

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANDSHER PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate ANDSHER PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 27

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 10,

2010

until February 10,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242511

Robert E. Robinson

ISSUING OFFICER

Kenneth J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT

MAILING DATE: AUG 10 2010

Mr. Andrew Sherkness, Owner
Andsher Personal Care Home, Inc.
Andsher Personal Care Home
20 North Kennedy Drive
McAdoo, Pennsylvania 18237

Dear Mr. Sherkness:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 22, 2009, May 19, 2010 and May 20, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

In accordance with 55 Pa.Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65g	II	25	\$5	\$125	5 calendar days from mailing date of this letter
82c	II	25	\$5	\$125	5 calendar days from mailing date of this letter
132f	II	25	\$5	\$125	5 calendar days from mailing date of this letter
132g	II	25	\$5	\$125	5 calendar days from mailing date of this letter
184b	II	25	\$5	\$125	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license or ban on admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
 Adult Residential Licensing
 Department of Public Welfare
 423 Health and Welfare Building
 Seventh and Forster Streets
 Harrisburg, Pennsylvania 17120

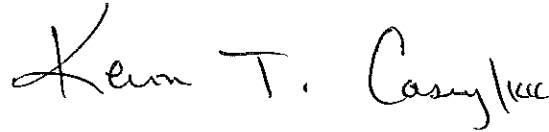
Mr. Andrew Sherkness

3

Appeal of the ban on new resident admissions does not permit the admission of new residents after the date of this letter.

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the typed name.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo, Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) May 19, 2010 and May 20, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) ANDREW J. SHENKNESS ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrew J. Shenkness</i>	DATE 6-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Harvey</i>	DATE 7-13-10 6-17-10


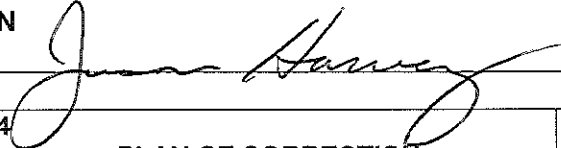
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court	On May 19, 2010 at 11:25 am during the inspection, the home's office was left unlocked and unattended. The office contains confidential resident records.	May 19 2010 ONGOING.	The office door will be locked when unattended at all times in the future.	Steps have been taken to correct violation; full compliance is not verifiable 7-13-10 Date <i>JK</i> Initials (DPW)


RECEIVED

JUN 23 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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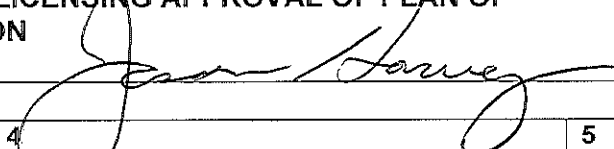
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orders disclosure. 254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	Continued from previous page.	MAY 19 2010 ONGOING.	RESIDENT RECORDS SHALL BE KEPT LOCKED IN OFFICE. WILL BE ACCESSIBLE AT ALL TIMES TO THE DEPARTMENT OR REPRESENTATIVES OF AGENCY.	Steps have been taken to correct violation; full compliance is not verifiable 7-13-10  Date Initials (DPW)


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26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's quality management plan states that a quality management review will be held each year within 10 days of April 15 th . The home did not complete a quality management plan review in 2010. The last review completed was on April 15, 2009.	6-17-10	THE QUALITY MANAGEMENT FOR 2010 HAS BEEN COMPLETED + WILL BE REVIEWED + COMPLETED AGAIN ON APRIL 15 TH	7-13-10 <i>JH</i>

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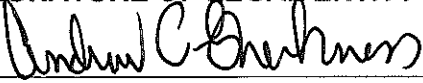
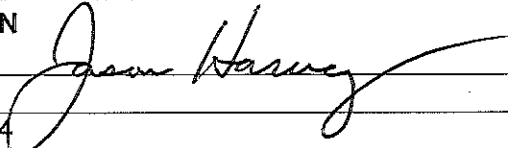
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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older (exception – 54b). (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction that would limit the staff person from providing necessary personal care services with reasonable skill and safety.	Direct care employee A, date of hire 01/07/2010, does not have a high school diploma, a GED or active status as a Certified Nurses Aide on the Pennsylvania Nurse Aide Registry.	6-17-10	DIRECT CARE EMPLOYEE DID NOT PRODUCE A HIGH SCHOOL DIPLOMA + HAS SENDS BIRTH TERMINATION/OUT IN THE FUTURE, ALL EMPLOYEES WILL PRODUCE A DIPLOMA + IT COPY WILL BE KEPT IN THEIR EMPLOYEE FILE	Steps have been taken to correct violation; full compliance is not verifiable 7-13-10 Date Initials (DPW) 

