



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

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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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 September 22, 2016 until September 22, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202080

Robert E. Robinson
ISSUING OFFICER

Gay Baurh
DEPUTY SECRETARY

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

SEP 22 2016

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 June 23, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 20208 - 06/23/2016 - Rushin, Juliene
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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 #6's Latuda was not available on 6/1 and 6/2/16 for administration. The home did not submit an incident report to the Department regarding the medication error.

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 spoke to staff. Incident report was not filed because med is sample packs & could not initially be found so block was circled. However, when other staff checked, it was found & admin. & initialed w/in the allotted time. Staff was reeducated about circling blocks before they are positive that its not available. This topic will also be covered in yearly training. Admin. is responsible. This is necessary for safe medication administration.

- The administrator will review the incidents required to be reported by 2600.16a with all staff. ALL future incidents will be reported as required. The administrator shall be responsible for ongoing compliance. M 8/10/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/29/2015 10/22/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alison L. Shover Admin Date 7-27-16

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

The above plan of correction is approved as of 8/10/16 (Date)

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

Plan of correction implementation status as of 8/12/16 (Date)

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

Violation Report: 20208 - 06/23/2016 - Rushin, Julianne
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Certificate of Pressure Vessel Operation for the home's Boiler PA299905B expired 12/12/15, the boiler was re-inspected on 3/16/16 however the home does not have a current Certificate of Pressure Vessel Operation from the Department of Labor and Industry.

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.

Boiler was inspected. LTI inspectors told us upon inspection that they were far behind schedule issuing certificates. That is why the inspector signed and dated our current certificate and attached his business card. So that we shouldn't have any issues with DHS.

The administrator shall monitor and assure that the home's boiler shall have a valid, current certificate issued by the Department of Labor and Industry. The administrator shall be responsible for ongoing compliance M 8/10/16

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) Allison L. Shover Admin Date 7-27-16

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The above plan of correction is approved as of 8/10/16 (Date) Plan of correction implementation status as of 8/12/16 (Date)

The above plan of correction was approved by M (Initials) Fully Implemented Partially Implemented - Adequate Progress 7/7 Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 20208 - 06/23/2016 - Rushin, Julianne
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

2a. DESCRIPTION OF VIOLATION

Based on a conversation with administrator A, resident #5 is independent with hygiene but refuses to shower or wear deodorant. Resident #5's room and bedding reeks of body odor. The home is not providing resident #5 with sufficient prompting and cueing with bathing to ensure overall personal hygiene.

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 does randomly shower & is also a smoker. Staff does prompt & cue on a daily basis concerning hygiene. Bedding is changed a minimum of 2X/week. However, resident is a very strong-willed independent person. Deodorant irritates skin and if prompted too many times gets insulted. We put air fresheners in room & they irritate. We have also spoke to case worker concerning this & bought hypo-allergenic deodorant. We will increase bedding change to 4X/week to see if it helps.

Repeat Violation: No Date(s) of Previous Violation(s): The administrator shall monitor ongoing

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 Admin Date 7-27-16

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Plan of correction implementation status as of 8/12/16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/23/2016 - Rushin, Julianne
PCH 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

Volunteer's B hired [redacted] 13 and C hired [redacted] 13 did not receive training in fire safety, emergency preparedness, resident rights, The Older Adult Protective Services Act and falls and accident prevention for the 2015 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.

Both volunteers are not regularly scheduled. The regulation states the training is needed for regularly scheduled volunteers. Neither one is on the schedule. Volunteer C hasn't volunteered for almost 6-8 months & volunteer B comes in maybe 2-3x/month at his convenience. However, we will still eventually train them in the required areas and will do so for all future volunteers. Admin. will be responsible. Volunteers were retained on 6-24-16.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alison L. Shaver</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alison L. Shaver Admin</i>			Date: <i>7-27-16</i>

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The above plan of correction was approved by <u><i>m</i></u> (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 - 06/23/2016 - Rushin, Julienne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #6's glucometer contained a used test strip with blood on it in the machine when given to licensing representatives. The glucometer had dried blood all over the machine. Department representative also noted dried blood on resident #1's glucometer.

Department representative and administrator A noted that resident room #7, which is occupied by three residents, reeked of body odor.

At approximately 2:00pm, department representative and administrator A noted a urinal filled with urine on the floor in room #8 which is shared by two residents.

The toilets in the common bathroom on the first floor near the living room and in the second floor "blue" bathroom had feces stuck in the sides of the bowl.

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.

Residents #6 & #1 disinfect their own glucometers. Staff will now check each one on a daily basis for cleanliness & clear any residue.

Urinal is only used at night in room #7. It is emptied every morning when I come in. However, on this day, BHS was there when I arrived & I got sidetracked.

