



August 1, 2019

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's Bureau of Human Services Licensing annual inspection on June 5, 2019 of the above facility, the violations 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.

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.

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, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: GUARDIAN ANGEL PERSONAL CARE HOME

License Number: 202080

Address: 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866

County: NORTHUMBERLAND

Region: NORTHEAST

Administrator

Name: Allison Showver

Phone: 5706447860

Email: ALLISON17824@YAHOO.COM

Legal Entity

Name: ALBRECHT INC

Address: 1710 MAPLE AVENUE, PA, 17866

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/25/1996

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 20

Waking Staff: 15

Inspection

Type: Full

BHA Docket #: 20208

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

06/05/2019 - On-Site: Gerald Dumas, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 20

Residents Served: 20

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 16

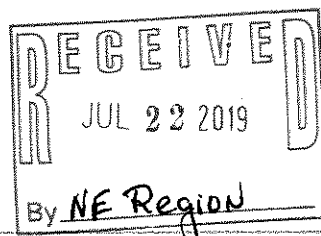
Are 60 Years of Age or Older: 13

Diagnosed with Mental Illness: 9

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0



3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On the day of this inspection, the home's renewal inspection dated 6/12/18 was not available to review.

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 last DHS inspection report was posted but not the last annual inspection report. Violation was corrected at time of inspection. Current annual inspection report will be posted in the bulletin area of the kitchen at all times. Administrator will be responsible for ensuring future compliance and to keep residents and visitors informed.

Legal Entity Representative


Signature

Allison Shower
Printed Name and Title

7/17/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-24-19
(Date)

Plan of correction implementation status as of 7-24-19
(Date)

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

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

25d - Rent Rebate

Regulations

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. § § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

The contracts for resident # 1 and resident # 2 do not contain the information regarding rent rebates. The home does collect a portion of the rent rebate.

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 was corrected at time of inspection. The last time the lease was copied, somehow pg 10 was accidentally omitted. All records were checked by Administrator to ensure compliance. However, page 5 & 6 of the lease does address the policy on rent rebates and is present in each file to meet regulation. Administrator and assistant will be responsible to ensure future compliance.

Legal Entity Representative


Signature

Allison Shower
Printed Name and Title

7/15/19
Date

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- Not Implemented

25b SOPb1 - Rent Rebate: Amount Collected

Regulations

2600.

25b.b.1. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The dollar amount or percentage of the rent rebate to be collected.

Description of Violation

The contract does not contain information regarding rent rebates. (Page 10 of the contract is missing.)

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.)

Page 10 was missing in the files of the last several admissions only. However, page 5 of the lease does cover the regulation of the rent rebate policy and meets regulation compliance. Administrator and assistant will be responsible to ensure future compliance.

Legal Entity Representative

Allison Shower

Signature

Allison Shower Administrator

Printed Name and Title

7/17/19

Date

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- Not Implemented

57d - Waking Hours

Regulations

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home serves 20 residents and at a minimum are required to provide 15 hours of direct care. On Saturday, 6/1/19, the home was short the required hours of 15 by providing 14 hours of direct care services. Repeat Violation 6/12/2018

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 schedule was adjusted for Saturdays. 2 hours of direct care was added to the Saturday schedule to meet requirements.

First shift is now 8-5 instead of 9-5 and second shift is now 5-11 instead of 5-10. This will ensure all residents receive proper care. The staff scheduler will be responsible for ensuring future compliance

The Administrator will also ensure that if residents' mobility or care needs change that the schedule will be addressed to meet these needs as well. 7-24-19 *ag*

Legal Entity Representative

Allison Showver
Signature

Allison Showver Administrator
Printed Name and Title

7/17/19
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63d - Certified CPR Staff

Regulations

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

Staff person " A" does not have a current C.P.R. card. Staff person worked alone on 6/1/19 without having current C.P.R. training.

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 member does have current CPR but i just did not have it on file. All staff will have currenrt CPR and cards will be on file while employed at the future to ensure the safety of all residents. Administrator will be responsible to ensure continued compliance.

Legal Entity Representative

Allison Shower
Signature

Allison Shower
Printed Name and Title

7/17/19
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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Dried blood was found on the buttons of resident # 3's glucometer.

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.)

