



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: allison17824@yahoo.com**  
**MAILING DATE: April 30, 2019**

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's Bureau of Human Services Licensing inspection on March 5, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report



Violation Report: 20208 - 03/05/2019 - Mendez, Vanessa  
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

An adult brief which contained urine was found on top of a table in room #11 revealing a strong foul 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 has bladder + memory problems. She normally disposes of the briefs when they are removed but sometimes she forgets. Staff was educated on checking her room several times per day, especially in the morning. Her roommate also reminds her. Admin. gave her a supply of bags to keep in her room for easier disposal. Admin is responsible for ensuring compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Alison A. Shover*

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

Alison A. Shover

Date 4-10-19

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

The above plan of correction is approved as of 4-16-19  
(Date)

Plan of correction implementation status as of 4-16-19  
(Date)

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

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

Violation Report: 20208 - 03/05/2019 - Mendez, Vanessa  
 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 #1's label instructions for Benzonatate 100 mg state to take 1 capsule by mouth 3 times daily. On resident's Medication Administration Record it states to take 1 capsule by mouth every day as needed. Resident #1's Medication Administration Record lists Milk of Magnesia as a current prescribed medication but this medicine has been discontinued.

**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 current order is PRN. Resident needs to pay out of pocket for this med. She was previously on it 3x per day. When script was changed we kept what was left but we should have gotten a new label for pack. Admin will get new labels for next packs when dosage changes*

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 *4-10-19*

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 (Date)

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

Plan of correction implementation status as of 4-16-19  
 (Date)

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Violation Report: 20208 - 03/05/2019 - Mendez, Vanessa  
 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 Resident Assessment Support Plan dated 07/27/18 states that resident #1 is currently using a CPAP at night. This equipment is not available to the resident. The resident last used this machine on 04/19/18. The home was unable to provide documentation of the doctor's orders indicating that the resident no longer needs to use this equipment. The home is not following the directions of the prescriber.

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 refused to use c-pap machine so she was in non-compliance with the insurance. Dr. was notified by the home care agency and the c-pap machine was taken back by the home health agency. Documentation was given upon inspection. From this point forward, documentation will be obtained by staff for discontinuation of equipment. The home shall follow the direction of the provider(s). The administrator shall be responsible for on-going compliance.

Repeat Violation: No      Date(s) of Previous Violation(s): 4-16-19      MM

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison L Spover*      Date *4-10-19*

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

Plan of correction implementation status as of 4-16-19 (Date)

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Violation Report: 20208 - 03/05/2019 - Mendez, Vanessa  
 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 Resident Assessment Support Plan dated 07/27/18 states that resident #1 is currently using a CPAP at night. This equipment is not available to the resident.

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.

Support plan was updated.  
 All support plans will be updated immediately upon changes. Adm. & Adm. asst. will be responsible. This action is necessary to ensure proper care of all residents

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison L. Showers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Showers	Date 4-10-19
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The above plan of correction was approved by <u>MM</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