pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
MAILING DATE: November 15, 2017

Ms. Allison L. 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 May 3, 2017 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,

Anne Graziano
Regional Licensing Administrator

Enclosure
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
06/26/1996
LABOR AND INDUSTRY

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 21 **Waking Staff:** 16

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

05/03/2017: Dumas, Gerald; Rushin, Julienne

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 Served: 17

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 17

Are 60 Years of Age or Older: 17

Have Mental Illness: 6

Have an Intellectual Disability: 5

Have a Mobility Need: 4

Have a Physical Disability: 0

Violation Report: 20208 - 05/03/2017 - Dumas, Gerald
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

On the evening of 4/24/17, an ambulance was called for resident # 1. The resident had fallen earlier and then became unresponsive in bed. Ambulance staff were given an empty bottle of Tylenol before they transported resident to the hospital. It was suspected that the resident may have overdosed. The hoe failed to submit the required Incident Report until 04/26/17.

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 were unaware that it was an overdose. We were told by the Doctor, that is was a stroke. The bottle was given because it was found on the night Stand by Staff. Incident report was filed as soon as we were told it was an overdose.

From this point forward, Incident reports will be immediately filed by the administrator following an incident or possible incident. Follow-ups will be filed as more info is received. Administrator will also ensure that all employees know the 19 events that are to be reported, and there is a process to submit these in the required 24 hours. CP

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/23/2016		11-13-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Shower — **Date** 10/6/17

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

The above plan of correction is approved as of ~~11-13-17~~ (Date) 11-13-17

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

Plan of correction implementation status as of 11-13-17 (Date)

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

Violation Report: 20208 - 05/03/2017 - Dumas, Gerald
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident's # 1's Assessment was completed late on [redacted]16. Resident was admitted to the home on [redacted]16. Assessments must be completed within 15 days of the resident's admission to the 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.

All assessments will be completed w/in the 15 day time frame by admin. or assistant. to ensure proper care of residents is performed.

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 Shower **Date** 10-6-17

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Violation Report: 20208 - 05/03/2017 - Dumas, Gerald
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
Resident # 1's assessment/support plan completed on [redacted]16 did not include a history of suicidal ideation and the need to monitor resident # 1 for triggers of depression such as the resident's mood subsequent to visits with his/her [redacted]
On 4/26/17, The Bureau of Human Services Regional Director interviewed staff person "A", the staff person who acknowledges she spoke with resident # 1's sister a few months ago. Staff person "A" was informed that the resident had taken an overdose of Tylenol before he/she came to the facility. Staff person "A" stated that he/she told staff about this but they did not recall. The Regional Director asked if this information was shared with the home's Administrator "B" or put in the resident's chart. Staff person stated he/she did inform the administrator but it was never put on the chart because it was just something someone said. The home failed to investigate this further.

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 conversation w/ residents sister occured after the incident when she came to get clothing for the hospital Administration was never told by anyone of the history & nothing was documented. to show different From this point forward, Admin & Assistant will question family, friends, Doctors, residents etc for signs & Symptoms showing mental health issues & will be included in all support plans

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2016		

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