



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 13 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' (Department) annual licensing inspection on June 7, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20208 - 06/07/2017 - OHaire, Anne  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

On the day of the inspection the home did not have a carbon monoxide detector located near the home's furnace as required by the Carbon Monoxide Alarms Standard Act.

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.

- violation corrected upon inspection

The administrator shall become familiar with the Carbon Monoxide Alarm Standard Act.

The administrator shall be responsible for ongoing compliance.

M  
 7/21/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/12/2016
-----------------------	-----------------------------------	------------

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 Admin Date 7-13-17

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

The above plan of correction is approved as of 7/21/17  
 (Date)

Plan of correction implementation status as of 9/6/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report: 20208 - 06/07/2017 - O'Haire, Anne  
 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" DOH 08-23-16 did not have educational requirements of a high school diploma, a C.N.A. certificate or a GED.

**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.

I Applied for a waiver in the summer. I was notified by Jill Kachner (NHS) that she would issue a waiver if staff member would take the TABE or CASAS test & receive the required grade. I obtained TABE test results that staff member had already taken. Unfortunately no one can interpret the scores. Therefore staff is enrolled to retest on Oct 10 + 11, 2017 to meet requirements. From this point forward NO staff will have required education levels for employment. Jill Kachner (NHS) was notified of testing time.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison Showover*      Date *9/29/17*

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

The above plan of correction is approved as of <u>9/29/17</u> (Date)	Plan of correction implementation status as of <u>9/29/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</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

Violation Report: 20208 - 06/07/2017 - O'Halre, Anne  
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The home's exterior emergency lighting was found to be inadequate in the following locations: The front right exit located near resident room #10 did not have exterior lighting at this exit. The home's rear exit located off of the laundry room and second floor emergency exit did not have lighting to illuminate the exit route from this area to the home's designated meeting area.

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.

motion lights were purchased to ensure safe egress of residents in case of fire. Lights will be done by 8/30/17 Maint. will be responsible.

The administrator shall monitor and assure ongoing compliance.

M 7/21/17

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

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 J. Shower Admin*      Date *7-13-17*

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 9/6/17 (Date)

- Fully Implemented *New Light*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/07/2017 - O'Haire, Anne  
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The grassy egress path from the home's backyard located on the east side of the home, was not immediately identifiable thereby creating a hazard. Items such as shrubs, trees, tall grasses, outdoor ornaments, a small decorative pond and outdoor furniture prevented a clear view to the egress path from the backyard.

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.

exit signs & arrows were purchased and a clear path will be noticeable by residents this will be completed by 8/30/17. This is to ensure safe passage of residents in case of fire. Admin will be responsible

for ongoing compliance -

*[Signature]*  
7/21/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Allison L. Shower Admin      Date 7-13-17

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

The above plan of correction is approved as of 7/21/17  
(Date)

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

Plan of correction implementation status as of 9-6-17  
(Date)

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

Violation Report: 20208 - 06/07/2017 - OHaire, Anne  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill log indicates the home conducted a fire drill on 08-16-16 but did not state the time of day the fire drill was held.

**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.*

*log was corrected at time of inspection. From this point forward all times will be noted with AM or PM. Administrator is responsible for compliance*

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
Alison Shower Admin			7-13-17

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

The above plan of correction is approved as of	7/21/17 (Date)	Plan of correction implementation status as of	9-6-17 (Date)
The above plan of correction was approved by	<i>M</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	

Violation Report: 20208 - 06/07/2017 - OHaira, Anne  
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION  
There are no exit signs to indicate the two egresses from the second floor sitting area.

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.

Exit signs were hung during inspection to correct problem.

The administrator shall monitor and assure ongoing compliance.

M  
7/21/17

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      Admin      Date 7-13-17

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

The above plan of correction is approved as of 7/21/17  
(Date)

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

Plan of correction implementation status as of 9-6-17  
(Date)

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



Violation Report: 20208 - 06/07/2017 - O'Haire, Anne  
 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**  
 Resident #'s 1 Medical Evaluation (D.M.E.) dated 3/8/17 was not completed within 30 days of the resident's admission to the home on [redacted] 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.

Resident moved here from out of area  
 Doctor had no immediate openings  
 for new patients we had to wait  
 for the appt. so med eval was a few  
 days late. We will have all med  
 evals done w/in the 30 day time frame  
 to ensure proper care for residents.  
 Admin will request med eval done  
 prior to admission.

- The administrator shall monitor for ongoing compliance - M 9/21/17

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Allison L. Spawyer <sup>Admin</sup>      Date 7-13-17

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

The above plan of correction is approved as of <u>7/21/17</u> (Date)	Plan of correction implementation status as of <u>9-6-17</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 - 06/07/2017 - O'Haire, Anne  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The annual medical evaluation ( D.M.E.) for resident # 2 dated 10/6/17 did not include Immunization, History, Body Positioning, Health Status and Cognitive Functioning.