Glucometer was cleaned during inspection. Staff & resident was re educated on the process & the importance of cleaning the instruments to prevent spreading of disease. All staff will be responsible to ensure future compliance.

Legal Entity Representative


Signature

Allison Shower Administrator
Printed Name and Title

7/17/19
Date

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpeting throughout the first floor living area is extremely dirty and stained in addition to stairway and the 2nd floor. The flooring is spongy and the tiles are loose in the 1st floor half bathroom floor off the living room. The tiles are so raised as to present a possible tripping hazard.

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.)

Carpeting was shampooed durin inspection. it will be professionally cleaned on 7/22/19. New floor was installed in bathroom on July 11, 2019. Administrator will be responsible for maintaining all flooring in home to ensure the safety of all staff & residents.

Legal Entity Representative

Allison Shower
Signature

Allison Shower Administrator
Printed Name and Title

7/17/19
Date

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- Not Implemented

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At the first floor rear emergency exit, to the rear of the home, the grass is high approximately 10 inches with weeds and fallen limbs from the tree above. The pathway from the rear to the front of the home is not able to be used safely to navigate away from the home in the event of a fire or emergency. Repeat Violation 6/12/18

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 grass was high due to the daily rainstorms the area was experiencing. Grass is cut and trimmed on a weekly basis and will continue through the rest of the season. The grass was scheduled to be cut the day of the inspection and was done that day. Administrator will be responsible to ensure future compliance for the safe evacuation of all residents if necessary.

Follow up call to the home ensured that tree debris was also removed that same day of the inspection. 7-24-19

Legal Entity Representative

Allison Showver
Signature

Allison Showver Administrator
Printed Name and Title

7/19/19
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- Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j.7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation


A bedside lamp in room # 11 for resident # 2 was not available.

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.)

Bedside lamp was available and in place. However, resident unplugged it to use the receptacle for other items. Resident was educated on the safety importance of keeping the light plugged in. Staff will be responsible to ensure future compliance.

Legal Entity Representative


Signature

Allison Shower Administrator
Printed Name and Title

7/16/19
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- Not Implemented

101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The 2nd window in bedroom 11 ,closest to the right corner of the room, was missing a curtain. The lack of a shade or window covering poses a privacy issue for the residents of the bedroom.

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 resident had accidentally pulled the curtain down during the night I was lying by the night stand. It was rehung during inspection. Since then shorter curtains were purchased and hung to prevent this from happening again.. Administrator and staff will be responsible to ensure all windows have proper covering for resident privacy.

Legal Entity Representative


Signature

Allison Showver Administrator
Printed Name and Title

7/16/19
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- Partially Implemented - Inadequate Progress
- Not Implemented

109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

There is no vaccination record for the cat, Luca which belongs to resident # 4.
The vaccination record for the dog, Lila, expired on 8/11/18.

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.)

Luca came with a fire victim resident. All records were destroyed. Luca & Lila received their rabies shots and will remain current for the safety of animals, residents, staff & visitors. Administrator Assistant will be responsible for continued compliance.

completed 6-26-19; 7-24-19 *ag*

Legal Entity Representative

Allison Shower
Signature

Allison Shower Administrator

7/17/19

Printed Name and Title

Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

An annual medical evaluation (D.M.E.) for resident # 2 who was admitted to the home 2/4/18 does not have an annual medical evaluation due by 2/4/19.

An annual D.M.E., for resident # 5 who was admitted to the home 6/26/17 does not have a current D.M.E. The last D.M.E. was completed 5/9/18.

Repeat Violation 6/12/18`

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 #2 was admitted on 2/4/19 not 2018. She only requires 1 DME. She is not due for an annual yet. The DME was late being completed because resident was from out of county and previous Dr would not fill it out and she could not get into the new Dr until 3/8/19. When it was finally completed, the Dr. did not put the proper dates on the form and we did not notice it.

Resident #5 was sent to have a current DME but the Dr lost it and will not redo it without another appointment. She has another appointment scheduled for 7/25/19 to have it done.

From this point forward, Administrator and Assistant will double check all required forms to ensure dates are correct and all forms are completed in a timely manner.

Legal Entity Representative

Allison Showver
Signature

Allison Showver Administrator

7/18/19

Printed Name and Title

Date

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

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The medication administration record was not marked to indicate the following prescribed medications were administered:

Resident # 2 Divalproex at 7 a.m. on 6/5/19.

