

Department of Human Services  
Bureau of Human Service Licensing

February 7, 2022

[REDACTED], ADMINISTRATOR

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 07/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *09/22/2021*  
Address: *1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866*  
County: *NORTHUMBERLAND* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/25/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/23/2021*

**Inspection Dates and Department Representative**

*07/23/2021 - On-Site: Jason Harvey*

**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: *18* Are 60 Years of Age or Older: *16*  
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *10*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/23/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2021*

Inspections / Reviews (*continued*)

11/02/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/09/2021*

11/09/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/16/2021*

02/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 132.8 degrees in the upstairs common bathroom.

Plan of Correction

Do Not Accept

Heating co was immediately called. A mixing valve was added to the furnace to control water temp. Staff will do random temp checks to ensure compliance & to maintain a safe environment for residents

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will indicate how the home will know the water temp is at an acceptable level. When will the staff start doing the random checks? How often and for how long?

Documentation should be sent in the Portal.

AG, 11-2-21

Plan of Correction

Accept

Heating co was immediately called. A mixing valve was added to the furnace to control water temp. Staff will do weekly temp checks & document temp for 6 months to ensure temp is at an acceptable level. Temp checks will begin 11/5/21

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will indicate how the home will know the water temp is at an acceptable level. When will the staff start doing the random checks? How often and for how long?

Documentation should be sent in the Portal.

AG, 11-2-21

Please note "see attachments" in resubmission.

AG, 11-9-21

Document Submission

Implemented

Documentation is in portal

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the GE standalone freezer.

Plan of Correction

Do Not Accept

Thermometer was purchased to replace missing one. Staff will check freezer temps weekly to ensure safe quality of food for residents

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will report how the Home will determine temperature compliance, when it will be initiated, how long it will continue and how to determine compliance has been attained.

Documentation should be sent in the Portal.

AG, 11-2-21

Plan of Correction

Accept

Thermometer was purchased to replace missing one. Staff will check freezer temps weekly on grocery day, to ensure safe quality of food for residents. A log with staff signature will be kept documenting that thermometers are present in the fridges & freezers & are in operating condition & all appliances are at the required temperature. This will be done to ensure safe quality of food for residents.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will report how the Home will determine temperature compliance, when it will be initiated, how long it will continue and how to determine compliance has been attained.

Documentation should be sent in the Portal.

AG, 11-2-21

Please note "see attachments" in resubmission.

AG, 11-9-21

Document Submission

Implemented

Documentation is in portal

141a - Medical Evaluation

1. Requirements

2600.

141a - Medical Evaluation *(continued)*

141.a. 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.

**Description of Violation**

*The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident #1.*

**Plan of Correction**

**Do Not Accept**

*Resident was admitted during Covid quarantine. Dr would not do med eval w/o in person exam but could not do in person exam during quarantine. All other med Evns are done w/in required time frame but this one was accidentally overlooked b/c of Covid events. Admin will be responsible to ensure this doesn't happen again & to guarantee safe & proper care of residents*

**Directed Plan of Correction:**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will determine how the Home will demonstrate compliance in this time frame and how to prevent the violation from happening again. Does the Home have the capabilities to access Tele-Health? How will the Adm guarantee resident health and then show this in a Plan of Correction and then demonstrate it in a Verification? Will the Administrator use a Checklist or a Tickler System?*

*Documentation should be sent in the Portal.*

*AG, 11-2-21*

**Plan of Correction**

**Accept**

*Resident was admitted during Covid quarantine. Dr would not do med eval w/o in person exam but could not do in person exam during quarantine. All other med Evals are done w/in required time frame but this one was accidentally overlooked b/c of Covid events. Admin will be responsible to ensure this doesn't happen again & to guarantee safe & proper care of residents. A resident file checklist will also be added to all files with the DME due date written in, in order to quickly identify when forms are due to ensure safe medical care,*

**Directed Plan of Correction:**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will determine how the Home will demonstrate compliance in this time frame and how to prevent the violation from happening again. Does the Home have the capabilities to access Tele-Health? How will the Adm guarantee resident health and then show this in a Plan of Correction and then demonstrate it in a Verification? Will the Administrator use a Checklist or a Tickler System?*

*Documentation should be sent in the Portal.*

*AG, 11-2-21*

141a - Medical Evaluation (continued)

Please note "see attachments" in resubmission.

