registry. Staff person A is enrolled in a GED Diploma course, however there is no indication that the staff per will complete the program within 6 months of the staff person's date of hire.

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 complete immediately, include dates by which the steps will be completed.

I did obtain proof that staff is enrolled in GED. I was unaware that it had to state the 6 month completion. She is in the process of the final testing and it will be done w/in the required time. Documentation will follow by 2/19/16
Student is enrolled - must complete w/in 6 months from date of enrollment. Adm will send copy of GED successful completion to the Northern Regional office. Cp. 3/2/16.

Repeat Violation: YES Date(s) of Previous Violation(s): 10/22/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Shoover* Date *2-10-16*

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The above plan of correction is approved as of 3/2/16 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 3/2/16 (Date)

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

Violation Report: 20208 - 12/29/2015 - 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 #2 is self-administering Tylenol and Aspirin without any assistance. The residents medical evaluation completed on 1/28 notes the resident can self-administer with assistance in remembering the schedule and offering the medication at prescribed time

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 previously a complete self admin. Admin had a consult with resident and reviewed the med eval. we concluded that all meds are locked in med closet and administered by trained staff as required. Admin. and Staff will review all med evals to ensure proper med. admin and to prevent future violations

Admin/Designer will ensure that all med trained staff are aware of the assistance needed by Res #2, as well as all other residents in the home who are not able to self administer their own R. Op. 2/29/16

Repeat Violation: YES NO Date(s) of Previous Violation(s): 10/22/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alison Shower Date 2-10-16

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The above plan of correction is approved as of 2/29/16 (Date)

Plan of correction implementation status as of 2/29/16 (Date)

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

- Fully Implemented
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Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the Medication Administration Record (MAR) for resident #1. The MAR indicates that Prec Forte 1% eye drops were administered to the resident for the entire month of December 2015, however this medication is not on file at the facility. Department Representatives interviewed resident #1. The resident was unable to recall the last time eye drops were administered, however the resident indicated it was "quite some time ago." Staff person B was notified of the resident's response regarding the medication not being administered. Staff person B acknowledged the staff do not follow medication administration procedures and that staff initial the MAR to indicate medications are administered without actually administering the 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.

Eye drops had been d/c but were not removed from the MAR. Staff were habitually signing MAR w/o doing all checking. We obtained the another d/c order (enclosed) removed it from MAR. A # Retraining was done by the admn on proper procedure for med admn + \$ priority was given on the importance of constant rechecking of med packs to MAR. Admn. will do semi-annual trainings along w/ required med training or more often as indicated by the Adm's review of the home's MAR on a monthly basis. *2/29/16*

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 *2-10-16*

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The above plan of correction is approved as of *2/29/16* (Date)

Plan of correction implementation status as of *2/29/16* (Date)

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

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

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name

2a. DESCRIPTION OF VIOLATION

The following medications were located in the facility's medication cart: Bayer Aspirin, Folic Acid 400mcg, and Gluconate 550mg. These medications are prescribed to resident #2, however these medications are not labeled with the resident's name 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.

All OTC meds will be labeled immediately when they are brought into the home. Previously, each resident that had a number of OTC, has their own basket at their home. STAFF [redacted] and [redacted] will be responsible to label all over the counter meds. Night Shift staff will check the med cart bi-weekly to ensure compliance. Adm will check on the proper labeling of all OTC meds in the home on a monthly basis to ensure ongoing compliance.

2/29/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Shaver Date 2-10-16

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The above plan of correction is approved as of 2/29/16 (Date)

Plan of correction implementation status as of 2/29/16 (Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following medications are current orders but not listed on Resident #2's medication administration record: dorzolamide-timolol folic acid, gental eye drops, Allegra, losopt eye drops, pyridium, diazepam, tussin, culturelle, Tylenol, fish oil, magnesium, potass vitamin b6, vitamin b1, vitamin c, daily tablet, and gas x.

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 complete immediately, include dates by which the steps will be completed.

