



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**MAILING DATE: September 9, 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 August 12, 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.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20208 - 08/12/2016 - Rushin, Julianne  
 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

Department representative noted dried blood on resident #1 and resident #2's glucometers.

At 9:15 am, two urinals filled with urine were noted in room #8 which is shared by 2 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.

Staff was originally wiping machines before each use. they were re-educated to wipe it before & after each use to maintain sanitary conditions. Residents were also shown how to clean them & alcohol wipes were purchased.

Urinals are usually emptied by first shift that starts at 9AM. Chore was switched to night shift and they will be emptied when residents are awake for breakfast to maintain sanitary conditions. All staff is responsible for both tasks.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/23/2016
-----------------------	-----------------------------------	------------

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 *8/31/16*

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

The above plan of correction is approved as of <u>9/8/16</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 - 08/12/2016 - Rushin, Julianna  
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION  
The resident bedroom numbers on the emergency evacuation diagrams posted in each of the resident rooms on the first and second floors are incorrect.

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.

Room numbers were corrected at time of inspection.

The administrator shall assume ongoing compliance.

M  
9/8/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison Showner Admin*      Date *8/23/16*

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

The above plan of correction is approved as of 9/8/16 (Date)

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

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 - 08/12/2016 - Rushin, Julienne  
 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**

There is no diagnosis or purpose indicated on the MAR for any of the medications prescribed for resident #3.

**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.

Diagnosis were added. Admin asst. will be responsible to ensure all diagnosis are listed so that everyone is aware of purpose of meds + safety concerns

The administrator shall monitor and be responsible for ongoing compliance. 9/8/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2016	12/29/2015
-----------------------	-----------------------------------	------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Shover Admin* Date *8-31-16*

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

The above plan of correction is approved as of 9/8/16  
(Date)

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

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 - 08/12/2016 - Rushin, Julieanne  
 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's is prescribed Novolog based on a sliding scale. Review of resident #1's Blood Glucose Level (BGL) Tracking Sheet indicates the incorrect amount of insulin was administered on the following dates and times:  
 On 8/7/16 at breakfast, the resident's BGL was 274; 15 units were needed; 12 were administered.  
 On 8/7/16 at lunch, the resident's BGL was 156; 12 units were needed; 10 were administered.  
 On 8/7/16 at dinner, the resident's BGL was 234; 15 units were needed; 12 were administered.  
 On 8/8/16 at breakfast, the resident's BGL was 234; 15 units were needed; 12 were administered

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.

After further investigation. It was discovered the memory in the monitor was not working correctly. The initial reading was accurate when compared to a new machine. But when you went through the memory, it wasn't correct. A new machine was obtained & is now in use. Staff will be checking memory readings to make sure they correspond with documentation to maintain safe med. administration. The administrator shall monitor and assure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/29/2016	12/29/2015	10/22/2015
-----------------------	-----------------------------------	------------	------------	------------

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 8/31/16

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

The above plan of correction is approved as of <u>9/8/16</u> (Date)	Plan of correction implementation status as of <u>9/8/16</u> (Date)
The above plan of correction was approved by <i>MA</i> (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