Department of Human Services
Bureau of Human Service Licensing

February 9, 2021

[redacted] ADMINSTRATOR
ALBRECHT INC
1710 MAPLE AVENUE
COAL TOWNSHIP, PA 17866

RE: GUARDIAN ANGEL PERSONAL CARE HOME
1710 MAPLE AVENUE
COAL TOWNSHIP, PA, 17866
LICENSE/COC#: 20208

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *GUARDIAN ANGEL PERSONAL CARE HOME* **License #**: *20208* **License Expiration Date**: *09/22/2020*
Address: *1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866*
County: *NORTHUMBERLAND* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: *5706447860* **Email**: [redacted]

Legal Entity

Name: *ALBRECHT INC*
Address: *1710 MAPLE AVENUE, COAL TOWNSHIP, PA, 17866*
Phone: *5706447860* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/25/1995* **Issued By**: *PA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *18* **Waking Staff**: *14*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *10/15/2020*

Inspection Dates and Department Representative

10/15/2020 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *18*

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**: *10*
Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *7*
Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

10/15/2020 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/14/2020*

11/15/2020 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/18/2020*

2/9/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. **Requirements**

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

The home did not have the annual inspection report dated 06/05/2019 posted in the home as required.

Plan of Correction **Accept**

The current inspection was posted but somehow fell down. It was reprinted and posted. Staff was informed of importance or required postings. Administrator will be responsible for continued compliance.

Completion Date: *11/10/2020*

Document Submission **Implemented**

picture was submitted

20b1 - Financial Records

1. **Requirements**

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Financial quarterly records for #1 did not match the individual receipt records kept by the home. Quarterly report showed no records for January 2020 and zero balance to start February 2020. Individual receipts show that $85 was deposited 1/27/2020 and remained in the account on 2/1/2020.

Plan of Correction **Accept**

I was not payee for this resident at the time. [redacted] previous payee sent Feb 2020 rent & personal money & it was received & deposited on 1/27/20. I recorded it on the financial transaction as 1/27 but when I did the quarterly's i recorded it as Feb 2020 because it was Feb 2020 rent & spending. I understand how this is confusing. The administrator from this point will make sure financial records & quarterly's correspond

Completion Date: *11/10/2020*

Document Submission **Implemented**

log was submitted

65f - Training Topics

1. **Requirements**

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person "A" DOH [redacted] did not receive annual training regarding meeting the residents' needs utilizing the resident's DME and RASP.

65f - Training Topics *(continued)*

Plan of Correction **Accept**

All staff did & does receive annual training regarding meeting the residents needs utilizing the residents DME, RASP & pre admission screening. It was on 2/5/19. It was listed as Topic: Resident Needs. The space on the DHS form is too small to put anything else and I have been using this topic for the past 20 years. If it is a problem, the Administrator will lengthen the topic.

Completion Date: *11/10/2020*

Update - 11/15/2020

Please send proof of training.

Document Submission **Implemented**

training log was submitted

101j7 - Lighting/Operable Lamp

1. **Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room #8 did not have a lamp or operable light available from the bedside of either bed.

Plan of Correction **Accept**

A new floor was just put in room #8 and when the furniture was returned, maintenance forgot to put the lamp back in. Staff was educated on the importance & the safety needs of a bed side lamp. Lamp was returned to room. All staff will be responsible for continued compliance.

Completion Date: *10/15/2020*

Update - 11/15/2020

Please send picture of compliance and proof of staff training.

Document Submission **Implemented**

picture was submitted of lamp in room

187a - Medication Record

1. **Requirements**

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.

Description of Violation

Resident #3 was given Hydroxyzine PAM take 1 cap by mouth as need 2 times a day for anxiety was administered on 10/2/20 and 10/07/20 but the home failed to document if the PRN medication was effective.
Resident #4 was administered Hydrazine HCL 1 tab to be taken as needed for anxiety on 10/14/20 and the home failed to document the effectiveness of the medication.
Resident # 4 was administered pain reliver medication on 10/03/20 and 10/07/20 and the home failed to document the effectiveness of the medication.

187a - Medication Record *(continued)*

Plan of Correction **Accept**

Staff was reeducated on the importance & safety of recording need & effectiveness of PRN medication. Admin & asst will be responsible for ensuring continued compliance

Completion Date: *10/15/2020*

Update - 11/15/2020

please send proof of staff training.

Document Submission **Implemented**

training log was submitted