Both Bathrooms were just cleaned & checked about 1/2 hr before inspectors checked. Then, they were clean except for a dime size amt. of feces on the inside of the bowl, which indicated they were just used in the past 1/2 hr. We do not have a full time housekeeper. The administrator shall monitor and

Repeat Violation: No Date(s) of Previous Violation(s): maintain sanitary conditions in

Signature of Legal Entity Representative (Required on EVERY Page) Allison L. Shaver The home.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Shaver Admin Date 7-27-16 8/11/16

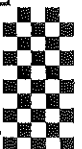
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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented



85a cont

6A

Bathrooms are checked regularly throughout the day by staff.

Sanitary conditions are necessary to maintain a healthy environment for staff & residents. All staff are responsible for maintaining sanitary conditions

Cont.


8/11/16

Violation Report: 20208 - 08/23/2016 - Rushin, Julienne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The Personal Care Home Complaint Hotline number is not posted near the common telephone in the living room.

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
 It is important so that residents
 have access to all necessary numbers.*

*The administrator shall monitor and assure
 ongoing compliance.*

*m
 8/11/16*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nelson Stouwer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nelson Stouwer Admin* Date *7-27-16*

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The above plan of correction is approved as of 8/11/16
 (Date)

Plan of correction implementation status as of 8/12/16
 (Date)

- The above plan of correction was approved by m
 (Initials)
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 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 20208 - 08/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 53 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The blankets on resident #6's bed are stained and reek of body odor.

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 refuses showers ^{is a smoker} on regular basis. Bed & social water was told about it. Bedding is changed at least 2x/week. We encourage [redacted] to improve [redacted] hygiene but [redacted] is very strong willed & is easily irritated. We will gently encourage [redacted] more & will change bedding 4x/week to promote a healthy sanitary environment. All staff will be responsible.

The administrator shall monitor and assure ongoing compliance. M 8/11/16

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 Admin* Date *7-27-16*

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

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

Violation Report: 20208 - 06/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 One package of frozen waffles and one bag of frozen hotdog buns were noted in the home's kitchen freezer not labeled or dated to indicate when they were opened.

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 staff was reminded that all food must be labeled & dated. Buns are dated by the bakery. Always thought that was sufficient. Dating of food is important to maintain quality & freshness of food. All staff is responsible

The administrator shall monitor and assure ongoing compliance. *m*
 8/11/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Shaver Admin Date 7-27-16

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Violation Report: 20208 - 08/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The French doors leading from the "Activity Room" to the exterior of the home were stuck and required force to open them. These doors are used as an emergency exit.
 A hand truck was noted at the bottom of the back stairs leading from the second floor to the first floor exit. This stairwell is used as an emergency exit.

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 French doors have a wooden door jam + were swollen because of the humidity. They were sanded down for easier opening. The hand truck did not block the exit because it fit against the wall but it was moved upon inspection + put in shed. All exits will be unlocked + unobstructed for easy exit for safety purposes. All staff will be responsible for checking + maintaining exits. • The administrator shall monitor ongoing. m/8/11/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/22/2015

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 Admin Date 7-27-16

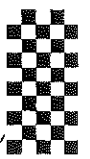
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- Fully Implemented
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- Not Implemented



Violation Report: 20208 - 06/23/2016 - Rushin, Julianne 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 representative noted a sock behind the home's clothes dryer posing a risk for a fire.	
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.	
<p>sock was removed upon inspection. Staff will check daily behind washer & dryer for fallen clothing. It is necessary to keep a safe environment. All staff will be responsible</p> <p>The administrator shall monitor for ongoing compliance -</p> <p style="text-align: right;">m 8/11/16</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/22/2015
Signature of Legal Entity Representative (Required on EVERY Page)	
	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Allison L. Showers	7-27-16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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	<input type="checkbox"/> Not Implemented

Violation Report: 20208 - 06/23/2016 - Rushin, Julienne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current letter from the local fire department indicating when a supervised drill and inspection was conducted by a fire safety inspector. The last inspection on record was completed on 10/8/2014.

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.

We did have a current letter that was available at last inspection but it was temporarily misplaced. It was found & forwarded to DHS on 6/24/16

The administrator shall be responsible for ongoing compliance
 M
 8/11/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison L. Shriver* Date *7-27-16*

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Violation Report: 20208 - 06/23/2016 - Rushin, Julienne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 Review of the home's fire drill logs indicates that from 9/2016 to 5/2016, the home's front door was the only exit used to evacuate residents.

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.

Alternate routes will be used. So that residents are ready for all circumstances of an emergency. Admin. Asst. will be responsible since she is the one that runs the fire drills.