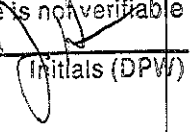
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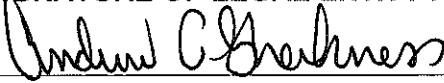
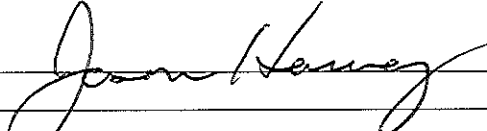
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57b Direct care staff persons shall be available to provide at least one hour per day of personal care services to each mobile resident.	On Sunday, May 16, 2010 the home had 24 mobile residents requiring 24 hours of personal care to be delivered within that 24 hour period. Only 21 hours of personal care were provided that day.	6-17-10	<p> <i>Mobile care staff with 24 hr. schedule + 50 minutes provided to residents. 1st shift on, hour prior day of personal care, service to mobile residents provided</i> </p>	<p> Steps have been taken to correct violation; full compliance is not yet met. <u>7-13-10</u> <i>AK</i> Date Initials </p>

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57d At least 75% of the personal care service hours specified in 57b and 57c shall be available during waking hours.	On Sunday, May 16, 2010, the home had 24 mobile residents that needed 18 hours of personal care provided between 7:00 am and 11:00 pm. Only 14 hours of personal care were delivered on that date between the specified hours.	6-17-10	NEW CAREGIVERS START WITH TRAINING + TEST, SCHEDULE ARRANGED TO HAVE ALL PERSONAL CARE HOURS COVERED IN FULLTY BY TEST WEEK.	Steps have been taken to correct violation; full compliance is not verifiable 7/13/10 Date  (Initials (DPW))

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Staff person A, who provides ancillary care (laundry duties) to residents, was not oriented to the specific job duties prior to performing them.	6-17-10 ONGOING.	STAFF PERSON IS NO LONGER WORKING AT ANDSHER. A NEW WORKLET WAS MADE TO LIST DUTIES OF STAFF ON EACH SHIFT + WILL BE GIVEN IT ON HIS TO SPECIAL DUTIES OF STAFF.	7/21/10 S.S.

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>On May 19, 2010 at 11:25 am during the inspection, the home's office was left unlocked and unattended. The office contains over the counter medications, medications to be re-ordered and treatments that were unlocked and unsupervised and accessible to residents.</p> <p>Resident room # 1 on the first floor of the home contained the following items at inspection:</p> <p>A 2.75 ounce tube of "Smith Nephew" brand triple care protective cream, the label which reads in part "in case of accidental ingestion, seek professional assistance ort contact a Poison Control Center immediately"</p>	<p>AT TIME OF INSPECTION ON GOING.</p> <hr/> <p>AT TIME OF INSPECTION ON GOING.</p>	<p>THIS HOME'S OFFICE WILL BE KEPT LOCKED AT ALL TIMES & LEFT UNATTENDED</p> <hr/> <p>ALL POISONOUS MATERIALS/MEDICATIONS WILL BE KEPT LOCKED IN THIS OFFICE</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/21/10 S.S.</p> <p>Date Initials (DPW)</p>

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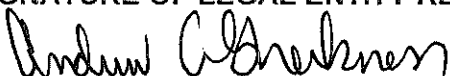
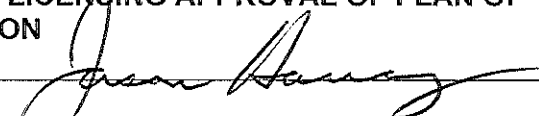
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See previous page	Continued from previous page. An 8 ounce bottle of "coloplast" brand bedside perineal wash no rinse incontinent cleaner with a label that states in part "if swallowed, get immediate help or contact Poison Control Center immediately". A 12 ounce bottle of "Gojo" porvon brand antibacterial perineal wash with a label that states in part, "if swallowed, get medical help or contact a Poison Control Center right away". Upon meeting with the administrator on 05/20/2010 during the inspection, it was determined that not all residents are safe around unlocked	AT TIME OF INSPECTION + UNLOCK.	IF RESIDENTS CAN HAVE ANY TYPE OF POISONOUS MATERIALS, A LOCK BOX WILL BE USED IN THE ROOM OR ALL SUCH MATERIALS WILL BE KEPT IN OFFICE.	See previous page