Resident # 5 Calcium 600 Vit. D3 at 5:00 p.m. on 6/4/19 and

Vena Laxafine HCL at 7:00 a.m. on 6/5/19 and Docusate Sodium at 7:00 a.m. on 6/5/19. Repeat Violation 6/12/18

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.)

Medication was administered as proven by the blister packs. MAR was not initialed. Staff was re-educated on the importance of initialing the MAR to ensure proper care is given to residents. Administrator is responsible to ensure future compliance.

Legal Entity Representative

Allison J Showver
Signature

Allison Showver Administrator
Printed Name and Title

7/18/19
Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # is prescribed to check her blood glucose 4 times daily. The resident is not following the prescribers orders:

6/4/19 143
 6/3/19 5:30 a.m. 105
 6/3/19 2:18 175
 6/1/19 4:09 p.m. 145
 5/31/19 6:24 p.m. 115
 5/31/19 1:05 p.m. 175
 5/30/19 3:02 p.m. 100
 5/30/19 11:29 a.m. 125
 5/30/19 9:30 a.m. 93
 5/29/19 2:34 p.m. 118
 5/29/19 8:59 a.m. 172
 5/29/19 6:48 a.m. 135
 5/28/19 3:55 p.m. 95
 5/28/19 1:39 p.m. 135
 5/28/19 9:04 99
 5/27/19 6:47 147

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 is to check her sugar when she isn't feeling or maybe once a week. She is able to check her own sugar. It was an old order by the pharmacy in the MAR. The MAR has been updated and DR. orders are being followed. All staff will be responsible to ensure Dr. orders are followed for resident safety

Legal Entity Representative


 Signature

Allison Showver Administrator
 Printed Name and Title

7/17/19
 Date

187d - Follow Prescriber's Orders (continued)

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- Partially Implemented - Inadequate Progress
- Not Implemented

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

The preadmission screening for resident # 2 , admitted 2/4/19 was not complete. The screening did not include the " reason for leaving current residence" - Section II - F and on the 2nd page - Personal Care , medical needs, sensory needs, medical and Psychological Behavior Diagnosis- History.

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.)

Pre admission screening was corrected. Administrator will ensure all forms are completed upon screening to ensure resident needs can be met.

Legal Entity Representative

Allison Shower
Signature

Allison Shower Administrator
Printed Name and Title

7/16/19
Date

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225a - Assessment 15 Days

Regulations

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.

Description of Violation

The residents assessment and support plan (R.A.S.P), for resident # 2 who was admitted on 2/4/19 is not dated to indicate when the initial assessment and support plan were completed.

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.)

Assessment was completed but not dated. Administrator and assistant will be responsible for checking dates and ensuring all forms are completed properly to ensure proper care of all residents. Form was corrected at time of inspection.

Legal Entity Representative


Signature

Allison Showver Administrator
Printed Name and Title

7/18/19
Date

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- Not Implemented

225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

The record for resident 5 (Date of Admission 6/26/17), contains only 1 RASP indicating the original was completed 9/17/17.

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 original RASP was late. Annual RASP was done on 5/9/18. All RASPs will be done timely from this point forward to ensure proper care of alol residents. Administrator and assistant will be responsible for future compliance.

Legal Entity Representative


Signature

Allison Showver Administrator
Printed Name and Title

7/18/19
Date

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The RASP in the record of resident # 5 dated 9/17/17, was not signed by the resident. The signature page is missing.

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 #5 signed RASP on 6/5/19. From this point forward Administrator & Assistant will be responsible for completing all RASP in the required time frame and will ensure all pages are included to ensure proper care of all residents.

Legal Entity Representative

Allison Showver
Signature

Allison Showver Administrator
Printed Name and Title

7/18/19
Date

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252 - Record Content

Regulations

2600.

252.3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photo in the record of resident # (AF) is dated 5/25/15- more than 2 years old.

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 residents photos were updated. Photos will be done upon admission and every 2 years from this point forward. Administrator will be responsible for future compliance and the safe recognition of residents.

Legal Entity Representative

Allison Showver
Signature

Allison Showver Administrator
Printed Name and Title

7/16/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-24-19
(Date)

Plan of correction implementation status as of 7-24-19
(Date)

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

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