The administrator shall monitor for ongoing compliance. *m* *8/11/16*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Allison Stover Admin* Date *7-27-16*

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Violation Report: 20208 - 06/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #3 dated 2/1/16 is missing the resident's temperature and the physician's license number.
 The medical evaluation for resident #4 dated 2/17/16 does not indicate the resident's Special Health and Dietary Needs if any.

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.

Missing information was corrected. Admin. & Admin. asst. will take better care to ensure all info is completed on ME. Regs. were reviewed by Admin & asst. Info is necessary so that a care plan support plans can be developed for proper care of residents. Administrator & asst. will be responsible.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Allison Sprouver Admin* Date *8-27-16*

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The above plan of correction was approved by <u><i>MS</i></u> (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 - 06/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 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 #1 self-administers insulin and completes blood glucose readings. The DME dated 8/21/16 notes the resident cannot self-administer medications.
 Resident #6 self-administers insulin and completes blood glucose readings. The DME dated 9/29/15 notes the resident can self-administer with assistance in remembering the schedule and offering the medication at prescribed times.
 Resident #7 self-administers a Ventolin Inhaler. The DME dated 11/10/15 notes the resident can self-administer with assistance in remembering the schedule, offering the medication at prescribed times and opening the medication.
 Resident #8 self-administers insulin and completes blood glucose readings. The DME dated 12/28/15 notes the resident can self-administer with assistance in storing medications in a secure place, remembering the schedule, offering the medication at prescribed times and opening 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.

Received Dr's orders that residents # 1 & #6 can self administer insulin. Waiting on order for self admin for Resident # 7. Resident # 8 is not on insulin. From this date forward, we will have dr. orders corresponding to all self admin. of med. to ensure safe + proper med. admin. Admin. + Assst will be responsible.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015	10/22/2015
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Allison L. Showers</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Allison L. Showers Admin	
		Date	7-27-16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		8/11/16	
		(Date)	
The above plan of correction was approved by		<i>m</i>	
		(Initials)	
		Plan of correction implementation status as of	8/12/16
			(Date)
		<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 - 06/23/2016 - Rushin, Julianne
 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

Direct care staff person D completed the initial medication training on 6/15/16. The home only completed 3 of the 4 required MAR reviews for the 2016 annual practicum.

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 4th review was completed on 6/24/16. Admin. misunderstood regulation and assumed the 4 reviews had to be completed by the end of the ~~end of the~~ initial training month. Admin. reviewed med rules & regulations. All med reviews will be completed w/ in the required time.

- The administrator shall monitor and assure ongoing compliance in

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Shover Admin Date 7-27-16

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The above plan of correction is approved as of 8/11/16 (Date)

Plan of correction implementation status as of 8/12/16 (Date)

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

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

ALL STAFF

PLEASE REMEMBER TO ALWAYS LOCK THE SIDE

Violation Report: 20208 - 06/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home's medication policy notes medications are kept in a med cart locked inside the medication closet. The closet is locked at all times. The home does not lock the medication cart located in the locked closet.
 Resident # 1's PRN Milk of Magnesium was not available 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.

All staff were re-educated on the importance of double locking the narcotics. A sign was posted in the med closet as a constant reminder. Administrator will be responsible to ensure compliance so that all meds are kept safe & secure.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Sproun</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Sproun Admin</i>			Date <i>7-27-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8/11/16</u> (Date)		Plan of correction implementation status as of <u>8/12/16</u> (Date)	
The above plan of correction was approved by <u><i>AS</i></u> (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 - 06/23/2016 - Rushin, Julianne
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

Resident #6's atenolol, sodium chloride, eye drops, novolog flex pen, tussin, blood glucose checks, anastrozole, atorvastatin, aspirin, lantus solostar pen, Lisinopril, omeprazole, furosemide, muro ointment and latuda did not contain a diagnosis or purpose on the MAR.

The MARs for resident #1 also did not indicate a diagnosis/purpose for any of the medications prescribed.

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 diagnosis were listed for all meds on MAR. This is important for safe admin. of meds & informative purposes. Staff were reeducated by admin on importance of following through w/ the listing of diagnosis. Admin is responsible.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015
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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The above plan of correction is approved as of	<u>8/11/16</u> (Date)	Plan of correction implementation status as of	<u>9/8/16</u> (Date)
The above plan of correction was approved by	<u>M</u> (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 - 06/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION §5 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a straight order of Novolog, 25 units at 7am and 20 units at 5pm. Resident #1's MAR indicates that on 6/17/16 at 7am, "0" units were administered; on 6/18/16 at 7am, 24 units were administered and on 6/20/16 at 7am, "0" units were administered.