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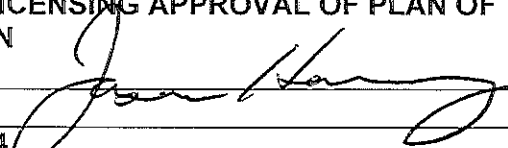
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See previous page	Continued from previous page. and unsecured poisons. Repeated Violation-02/02/2009, et al.	NO2AL.	PREVIOUS PAGE	See previous page

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84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	The surface temperature of the "Steibel Electron" brand wall mounted hand dryer in the bathroom on the first floor located across from Resident Room #2 measured 201 degrees Fahrenheit at the time of inspection.	7-1-10	OUR HOME'S CONTRACTOR WAS NOTIFIED + THE TEMPERATURE WILL BE TURNED DOWN BELOW 120° + IF NOT POSSIBLE WILL BE DISCONNECTED	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 S.S. <hr/> Date Initials (DPW)	

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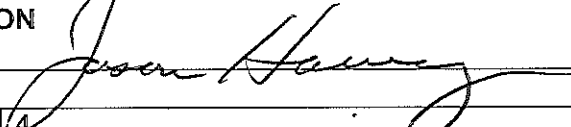
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit did not include a breathing shield.	BY 7/21/10 OR INSPECTION AGAIN.	MIA'S KIT WILL CORRECT ALL NECESSARY ITEMS	7/21/10 G.B.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo, Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) May 19, 2010 and May 20, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Mary Ann Domanski	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrew C. Grekness</i>	DATE 6-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason [Signature]</i>	DATE 7/15/10

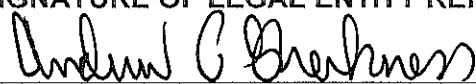
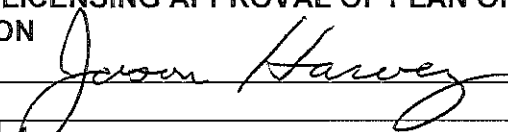
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101c Each bedroom for one or more residents with a mobility need shall have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment.	<p>Resident Room # 1 on the first floor of the home has two (2) residents, one of whom is in a wheelchair and uses O2. The room measures 124 square feet, consisting of 9 feet by 11 feet, 11 inches of room space and a closet that measures 28 inches by 86 inches. This does not allow the necessary space needed for a resident with mobility needs.</p> <p>Resident Room # 2 on the first floor of the home has two (2) residents, one of whom uses a rollator walker. The room measures 119.72 square feet, consisting of the room itself that measures 147 inches by 108 inches with a closet that measures 22 inches by 62 inches. This does not</p>	JULY 15 2010	<p>RESIDENTS WITH MOBILITY NEEDS WILL BE IN A ROOM WITH MORE THAN 100 SQUARE FEET PER RESIDENT. ARRANGEMENTS WILL BE MADE TO TRANSFER TO ANOTHER ROOM OR HAVE ROOMMATE TRANSFER TO ANOTHER ROOM.</p>	7/21/10 S.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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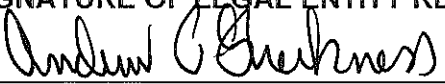
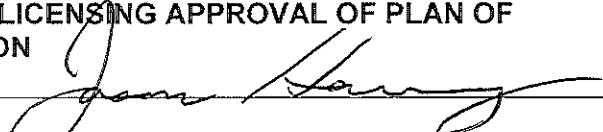
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See previous page	Continued from previous page. allow the necessary space needed for a resident with mobility needs.	7-15-10	← SEE PREVIOUS PAGE	See previous page

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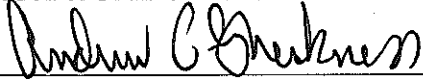
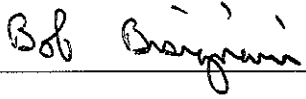
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	In room #6, there were two residents but only one lamp. Repeated Violation-02/02/2009, et al.	AT TIME OF INSPECTION UNKNOWN	TWO LAMPS WILL BE INCLUDED IN ROOMS WHERE THERE ARE 2 RESIDENTS.	7/21/10 S.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home's contract for emergency drinking water did not state the amount of water to be delivered and that the water will be delivered immediately.	6-17-10	AN UPDATE IN THE CONTRACT WITH SUPPLY RESPONSIBLE TO SUPPLY 3 DAY SUPPLY OF WATER IN CASE OF EMERGENCY	7/21/10 B.B.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill conducted in February, 2010 at 11:01 pm has no date of the month listed on the fire drill log. The amount of time to evacuate the building on the fire drill in February, 2010 was not listed on the fire drill log.	AT TIME OF INSPECTION AT TIME OF INSPECTION	THE DATE + AMOUNT OF TIME WHICH VIOLATION ON OUR COLLINDER. + IN THE FUTURE, ALL INFO ON THIS ISSUE WILL BE FULLY COMPLETED AT THIS TIME, THEREFORE ALL IS COMPLETE	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 S.S. Date Initials (DPW)

