

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

October 30, 2025

[REDACTED]
ALBRECHT INC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GUARDIAN ANGEL PERSONAL CARE HOME **License #:** 20208 **License Expiration:** 09/22/2026

Address: 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866

County: NORTHUMBERLAND **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: ALBRECHT INC

Address: [REDACTED]

Phone: [REDACTED] **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, Interim **Exit Conference Date:** 10/02/2025

Inspection Dates and Department Representative

10/02/2025 - On-Site: [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: 17 **Are 60 Years of Age or Older:** 17

Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 4

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

Inspections / Reviews

10/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/01/2025

10/30/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/29/2025

Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

10/30/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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 [REDACTED] has an order for blood glucose checks 4 times per day at 7:00AM, 12:00AM, 5:00PM and 8:00PM. Resident has an prescription for [REDACTED] at 7:00AM, 12:00AM, 5:00PM and 8:00PM and sliding scale as follows: The correct scale is as follows: under 150 =0 units, 150-199=3units, 200-249=6 units; 250-299=19 units; 300-349=12 units; 350-399=15 units and >400 =18 and contact doctor.

On [REDACTED] resident [REDACTED] glucometer had a reading for 7:00am of [REDACTED]. The resident's medication treatment sheet indicated a reading of [REDACTED] and the medication administration record indicated the resident did not receive sliding scale medication when they should have been administered [REDACTED] units.

On [REDACTED] resident [REDACTED] glucometer had a reading of [REDACTED] for 12:00pm. The resident's medication treatment sheet also documented a reading of [REDACTED] and administered [REDACTED] units of medication when they should have been administered [REDACTED] units.

Plan of Correction

Accept [REDACTED] 10/30/2025)

On 8/14/25, Staff was reeducated on the importance of documenting & double checking readings so that medication is given as prescribed. Resident was also reminded to have staff double check her machine. On 10/2/25, weekly glucometer checks was implemented to monitor calibration & accurate reading . Checks will be done by 3rd shift. Effective 11/1/25, checks will be done every Saturday 3rd shift.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 10/30/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED] has an order for blood glucose checks 4 times per day at 7:00AM, 12:00AM, 5:00PM and 8:00PM. Resident has a prescription for [REDACTED] units at 7:00AM, 12:00AM, 5:00PM and 8:00PM and sliding scale as follows: The correct scale is as follows: under 150 =0 units, 150-199=3units, 200-249=6 units; 250-299=19 units; 300-349=12 units; 350-399=15 units and >400 =18 and contact doctor.

On [REDACTED] resident [REDACTED]s glucometer had a reading for 7:00am of [REDACTED]. The resident's medication treatment sheet indicated a reading of [REDACTED] and the medication administration record indicated the resident did not receive sliding scale medication when they should have been administered [REDACTED] units.

On [REDACTED] resident [REDACTED] glucometer had a reading of [REDACTED] for 12:00pm. The resident's medication treatment sheet also documented a reading of [REDACTED] and administered [REDACTED] units of medication when they should have been administered [REDACTED] units.

187d Follow Prescriber's Orders (continued)**Plan of Correction****Accept [REDACTED] - 10/30/2025)**

On 8/14/25, Staff was reeducated on the importance of documenting & double checking readings so that medication is given as prescribed. Resident was also reminded to have staff double check her machine. On 10/2/25, weekly glucometer checks was implemented to monitor calibration & accurate reading . Checks will be done by 3rd shift. Effective 11/1/25, checks will be done every Saturday 3rd shift.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 10/30/2025)