AG, 11-9-21

Document Submission

Implemented

Documentation is in portal

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident #2's [redacted] glucometer was not calibrated with the correct day or time.

Resident #3's [redacted] suppository was not on hand at time of inspection,

Plan of Correction

Do Not Accept

Resident maintains own glucometer & was not aware that it wasn't calibrated. It is now calibrated. From this point forward, staff will calibrate all new glucometers to ensure compliance & safe medical accountability.

Suppositories were d/c but were not removed from MAR. A D/C order was received, it was removed from MAR & pharmacy was notified. Admin will be responsible to monitor MAR to ensure fire compliance & safe med admin

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will show evidence of training regarding the calibration of glucometers and use of suppositories in the event they are ordered for future resident use. All existing glucometers must also be checked and verified that they are correctly calibrated. Evidence must be submitted of this checking in the 2nd Step of the process.

The POC must detail HOW and WHEN the Adm will be responsible for checking the MAR and Med Cart for future compliance and proper administration of medications according to the Training Program standards.

Documentation should be sent in the Portal.

AG, 11-2-21

Plan of Correction

Accept

Resident maintains own glucometer & was not aware that it wasn't calibrated. It is now calibrated. From this point forward, staff will calibrate all new glucometers to ensure compliance & safe medical accountability. Admin did an instructional demonstration with staff on how to calibrate glucometers. Both in use glucometers were checked for accuracy.

Suppositories were d/c but were not removed from MAR. A D/C order was received, it was removed from MAR

**185a - Implement Storage Procedures (continued)**

*&pharmacy was notified. Admin will be responsible to monitor MAR to ensure future compliance & safe med admin. If at any point, a resident is prescribed suppositories, home health will instruct staff on the process to administer them for safe usage.*

***Directed Plan of Correction:***

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will show evidence of training regarding the calibration of glucometers and use of suppositories in the event they are ordered for future resident use. All existing glucometers must also be checked and verified that they are correctly calibrated. Evidence must be submitted of this checking in the 2nd Step of the process.*

*The POC must detail HOW and WHEN the Adm will be responsible for checking the MAR and Med Cart for future compliance and proper administration of medications according to the Training Program standards.*

*Documentation should be sent in the Portal.*

*AG, 11-2-21*

## 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:

#### Description of Violation

---

*The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for [REDACTED],*

*The Medication Administration Record for resident #3 did not indicate a diagnosis or purpose for [REDACTED]*

#### Plan of Correction

***Do Not Accept***

*Diagnosis were added to MAR. Pharmacy was notified to added to future sheets. Staff was educated on the importance of adding diagnoses when documenting new medications. Admin will be responsible to ensure future compliance for safe medication administration.*

***Directed Plan of Correction:***

**187a - Medication Record (continued)**

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm must ad additional information about HOW and WHEN they will be responsible for ensuring this compliance for the safe administration of medication administration. The steps in the POC must be detailed in addressing how this information will not only correct the immediate problem, but how future problems or violations will be prevented, but a time table of when these steps will occur.

Documentation should be sent in the Portal.

AG, 11-2-21

**Plan of Correction**

**Accept**

Diagnosis were immediately added to MAR. Pharmacy was notified to added to future sheets. Staff was educated on the importance of adding diagnoses when documenting new medications. Admin will be responsible to ensure future compliance for safe medication administration. Administrator will do monthly MAR checks for accuracy & diagnosis documentation. This will also ensure safe administration of all medication

**Directed Plan of Correction:**

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm must ad additional information about HOW and WHEN they will be responsible for ensuring this compliance for the safe administration of medication administration. The steps in the POC must be detailed in addressing how this information will not only correct the immediate problem, but how future problems or violations will be prevented, but a time table of when these steps will occur.

Documentation should be sent in the Portal.

AG, 11-2-21

Please note "see attachments" in resubmission.

AG, 11-9-21

**Document Submission**

**Implemented**

Documentation is in portal