VIOLATION REPORT
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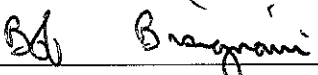
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REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	Between February 2009 and November 2009 all exits were used for each fire drill. Repeated Violation-11/22/2009	MAY 2010 - ON GOING.	ALTERNATE ROUTES WILL BE USED FOR ALL FUTURE DRILLS IN THE FUTURE	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 G.G. <u>Date</u> <u>Initials (DPW)</u>

VIOLATION REPORT
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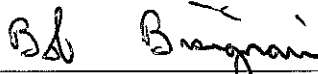
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	Fire drills conducted between November 2009 and April 2010 were conducted with additional staff present in the home. The home consistently staff only one employee on the overnight shift between 11:00 pm and 7:00 am. No drill has been conducted since the last annual inspection with less than two (2) staff persons. Repeated Violation-11/22/2009	MAY 2010 + NOON.	1-2 DRILLS WILL BE CONDUCTED OVERLAP DAYS OF THE WEEK, OVERLAP TIMES OF THE DAY + WITH A SINGLE STAFF PERSON FOR ALL FUTURE DRILLS IN THE FUTURE	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 S.S. Date Initials (DPW)

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141a-2 The medical evaluation shall include the following: (5) Allergies. (6) Immunization history.	The medical evaluation for resident #1 did not include allergies or immunization history.	6-17-10	CORRECTIONS WILL BE MADE BY DR. [Signature] & SIGNED OK. MEDICAL IMMUNIZATIONS WILL BE REVIEWED TO INSURE THIS ORDER IS COMPLETED THIS FORM CORRECTLY COPY ENCLOSED	7/21/10 B.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home did not have a fully equipped first aid kit for use in a vehicle that is transporting residents.	6-17-10	A fully equipped first aid kit for vehicle use is in order + will be used when transporting residents	7/21/10 B.S.

**VIOLATION REPORT
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Twenty containers of OTC medications and CAM were found unlocked in resident #3's bedroom. The unlocked medications included: Bottles of Magnesium, Vitamin B-6, Selenium, Peppermint oil, Vitamin C, Calcium with Vitamin D, Aspirin, Zinc, Iodine, Garlic supplement, Vitamin E, Vitamin B-2, Vitamin B-12, Folic Acid, CoQ-10, Cod Liver Oil, Alka Seltzer and a tube of Bengay Menthol Pain Relieving Gel.	6-17-10 <i>above.</i>	OTC MEDS + CAM WILL BE KEPT IN THIS OTC LOCKED UNTIL SYSTEM TO STORE + LOCK THIS IN THIS RESIDENT'S ROOM CAN BE PUT INTO PLACE	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 <i>S.S.</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>The following expired OTC medications were found in the home's first aid kits: 2 bottles of Swan Hydrogen Peroxide Topical Solution dated 10/08 and 3/09 and one tube of Good Neighbor Pharmacy Triple Antibiotic Ointment dated 4/09.</p> <p>The following expired OTC medications were found in resident #3's bedroom: 1 bottle Nature's Bounty Vitamin B-6 (EX 8/09); 1 bottle Bayer Aspirin (EX 8/08); 1 bottle Nature's Bounty Zinc (EX 11/07); 1 bottle Nature's Bounty Odor-Free Garlic (EX 6/09); 1 bottle Mason Food Supplement Kelp 5 Grain All Natural Iodine (EX 12/07); 1 container of Fleet Glycerin</p>	<p>AT TIME OF INSPECTION + NONE</p> <p align="center">—</p>	<p>1-2 RLT AND KLT WILL BE MAINTAINED - ANY EXPIRED ITEMS WILL BE OBSOLETE - REORDERED</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/21/10 S.B.</p> <p>Date Initials (DPW)</p>

