Department of Human Services
Bureau of Human Service Licensing

January 24, 2022

[redacted]
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 09/29/2021 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**: *09/22/2022*

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**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *09/29/2021*

Inspection Dates and Department Representative

09/29/2021 - On-[redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *17*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* **Are 60 Years of Age or Older**: *14*

Diagnosed with Mental Illness: *9* **Diagnosed with Intellectual Disability**: *9*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

09/29/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/27/2021*

Inspections / Reviews *(continued)*

01/13/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/21/2022*

01/18/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/25/2022*

01/24/2022 - Document Submission

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

141a - Medical Evaluation

1. Requirements

2600.
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

Resident #1 was admitted to the home on [redacted] The home did not have a documentation of medical evaluation form completed for the resident.

Plan of Correction ***Do Not Accept***

This violation was cited &correction was completed during full inspection :

Update: *01/13/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-13-2022 MM

Plan of Correction ***Accept***

Resident was admitted to home during Covid pandemic. DME was not originally obtained because [redacted] dr would not complete one without seeing resident in person but also was not doing in person appointments. Then with other pandemic issues , including short staffing, it was honestly forgotten. It has since been received. Admin. & asst will be responsible for obtaining & monitoring DMEs within the regulation time frames to insure compliance & proper care of residents. Effective immediately!

Document Submission ***Implemented***

DME received

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.
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.

Description of Violation

Resident #1 has a prescription order for Triamcinolone 1% cream. This treatment medication was not listed on the resident's Medication administration record.

187a - Medication Record *(continued)*

Plan of Correction ***Accept***

Resident was taken to dr appt by guardian. Guardian received script & had it filled & given to resident. When home found out it was immediately documented on MAR & locked up in med cart. Staff was verbally educated by administration to immediately check resident upon return from appointments with non staff to ensure proper procedures are taken with medication administration,storage & documentation. Admin will be responsible to ensure future compliance

Update: *01/13/2022*

Please send/Attach proof of updated pharmacy script. 1-13-2022 MM

Document Submission ***Implemented***

Script was for a rash that cleared up quickly. No refills were used