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.

Medical eval was sent to the Dr to make amendments necessary. We are still waiting to have it returned. From this point forward, all med evals will be completing in the required time frame. Admin. & asst will be responsible. This is to ensure that proper care is given to residents. It will be completed by 8/15/17.

• The administrator shall be responsible for ongoing Compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	08/12/2016	Ann 9/6/17
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)		Admin	Date 7-13-17
Allison L. Showers			

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

The above plan of correction is approved as of 7/21/17  
 (Date)

Plan of correction implementation status as of 9-6-17  
 (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 - 06/07/2017 - O'Haire, Anne  
 PGH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident # 3 's DOA [redacted]-09 adult Tussin DM cough syrup had an expiration date of 03-2017.

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.

Cough Syrup was discarded upon inspection. New Syrup was obtained from pharmacy. All outdated meds will be discarded immediately to ensure effectiveness of medicine for residents. Staff will be responsible med dates will be checked monthly

The administrator shall monitor and assure ongoing compliance.

*M*  
7/21/17

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 Admin      Date 7-13-17

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

The above plan of correction is approved as of 7/21/17  
 (Date)

Plan of correction implementation status as of 9-6-17  
 (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 - 06/07/2017 - OHaire, Anne  
 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

Resident # 2's blood glucose test results were not documented correctly on the resident's MAR on the following dates and times following dates and times:  
 06-01-17 lunch time was document as being 120 and resident #2's glucometer had a reading of 150.  
 06-02-17 breakfast Resident #2's glucometer had a reading of 214 and the blood glucose reading was not documented. Resident # 2's nighttime blood glucose testing was not documented.  
 08-03-17 Resident # 2's breakfast blood glucose testing was 80 but was not documented on the MAR. Resident # 2's evening blood glucose testing was 111 and was not documented on the MAR.  
 Resident # 4's Voltalin HFA 90 mcg Inhaler , Inhale two puffs every 4 hours as needed was not on hand in 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 glucose levels are now documented on a standardized form in MAR to ensure compliance. This is done to keep track of the levels to ensure safety of residents & to notify Dr. if necessary. Staff is responsible & Admin will monitor - for ongoing

Compliance. *[Signature]* 7/21/17

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 Admin* Date *7-13-17*

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

The above plan of correction is approved as of *7/21/17* (Date)

Plan of correction implementation status as of *9-6-17* (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: 20208 - 06/07/2017 - O'Haire, Anne  
 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 #4 did not have a diagnosis or purpose listed with his/her medications: Donepezil HCL 10 mg tab. take 1 tab one time a day at breakfast, Quetiapine Fumarate 50 mg tab, take 1 tab by mouth daily, Quetiapine Fumarate 400 cap. 400 mg tab take at bed time, Azelastine 0.159 nasal spray each nostril 2 times a day, Cogentin 0.5 mg tab by mouth 2 times a day, Sinemet 25-100 mg tab take 3 times a by mouth, Divalproex Sod. 500mg tab take by mouth 7:00AM and 8:30 PM, Scott-Tussli 100mg/s ML take 2 (teaspoons by mouth prn, Voltalin HFA 90 mcg Inhale 2 puffs every 4 hrs. as needed, O2 use 2 L/M daily and bed time as needed via nasal cannula. Resident #5's following medications did not have a diagnosis or purpose: Sentraline HCL 100 mg. take 1 1/2 tabs. by mouth one time a day.

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 added to MAR. Staff will continue to do so in the future right staff will be responsible to ensure compliance. Its necessary to document diagnosis for safe med delivery. The administrator shall monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/12/2016	M 7/21/17
Signature of Legal Entity Representative (Required on EVERY Page)		7-21-17
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nilsen L. Shover		7-13-17

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

The above plan of correction is approved as of <u>7/21/17</u> (Date)	Plan of correction Implementation status as of <u>9-6-17</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 - 08/07/2017 - O'Haire, Anne  
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION

The discharge record for resident #6 did not include the following information: Resident's date of discharge, reason for discharge from the facility and destination at the time of discharge.

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.

required info was documented on the file cover of prior resident. Forms are now used & include all required info. the info is used to keep track of prior residents & to ensure they move to safe residence. Admin. & assistant are responsible for

Monitoring and ongoing Compliance -

*[Signature]*  
7/21/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

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

Admin  
 ALISON L. SHOWER

Date

7-13-17

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

The above plan of correction is approved as of

7/21/17  
 (Date)

Plan of correction Implementation status as of

9-6-17  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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