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See previous page	Continued from previous page. Suppositories (EX 3/09); and 1 bottle Windmill Vitamin B-2, expired 10/2007.	AT TIME OF INSPECTION - NONE	ALL JTC MATH - CMM'S WILL BE KEPT IN JARRED LABELLED UNTIL A LOCK BOX CAN BE PUT IN PLACE TO KEEP IN RESIDENT'S ROOM	See previous page

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	<p>The following items were found in Resident Room # 1 during the inspection:</p> <p>A 2.75 ounce tube of "Smith Nephew" brand triple care protective cream</p> <p>An 8 ounce bottle of "coloplast" brand bedside perineal wash no rinse incontinent cleaner</p> <p>A 12 ounce bottle of "Gojo" porvon brand antibacterial perineal</p> <p>None of these over the counter treatment items were labeled with the resident's name.</p>	6-17-10	<p>ANY OTC MEDS + CAM WILL BE LABELED WITH THE RESIDENT'S NAME + KEPT UNDER LOCK + KEY</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/21/10 <i>AS</i></p> <p>Date Initials (DPW)</p>

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<i>see previous page</i>	Continued from previous page. Repeated Violation-02/02/2009, et al.	<i>6-17-10</i>	<i>← SEE PREVIOUS PAGE</i>	<i>See previous page</i>

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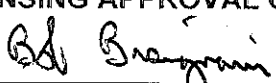
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident # 4 has an order for Tylenol 500 mg. PRN for pain. Resident # 4 was last administered Tylenol 500 mg at 6:00 pm on 05/10/2010. Since that time, the home has not had this medication in the home.	AT TIME OF INSPECTION + ONGOING.	THIS DISCREPANCY WAS CALLED + TYLENOL WAS ORDERED + ADMINISTERED + IN THE FUTURE THIS MISTAKE WILL BE ORDERED TO INSURE THAT ALL DIRECTIONS OF THE PRESCRIBER CAN BE FOLLOWED CORRECTLY	7/21/10 B.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo, Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) May 19, 2010 and May 20, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrew G. Shekness</i>	DATE 6-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Graziano</i>	DATE 7/21/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227g Individuals who participate in the development of the support plan shall sign and date the support plan. 227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #2 did not sign the support plan dated 1-10-10 nor was there a notation of the resident's inability or refusal to sign.	AT TIME OF INSPECTION ONGOING	THE RESIDENT'S POD. SIGNED, BUT IN THE FUTURE THE RESIDENT WILL SIGN ALSO ANY DOCUMENT THAT IS REQUIRED	7/21/10 S.B.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo, Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) May 19, 2010 and May 20, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/21/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	The home's fire drill log entry for the drill conducted on April 22, 2010 had white out in the column recording the amount of time taken to evacuate the home.	6-17-10	WHITE OUT WILL NOT BE USED FOR CORRECTION ON ANY DOCUMENT IN THE FUTURE	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 S.S. Date Initials (DPW)

RECEIVED
 JUN 23 2010
 SCRANTON FIELD OFFICE
 Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew C. Sheehy</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Hursey</i>	DATE 6/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>Resident # 1, admitted to the home on 09/10/09, has no assessment.</p>	<p>2-1-10</p> <p>2-1-10</p>	<p>ASSESSMENT + ANNUAL ASSESSMENT HAVE BEEN PLACED IN [REDACTED] FILE + [REDACTED] FILE IS IN ORDER. ALL NEW RESIDENTS IN THE FUTURE WILL HAVE PAPER-WORK FILLED + IT WILL COMPLETE IN THE PROPER AMOUNT OF TIME.</p>	<p>7/21/10 S.S.</p>

