

Department of Human Services
Bureau of Human Service Licensing

June 15, 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 01/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/11/2022*

Inspection Dates and Department Representative

01/11/2022 - 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: *18*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *7*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/11/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2022*

Inspections / Reviews (*continued*)

03/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/04/2022*

06/15/2022 - Document Submission

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

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's most recent assessment and support plan (RASP) is dated [redacted] Resident #1's annual RASP revision has not been completed in accordance with this regulation.

Plan of Correction

Do Not Accept

The Support plan was completed on [redacted]. Resident moved in [redacted]. It was completed w/in the regulation time frame but it was not signed by the resident. It was a oversight by admin asst.

Completion Date: 09/30/2020

Update: 03/15/2022

At a minimum the POC needs to address how it was corrected, who will be overseeing it going forward and how violations will be prevented in the future. Please resubmit an acceptable POC by addressing at least these points. AG, 3-15-22

Plan of Correction

Accept

The admin had the resident date & sign. Admin & asst will be responsible to ensure everything is dated & signed in a timely manor, upon completion of the forms to prevent future violations

Completion Date: 09/30/2020

Update: 04/27/2022

Please note in Step 2 that document was submitted, reviewed and approved in Step 1. AG, 4-27-22

Document Submission

Implemented

Please note in Step 2 that document was submitted, reviewed and approved in Step 1. AG, 4-27-22

227g -Support Plan Signatures

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent assessment and support plan (RASP), dated [redacted] was not signed by the resident and there was no indication made that the resident refused or was unable to sign the document.

Plan of Correction

Accept

The signature was an oversight by admin asst. Admin verbally reviewed regulation time lines with Admin asst. Admin reviewed support plan with resident & had [redacted] sign it, Both admin & asst will review all support plans from this date forward to ensure compliance and proper care of residents.

Completion Date: 02/23/2022

Document Submission

Implemented

Admin & asst will monitor support plan completion to ensure future compliance Sanswrite will not let [redacted] add attachments. [redacted] are working on the problem [redacted] have forwarded attachments to AG on 6/13/22