



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
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**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 31, 2011**

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 licensing inspection on August 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

Sincerely,

A handwritten signature in black ink that reads "Michael Moskalczyk".

Regional Licensing Administrator

Enclosure  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Andsher Personal Care Home, 20 North Kennedy Drive, McAdoo, Pennsylvania 18237		<b>CURRENT LICENSE NUMBER</b> 242511	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 20, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk and Betty Bloch	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> ANDREW J. SHIRKNESS ADMINISTRATOR			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Andrew J. Shirkness</i>	<b>DATE</b> 12-10-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Doreen C. [Signature]</i>	<b>DATE</b> 1-28-11

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
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).	Direct care staff person A, date of hire 6/9/10, did not have a PA criminal history background check completed within 30 days of hire, in accordance with the OAPSA. The background check was completed on 8/17/10.	8-17-10 + ONGOING	CRIMINAL HISTORY CHECKS WILL BE DONE FOR ANY NEW HIRE, WITHIN THE 30 DAY PERIOD FROM THE 15 <sup>th</sup> DAY OF HIRE.  Administrator will develop a new employee check list to items to be secured at the time of hire. Check list will indicate the need to secure a criminal background check immediately upon hiring. Administrator will track	Steps have been taken to correct violation; full compliance is not verifiable Date 1-28-11 Initials (DPW) DCB
52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	This staff person was retained beyond the 30-day provisional hiring period.	on going		

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for return of PA Criminal History Background check within 30 days. New employees will not be returned beyond 30 days of criminal background check not returned. Doreen 1-28-11

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>		<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Diane Valence</i>
			<b>DATE</b> 1-28-11

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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>The following poisonous materials were found on a shelf in the hallway storage closet adjacent to bedroom # 1; the closet did not have a door on it on:</p> <ul style="list-style-type: none"> <li>• (3) - 13.5 fluid ounce bottles of Antibacterial Foaming Hand Soap</li> <li>• (2) - 27.0 fluid ounce bottles of Sanis Hair and Body Wash</li> </ul> <p>The labels on both of these products stated: "If swallowed, get medical help or contact a Poison Control Center right away".</p> <p>All of the residents of the home are not able to safely use poisonous materials.</p> <p><b>Repeated violation – 5/19/10, et al</b></p>	<p>Aug 2010 ONGOING.</p>	<p>A door + auto locking lock was installed to keep the poisonous materials locked up on the hallway closet the basement door + other door.</p>	<p>DCV 1-28-11</p>

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144d Smoking outside of the smoking room is prohibited.	A strong odor of cigarette smoke was detected on the second floor, emanating from bedroom #16, occupied by resident #1. The door to the room was locked when ARL knocked and attempted to enter. When resident #1 finally opened the door, upon entering the room, the smell of smoke was increasingly strong. ARL questioned resident regarding smoking in the room and the resident stated that they are not allowed to smoke in their rooms. Located on the window sill and the floor below this window were cigarette ashes. Later, during this inspection at approximately 1:00pm, the occupant of this room came to the facility office and admitted to smoking in their bedroom.	8-20-10 ongoing  2-15-11 and on-going	<p>██████████ ADMITTED          TO SMOKING OUT ██████████          WINDOW = WITH R.T.P.          MURPHY'S HELP WAS          TAKEN TO + AGREED TO          COMPLY WITH THE SMOKING          POLICY</p> <p>Administrators will in service all residents and staff on the Home's smoking policy by 2-15-11 and provide DPW with written documentation that in service was completed and signed by residents and staff.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2-15-11          Initials (DPW): D.V.</p>

Administrators and staff to monitor daily all resident rooms to ensure residents are not smoking in their rooms or Bath rooms. Administrators must enforce Home Rule regarding smoking. Dec 1-28-11

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Andrew Shearness</i>	<b>DATE</b> 12-10-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Diane Wallace</i>	<b>DATE</b> 1-28-11

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181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	The staff maintains and administers medications for resident #1. However, this resident carries on their person and uses two inhalers for treatment of emphysema. This resident purchases own inhalers from a local drug store. The staff was unaware that this resident had two inhalers, were marking the medication administration record (MAR) as administering the Servent Diskus 2x a day at 8:00am and 8:00pm, when the resident has possession of this medication. The resident's second inhaler is Albuterol, which is not being marked on the MAR as being administered but per this resident is used several times a day. There is a discrepancy between the resident's ability to self-administer their own medications and which medications the home is administering to this resident.	8-20-10 + ONGOING	<p>██████████ WAS FOUND A. SCRIPT BY DR. ██████████ AT THE TIME OF INSPECTIONS STAFF ██████████ SELF-ADMINISTERED ██████████</p> <p>(2) INHALERS + IT WAS REISSUED FROM THE MAR + THE RESIDENT IS NOW RESPONSIBLE FOR SELF-ADMINISTRATION.</p>	DCV 1-28-11

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Andrew J. Burkness</i>	<b>DATE</b> 12-10-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Doreen Valente</i>	<b>DATE</b> 1-28-11

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The following medications that were stored in the medication drawer did not contain the dates in which they were removed from the protective foil over wrap, as noted below:  • The manufacturer's box and disk were undated as to when resident #2's Advair Diskus 100/50 medication was first opened for use. It was not in the foil over wrap or in the box at the time of inspection. The manufacturer's box indicated: "Discard the DISKUS 1 month after removal from the moisture-protective foil over wrap or after all the blisters have been used"... "whichever comes first". In addition, the pharmacy had a separate label on the box which indicated: "Discard unused portion after this expiration date of". Handwritten on the label	AUG 20 <sup>TH</sup> 2010  ONGOING	A NEW PLASTIC BAG WITH PHARMACY LABEL WAS SENT BY STANDARD DRUG STORE TO THE N. WISCONSIN  • ALL WHOLELY WILL BE ORDERED + KEPT IN THE ORIGINAL BOX OR BAG. • DISCARDED WHEN IT EXPIRES.  <i>Administrator will check all resident medications to ensure that there are no expired medications Administrator will cross check each resident's medication Administration Record against all medications on hand for each resident to ensure there are no discrepancies</i>	Dev 1-28-11

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Andrew J. Siverkowsky</i>	<b>DATE</b> 12-10-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Diane Volence</i>	<b>DATE</b> 1-28-11

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Continued from previous page.	<p>was "30 days after foil pouch opened".</p> <ul style="list-style-type: none"> <li>Resident #3's Advair Diskus 100/50 medication disk was not in the manufacturer's box and was undated as to when it was first removed from the protective foil over wrap for use.</li> </ul> <p>Resident #4 Novolog insulin vial was dated 6/7/10 and was currently being used. The manufacture's label states to discard 28 days after initial use.</p>	<p>AUG 2011 2010. ONGOING.</p>	<p>A CALENDAR WITH THE DATES IN WHICH THE INSULIN EXPIRES SHOULD BE PLACED IN THE VIAL. THIS INSULIN IS BEING USED ON THE VIAL. THIS INSULIN IS ILLEGAL. THIS WILL BE MONITORED BY STAFF + ADMINISTRATION.</p>	<p>See page 596 for verification</p>

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