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FEB 11 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew G. Shekness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p>	Resident # 1, admitted to the home on 09/10/09, has no support plan.	<p>2-1-10</p> <p>2-1-10</p>	<p>██████████ SUPPORT PLAN WAS KILLED + IS CONTAINED IN ██████████ CHART + IN THE FUTURE A CONTRACT WILL BE COMPLETED IN THE PROPER AMOUNT OF TIME IN THE FUTURE</p>	7/21/10 B.B.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew Bhekness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	The record for resident # 1 does not contain acknowledgement of the resident receiving a copy of the resident rights and complaint procedures as outlined in Ch.2600.41d.	2-1-10	RESIDENT RIGHTS COPY WAS GIVEN TO [REDACTED] A COPY WAS FILED IN [REDACTED] CHART AS ACKNOWLEDGEMENT OF RECEIVED. CHART WILL BE COMPLETED IN TIMELY MANNER IN THE FUTURE.	7/21/10 S.S.
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:	Direct care staff person A (Date of Hire 9/09) did not receive training in the required topics outlined under this regulation. The training record for Direct care staff person B (Date of Hire 3/22/09) was incomplete. The record was not dated as to when the staff was trained in the topics under this	2-1-10	DIRECT CARE STAFF TRAINING WAS COMPLETED FOR [REDACTED] IN [REDACTED] THE FUTURE THE COMPLETED TRAINING DOCUMENTS WILL BE FILED IMMEDIATELY UPON COMPLETION & KEPT IN STAFF PERSONS FILE UNDER ANDRIVER P.C. STAFF 1.2U.	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 S.S. Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew G Shekness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	regulation and the record did not indicate who conducted the training.	2-1-10	ALL MONTH OF TRAINING WILL BE COMPLETED IN THE FUTURE + THE TRAINER WILL SIGN + DATE EACH PART OF TRAINING + ALL TRAINING DOCUMENTS WILL BE FILED IN EMPLOYEE'S OR ANDSHER OFFICES.	See previous page

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew G. Shekness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawry</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:</p> <p>(1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.</p>	<p>Direct care staff person A (Date of Hire 9/09) did not receive the required training under this regulation.</p> <p>The training record for Direct care staff person B (Date of Hire 3/22/09) was incomplete. The record was not dated as to when the staff was trained in the topics under this regulation and the record did not indicate who conducted the training.</p>	<p>→ 8-09</p> <p>→ 3-09</p> <p>2-1-10</p>	<p>ALL TRAININGS WILL BE DONE + SIGNED BY BOTH NEW EMPLOYEE + THE TRAINER + UPON COMPLETION OF THE TRAINING THE DOCUMENTATION WILL BE FILED IN THE PROPER FILE + IN PROPER TIMELY MANNER.</p> <p>DIRECT CARE STAFF A & B WILL RECEIVE THE REQUIRED TRAINING IN THIS REGULATION.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/21/10 Date Initials (DPW) S.S.</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew C. Breckner</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Henry</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</p> <p>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</p> <p>(3) Resident rights (under these regulations).</p> <p>(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).</p> <p>(5) Falls and accident prevention.</p> <p>(6) New population groups</p>	<p>On 12/2/09, in a phone contact with the administrator, ARL was informed that that staff persons C and D provide direct care to residents of the home. Their start dates are circa 1986. These individuals are not on the payroll but are listed on the staff schedule for the weeks of 11/15/09 and 11/22 /09 as follows:</p> <p>11/15/09: C Sunday, 11/15/09 10 AM – 2 PM. Tuesday, 11/17/09 4 PM – 7 PM. Saturday, 11/21/09 10 AM – 2 PM. Sunday, 11/22/09 10 AM – 2 PM. D Sunday, 11/15/09 9 AM – 5 PM. Tuesday, 11/16/09 9 AM – 5 PM. Thursday, 11/18/09 9 AM – 5 PM. Friday, 11/20/09 9 AM – 5 PM. Saturday, 11/21/09 9 AM – 5 PM.</p>	2-1-10	<p>[REDACTED]</p> <p>IS ON THE SCHEDULE TO PROVIDE SOME PERSONAL CARE HOURS, SINCE IS A REGISTERED NURSE - PROVIDES HOURS ALONG WITH OTHER STAFF MEMBERS. MY FATHER DOES NOT PROVIDE ANY PERSONAL CARE HOURS + DOES MAINTENANCE TYPE WORK.</p> <p>ALL DIRECT CARE STAFF,</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/21/10 S.S.</p> <p>Date Initials (DPW)</p>

ANCILLARY STAFF, SUBSTITUTE PERSONNEL AND REGULARLY SCHEDULED VOLUNTEERS WILL BE TRAINED ANNUALLY IN THE FOLLOWING AREAS OF THIS REGULATION. 06-17-10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andsher Personal Care Homes</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harvey</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
that are being served at the home that were not previously served, if applicable.	<p>Additionally, during the on-site inspection of 11/22/09, staff person E acknowledged volunteering approximately once a week or so in the home.</p> <p>Staff persons C, D and E have not received the required annual training under this regulation.</p> <p>Repeated violation – 2/2/09, et al</p>	2-1-10	<p>THERE IS NO STAFF PERSON E. [REDACTED] IS A SPECIAL NEEDS CHILD OF STAFF PERSON [REDACTED]. [REDACTED] + [REDACTED] COMES TO VISIT MOM, THEY ONLY LIVE 2 BLOCKS AWAY, + [REDACTED] HAS MADE FRIENDS + COMES TO VISIT THEM WHEN MOM IS WORKING. HE IS A VISITOR AS FAR AS ANOTHER PCN IS CONCERNED.</p>	See previous page