All current orders will be kept on hand at all times. If not needed, a d/c will be obtained by House nurse. Night shift will do checks 2x/month to ensure all meds are on hand to prevent future violations. Adm will review the home's MARs and corresponding current change & d/c orders on a monthly basis to ensure ongoing compliance. Q. 2/29/16

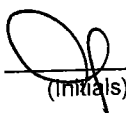
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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison Shower* Date *2-10-16*

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The above plan of correction is approved as of _____ (Date)
2/29/16

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


Plan of correction implementation status as of *2/29/16* (Date)

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

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication administered.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the Medication Administration Record (MAR) for resident #1. The MAR indicates that Prec Forte 1% eye drops were administered to the resident for the entire month of December 2015, however this medication is not on I at the facility. Department Representatives interviewed resident #1. The resident was unable to recall the last time eye drops were administered, however the resident indicated it was "quite some time ago." Staff person B was notified of the resident's response regarding the medication not being administered. Staff person B acknowledged the staff do not follow medication administration procedures and that staff initial the MAR to indicate medications are administered without actually administering the 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.

Eye drops had been d/c but were not removed from the MAR. Staff was initially signing MAR w/o doing all required checks. D/C was obtained, retraining was done by admin. Semi-annual retraining will be done, along w/ required trainings to prevent future violations.

More frequent staff training regarding medications will be provided based on the home's ability to comply w/ the regulations related to med administration.

The Adm will review the home's MARs at a minimum of once per month to ensure ongoing compliance & to schedule training as warranted. CP. 2/29/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Shower Date 2-10-16

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The above plan of correction is approved, as of 2/29/16 (Date)

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

Plan of correction implementation status as of 2/29/16 (Date)

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

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
 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

Resident #1 is prescribed Pred Forte 1% eye drops - 1 drop in the operated eye 4 times daily. This medication is not on hand at the facility. It was determined this medication has not been on hand at the facility and not administered for the entire month of Decer 2015.

Resident #1 is prescribed Simvastatin 40mg - 1 tab daily. This medication was not available at the facility on 12/9/15, 12/13/15 ar 12/14/15 and therefore not administered to the resident.

Resident #1 is prescribed Metformin HCL 500mg - 1 tablet daily. This medication was not available at the facility from 12/15/15 through 12/17/15 an d therefore not administered to the resident.

The following medications were not on hand for Resident #2: hydrocortisone cream, econazole nitrate cream, proctozone cream, requip tablet, folic acid, dorzolamide-timolol, singulair, Neurontin, Nexium, soothe hydration drops, docqlace, b12, gentaal eye drc Tylenol, premarin cream, daily tablet, gas x, antrpyrine benzocaine, citracel, lantaprost, nystalin, Zocor and DetroL.

The facility is not following physician orders regarding the administration of these 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 complete immediatoly, include dates by which the steps will be completed.

All current orders will be kept on hand at all times. If not needed a d/c will be obtained by house nurse Night Shift will do checks 2 x / month to ensure all meds are on hand. to prevent future violations. Adm will review documentation pertaining to new, d/c & change orders at a minimum of 1 x monthly to ensure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2014 10/22/15 12/29/15

Signature of Legal Entity Representative (Required on EVERY Page) *Alison J. Shouwer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Shouwer* Date *2-17-16*

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The above plan of correction is approved as of 2/29/16 (Date)

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

Plan of correction implementation status as of 2/29/16 (Date)

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

Violation Report: 20208 - 12/29/2015 - Hummel, Jesse
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.188(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 Pred Forte 1% eye drops - 1 drop in the operated eye 4 times daily. This medication is not on hand at the facility. It was determined this medication has not been on hand at the facility and not administered for the entire month of December 2015.

Resident #1 is prescribed Simvastatin 40mg - 1 tab daily. This medication was not available at the facility on 12/15/15, 12/13/15 and 12/14/15 and therefore not administered to the resident.

Resident #1 is prescribed Metformin HCL 500mg - 1 tablet daily. This medication was not available at the facility from 12/15/15 through 12/17/15 and therefore not administered to the resident.

The facility failed to notify the 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.

The med errors were reported immediately to the resident, prescriber & designated person. Better documentation will be kept as proof. However, we were having great difficulty with our pharmacy that was changing ownership and was not delivering as required. We have since switched to another local pharmacy due to irreconcilable differences and as of 3/1/16 the switch will be complete. Staff & Admin. will document all contact of proper people concerning med errors.

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|---|--|
| Repeat Violation: <input checked="" type="checkbox"/> YES | Date(s) of Previous Violation(s): 10/22/15 |
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| | | |
|---|-----------------------|--------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Allison Shaver</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Allison Shaver | Date 2-10-16 |

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

The above plan of correction is approved as of 2/29/16
 Adm will review all reportable incidents in less than 24 hrs to maintain compliance. A tracking system will be instituted for all med errors.
 The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 2/29/16
 (Date)

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