

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate ANDSHER PERSONAL CARE HOME

Located at 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237

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 February 2, 2012 until February 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242510

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 03 2012

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

Mr. Andrew J. Sherkness, Administrator
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 December 21, 2011 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

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, PA 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATES (Include all dates of the inspection) 12/21/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ANDREW J. SHANKNESS ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Andrew J. Shankness</i>	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proskoczynski</i>	DATE <i>1-12-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Bedroom #2 shared by two residents only contain one chair.	<i>AT TIME OF INSPECTION 12-21-11</i>	<i>A CHAIR WAS PUT IN ROOM #2 AT TIME OF INSPECTION ROOMS WILL BE CHECKED FOR THE NECESSARY ITEMS A MIRROR CHECK + A CHAIR FOR EACH RESIDENT CHECK IS ADDED TO OUR DAILY CHECKS LET FOR STAFF COPY ENCLOSED</i>	<i>mm 1-12-12</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, PA 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATES (include all dates of the inspection) 12/21/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz	
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 <i>Andrew G. Shubert</i>	DATE 1-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No Sialczyk</i>	DATE 1-12-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
101j6 Each resident shall have the following in the bedroom: A mirror.	Bedroom #7 shared by two residents did not contain a mirror.	AT TIME OF INSPECTION 12-21-11	A MIRROR WAS ADDED TO ROOM #7 AT TIME OF INSPECTION. MIRROR HAD FALLEN BEHIND CRIBBER - A CHECK IS BEING ADDED TO TO OUR STATE- ONLY CHECKS LIST - WILL COME ON IT ONLY BASIS TO INSURE COMPLIANCE. COPY ENCLOSED.	MM 1-12-12

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

#2571 P.006 / 014

ANDSHER PERSONAL CARE

01/11/2012 12:13 570-929-1580

NAME AND ADDRESS OF PERSONAL CARE HOME ANDSHER PERSONAL CARE HOME, 20 NORTH KENNEDY DRIVE MCADOO, PA 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATES (Include all dates of the inspection) 12/21/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz	
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 <i>Andrew O'Grady</i>	DATE 1-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalevsky</i>	DATE 1-12-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a 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.	<p>The annual medical evaluation for Resident #1 was not dated. It was unable to determine when the medical evaluation was completed.</p> <p>An initial medical evaluation was not completed for resident #2 date of admission 5/26/2011. The most recent medical evaluation in the resident's record was dated 10/22/2010 which was completed more than 60 days prior to admission.</p> <p>An initial medical evaluation was not completed for Resident #3, date of admission 7/1/2011. The most recent medical evaluation was dated 2/28/2011 which was completed more than 60 days prior to admission.</p>	<p>→ 12/21/11 AT TIME OF INSPECTION</p>	<p>RESIDENT #1 [REDACTED] MED EVAL WAS FAXED TO DR. [REDACTED] - RETURNED [REDACTED] AT TIME OF INSPECTION - ENCLOSED</p> <p>MA-51 - MED EVALUATIONS WILL BE RETURNED TO [REDACTED] THE DOCTOR HAS COMPLETED CORRECTLY.</p> <p>RESIDENT #2 + #3 WERE COMPLETED ON DOCTOR [REDACTED] 1-10-12 + COPY IS ENCLOSED</p> <p>FUTURE MED EVALS - MA-51 WILL BE DONE WITHIN THE 60 DAYS PRIOR TO ADMISSION OR WITHIN 30 DAYS AFTER</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date _____ Initials (DPW) _____</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, PA 18237		CURRENT LICENSE NUMBER 242510	
INSPECTION DATES (Include all dates of the inspection) 12/21/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz	
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 <i>Andrew G. Sheehy</i>	DATE 1-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No. 8121271/c</i>	DATE 1-12-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home did not have a weekly menu or a menu posted 1 week in advanced in a conspicuous and public place in the home.	12-22-11	THE MENU THAT WAS POSTED IN OUR KITCHEN WAS COPIED - NOW POSTED IN OUR DINING ROOM. IT IS A 6 WEEK MENU + IS NUMBERED AS TO WHAT WEEK IS THE PRESENT WEEK'S MENU. PREPARED INCLUDED -	<p>Steps have been taken to correct violation; full correction is not verifiable</p> <p><i>[Signature]</i> Date: <i>[Signature]</i> Initials (DPW)</p>