ONLY HE BELIEVES HE IS A VOLUNTEER - IT MAKES HIM HAPPY - HE DOES NOT DO ANY DIRECT CARE JUST VISITS.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andsher Personal Care Homes</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Haney</i>	DATE 6/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.	The home's staff training plan for 2009 did not include the location of trainings for the following dates; 7/30/09 Fire safety 8/30/09 Emergency Preparedness 10/30/09 Falls and Accident Prevention 11/30/09 New Populations Served by the Home	2-1-10	LOCATION WITH MISTAKENLY OMITTED FROM ANNUAL STAFF TRAINING PLAN. FOR 2009 IN THE FUTURE I WILL ASSURE THAT THE TRAINING PLAN IS COMPLETE IN FULL FOR EACH TRAINING SESSION	7/21/10 S.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew Shekness</i>	DATE <i>2-8-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>6-17-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	Resident # 2 has a medical evaluation, dated 02/05/09, which lists the resident as having mobility needs. The home did not update the local fire department regarding this resident's assistance that would be needed in an emergency as required.	<i>1-30-2010</i>	<i>McAdoo Fire Company was informed in writing of [REDACTED] change in mobility. Documentation will be kept in the future + notification will be made of any change in mobility needs of any resident in the future</i>	<i>7/21/10 S.S.</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew C. Shekner</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Hanney</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132a An unannounced fire drill shall be held at least once a month.	A fire drill was not conducted at the home in the month of October, 2009. Additionally, staff interviewed during the on-site inspection of 11/22/09 stated they are being informed in advance when fire drills will be conducted.	2-1-10	AN UNANNOUNCED FIRE DRILL WILL BE HELD MONTHLY + PROPERLY RUN + DOCUMENTED STAFF ARE BEING INFORMED IN ADVANCE OF DRILLS, BUT RESIDENTS WILL NOT BE INFORMED IN ADVANCE. WITHIN 1-2RS, DRILLS WILL BE CONDUCTED Fire drills will be held without ANY NOTICE TO THE RESIDENTS OR TO STAFF, OTHER THAN FOR THE STAFF PERSON RESPONSIBLE FOR SETTING OFF THE ALARM/DETECTOR. Administrator will monitor monthly for compliance. JH 6-17-10	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 B.S. Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	A review of the home's fire drill logs indicated that the home is not using alternate exit routes during fire drills and varying the hypothetical location of a fire in the home by simulating blocked exits and practicing evacuation through alternate path(s) of egress. The home's fire drill logs state "all exits used" for drills conducted from January through Sept. 2009.	2-1-10	FIRE DRILLS WILL BE RUN TO USE ALTERNATE EXIT ROUTES DURING THE DRILL + USE POSITIVE I/O LOCATION OF A FIRE IN THE HOME SIMULATING BLOCKED EXITS + USING ALTERNATE PATHS OF EGRESS Administrator will Audit Fire drill records monthly for compliance. 2/2 6-17-10	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 S.S. Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew C. Grebner</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Henry</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home's staffing schedule indicates that one staff is typically schedule for the overnight shift (11pm to 7am). Three staff participated in the 6:00 AM drill conducted on 9/16/09.	2-1-10	FIRE DRILL SHALL BE HELD ON DIFFERENT DAYS OF THE WEEK + AT DIFFERENT TIMES OF THE DAY. WHATEVER STAFF IS SCHEDULED WILL BE USED TO CONDUCT THE DRILL WHETHER ALONE OR WORKING WITH SOMEONE ELSE. The Administrator will not schedule extra staff during overnight drills. P.S. I ALWAYS TRIED TO INCLUDE AS MANY STAFF THAT WERE AVAILABLE, AT TIMES OF	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 B.S. Date Initials (DPW)