Resident #8 has an order for lantus solostar insulin 40 units at bed time. The following insulin was administered: 6/20/16 0 units, 6/18/16 10 units and 6/16/16 20 units.

Resident # 6 has an order for Novolog flex pen inject 15units before breakfast, 12 units before lunch and 15 units before dinner. The following insulin was administered: 6/23/16 at breakfast 12units, 6/22/16 at dinner 12units, 6/21/16 at breakfast and dinner 12units, 6/20/16 at dinner 12units, 6/19/16 at breakfast and dinner 12units, 6/18/16 at dinner 12units, 6/17/16 at lunch 10 units, 6/16/16 at dinner 0 units and 6/16/16 at lunch 10units.

Resident # 6's Latuda was not available on 6/1 and 6/2/16 for administration.

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 new sliding scale was developed for resident # 6 to correspond with the history of [REDACTED] glucose levels. This scale will be followed.

Latuda was found & administered during the allowed time.

Resident #1 did receive the prescribed order of insulin on all days. It was noticed the ending was not recorded in the MAR but was documented in the staff notes.

Staff was reeducated on proper documentation in MAR to ensure safe med admin. Admin. is responsible.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015	10/22/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Mark J. Stamer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mark J. Stamer Admin* Date *8-1-16*

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The above plan of correction is approved as of 8/11/16 (Date)

Plan of correction implementation status as of 9/8/16 (Date)

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

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

Violation Report: 20206 - 06/23/2016 - Rushin, Julianna
 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 # 6's Latuda was not available on 8/1 and 8/2/16 for administration. The prescriber was not notified regarding the medication error.

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.

med was available staff couldn't find it because it was sample packs. Other staff did locate it & administer it w/in the allotted time. Admin. re-educated staff on process of notifications if meds are not available or refused. Admin. asst will be responsible for all required notifications concerning medications. This is necessary to ensure the safety & well-being of residents

e The administrator shall monitor and assure ongoing compliance m 8/11/16

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/29/2015 10/22/2015
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 Admin	Date 7-27-16

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The above plan of correction is approved as of <u>8/11/16</u> (Date)	Plan of correction implementation status as of <u>8/12/16</u> (Date)
The above plan of correction was approved by <u><i>AS</i></u> (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 - 08/23/2016 - Rushin, Jullenne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's Description of Services does not include that residents with diabetes will be assisted with insulin administration and blood glucose readings by staff trained in Diabetes Education. Also under the home's Medication Procedures it states that "the preferred pharmacy of the Guardian Angel PCH is Olcese". It does not indicate that the residents can choose their own pharmacy.

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 homes Des. of Services included a list of medications by trained staff which would encompass diabetic assistance. However an amended. Services was created with more descriptive terminology.

The Med. Procedures states that the pharmacy is preferred, not mandated. The Policy was amended to state an alternative. Admin. will be responsible to keep policies updated.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Showers Admin* Date *7-27-16*

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The above plan of correction is approved as of 8/11/16
 (Date)

Plan of correction implementation status as of 8/12/16
 (Date)

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

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

Violation Report: 20208 - 06/23/2016 - Rushin, Julienne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The Pre-admission Screen for resident #2 dated [redacted] 16 does not indicate the reason why the resident left his/her current residence.

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.

Reason for leaving current residence was corrected. Staff that does pre-admission screening was re-educated on the importance of filling in all areas of screening in order to determine if resident needs can be met. Admin. & asst will be responsible for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Shover</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Allison L. Shover Admin</i>		Date <i>7-27-16</i>

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The above plan of correction is approved as of <u>8/11/16</u> (Date)	Plan of correction implementation status as of <u>8/12/16</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (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 - 08/23/2016 - Rushin, Julianne
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The RASP for resident #1 (dated 6/10/15) does not indicate that the resident is capable of administering his/her own insulin and completing his/her own blood glucose readings.

The RASP for resident #5 (dated 6/16/16) does not indicate that the resident refuses to shower or wear deodorant and requires prompting and cueing from staff to bathe and maintain good personal hygiene.

The RASP for resident #6 (dated 10/12/15) does not indicate that the resident is capable of administering his/her own insulin and completing his/her own blood glucose readings.

The RASP for resident #8 (dated 11/9/15) does not indicate that the resident is capable of administering his/her own insulin and completing his/her own blood glucose readings.

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 RASPs were updated to include current info. It is important so that all staff is aware of resident needs and is able to provide proper care. Admin & Asst is responsible for maintaining compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison L. Spawver* Date *8-2-16*

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The above plan of correction is approved as of *8/11/16* (Date)

Plan of correction implementation status as of *8/12/16* (Date)

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

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