THE DRILL TO PARTICIPATE TO GET EXPERIENCE + MAKE THINGS RUN SMOOTH IN CASE OF EMERGENCY

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>D. A. Shumway</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
162e A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161.	The 11/22/09 menu change for supper from Ravioli to sandwiches was not posted.	2-1-10	CHANGE TO A MENU WILL BE POSTED IN THE KITCHEN AREA. IN ADVANCE OF THE MEAL + MEAL SUBSTITUTIONS SHALL BE MADE IN ACCORDANCE WITH 161 Administrator will monitor for compliance. dt 6-17-10	7/21/10 B.B.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew A. Greenness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harway</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>182b Prescription medication that is not self-administered by a resident shall be administered by one of the following:</p> <p>(4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.</p>	<p>Direct care staff person F is not currently trained in medication administration. There is no record of initial training or an initial annual practicum for the staff. The annual practicum form does not include all of the required medication administration record reviews and medication administration observations. Also, the form was not signed by the trainer and did not have a student pass date.</p>	<p>2-1-10</p>	<p>[REDACTED] IS TRAINED IN MED. ADMIN. INITIAL DATED 6-11-07 + INITIAL ANNUAL 5-15-09.</p> <p>THE FORMS WILL BE COMPLETED AS DIRECTED + THE FORMS WILL BE KEPT IN THE EMPLOYEE'S FILE UNDER CURRENT TRAINING</p> <p>Direct care staff person F will be retrained in medication administration. Administrator will audit all medication staff for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not-verifiable</p> <p>7/2/10 S.S.</p> <p>Date Initials (DPW)</p>

DPW 6-17-10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew A. Sherkness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The following residents did not have an annual assessment completed within 12 months of their last assessment: Resident# Date of last assessment: 3 10/23/2008 4 06/10/2008 5 10/22/2008 Resident # 2 had a change in mobility status on 02/05/09. An updated assessment was not completed to reflect the change in status.	2-1-10	<p>██████████</p> <p>ANNUAL ASSESSMENTS WERE COMPLETED. - ALL PROPOSED WORK WILL BE COMPLETED + I WILL VISIT EACH RESIDENT IN THEIR HOME UPON COMPLETION + AS THEY ARE REQUIRED.</p> <p>██████████ CHANGE IN STATUS WITH OVERLOOKED. AN UPDATED ASSESSMENT WAS COMPLETED TO REFLECT THE CHANGE + IN THE FUTURE</p>	7/21/10 B.S.

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SCRANTON FIELD OFFICE
Adult Residential Licensing

M.A. 51 + ADD. WILL BE USED BEFORE BEING USED + DISCUSS WITH THE OFFICE IF ANY INFO. WOULD BE IN QUESTION

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew G. Shukness</i>	DATE 2-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Henry</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
226c The administrator shall notify the Department's personal care home regional office within 30 days after a resident with mobility needs is admitted to the home or the date when a resident develops mobility needs.	The mobility status of resident # 2 changed on 02/05/09. The home failed to notify the Department's personal care home regional office within the specified time of this change.	2-01-10	THE HOME WILL NOTIFY THE REGIONAL OFFICE WITHIN THE SPECIFIED TIME OF ANY CHANGE IN MOBILITY STATUS. I WILL CHECK WITH MA-51 / ADP. TO MAKE SURE IF THERE IS A CHANGE IN STATUS SO TO ADVISE AND CHANGE WITH THE OFFICE - MAKE ANY NECESSARY CHANGES. - NOTIFICATION.	7/21/10 B.S.
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident	The record for resident # 1 does not contain the following elements: #s 2, 3, 5, 13, 14, 18, 19, 20, and 24. The record for resident # 2 does not contain any information regarding identifying marks.	2-1-10	→ SEE NEXT PAGE →	7/21/10 B.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo Pennsylvania 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATE(S) (Include all dates of the inspection) November 22, 2009		REGIONAL REPRESENTATIVE Gerard Dumas, Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Andrew C. Graham</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>that is no more than 2 years old.</p> <p>(5) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.</p> <p>(13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.</p> <p>(14) A support plan.</p> <p>(18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.</p> <p>(19) An inventory of the resident's property entrusted to the administrator for safekeeping.</p> <p>(20) The financial records of residents receiving assistance with financial management.</p>	<p>See previous page</p>	<p>2-1-10</p>	<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>IS IN ORDER + IN FUTURE, ALL INFORMATION + DOCUMENTS WILL BE COMPLETED + FILED IN RESIDENT'S FILE IN A TIMELY + PROPER MANNER UPON RESIDENT'S ADMISSION</p> <p>Resident # 2 will have the identifying MARKS updated the the Resident Record.</p> <p>Administrator will audit all Resident Records for compliance. JAH 6-17-10</p>	<p>see previous page</p>