



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 0 4 2014

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

RE: Andsher Personal Care Home
License #: 242510

Mr. Sherkness:

As a result of the Department of Public Welfare's licensing inspection on December 4, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period February 19, 2014 to February 19, 2015 was issued on November 27, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary


Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 12/4/13, at 9:15am Department Representatives requested staff records, administrator training and medication training. After completing the inspection at 1:15pm Department Representatives still did not have the above noted records. Administrator A reported the records were not in the facility and they would need to be located at home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I, the administrator will keep records at the facility and immediately available for inspection upon request, at all times. My designee shall provide records also, upon request, as necessary for inspection.
 All records were returned to the facility by 12/5/13 and filed in order so that they may upon request be inspected easily. That was my original intention, to have all files in order so that the upcoming inspection could go much smoother. I will comply with this in the future.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/27/2012
Signature of Legal Entity Representative (Required on EVERY Page)	
	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andrew J. Sherkness, Administrator	12/17/ 2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/6/14
 (Date)

Plan of correction implementation status as of 1/6/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by M
 (Initials)

Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract in the record for resident #1 was signed by the resident and administrator but, not dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All future contracts will be signed by the administrator, the resident and the payer, and more designated person, and will be dated. The administrator will check all records to ensure that they are complete and correct in the future. The contract of resident number one was corrected at time of inspection with the proper date that was inadvertently omitted.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Andrew J Sherkness, Administrator		12/17/13

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The above plan of correction was approved by	<u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	


Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

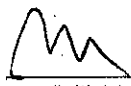
2a. DESCRIPTION OF VIOLATION
 Administrator A completed 18 of the required 24 hours of annual training for 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator completed 18 of 24 hours in 2012, because of a class cancellation in December 2012, the final six hours of training could not be completed. With the knowledge on how to complete online courses I have completed the six hours to make up for 2012, and have completed an additional 12 hours of online courses for 2013. Enclosed is a copy of the 18 hours of online courses recently obtained. The administrator will in the future make sure to complete 24 hours of annual training in a calendar year.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Sherkness, Administrator		Date 12/18/2013	

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Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's last fire safety inspection and fire drill was conducted on 8/18/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

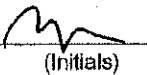

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A fire safety inspection and fire drill were conducted in August 2013 documentation of this fire drill and fire safety inspection are attached. Both inspection and fire drill records were not able to be located at time of inspection but will be kept in file and orderly at all times for future availability and inspection.

See attached:

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/27/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Andrew J. Sherkness, Administrator		12/11/2013

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Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The ashtrays located in the homes designated smoking area contain 2 lollipop wrappers, empty cigarette box, a tissue, 7 cigar wrappers and an empty match pack causing a potential fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The ashtrays in the designated smoking area were cleaned at the time of inspection. To ensure proper safeguards to prevent fire hazards involved in smoking staff will check ashtrays and the designated smoking area every two hours during the day, to clean up any potential fire hazard and ensure the safety of our smoking area. Ashtrays will be emptied on a daily basis by staff. Residents will also be instructed of the proper disposal of such items as lollipop wrappers empty cigarette boxes tissues cigar wrappers empty match packs etc.

The administrator shall monitor for ongoing compliance.

M
1/6/14

Repeat Violation: No | Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Sherkness*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Sherkness, Administrator | Date 12/12/13

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Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 & #3 take their medications to program during the week, neither resident is assessed to self administer their medications.

Resident #2's DME dated 6/14/13 notes resident needs assistance with storing, and scheduling of medications.
 Resident #3's DME dated 6/14/13 notes resident cannot self-administer medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residence #two and # three, [redacted] and [redacted] do attend program three days a week both residents were evaluated by Dr. [redacted] and a new DME was completed for both residents to assess that both may self administer their medications during the time they attend program. A copy of the new DME dated 12/19/13 is attached for both residents. [redacted] And [redacted] Residents will be evaluated for such situations in the future by their family doctor and proper notation will be made to resident DME forms in the future.

See attached:

- The administrator shall monitor and assure ongoing compliance.

m
1/6/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Andrew J Sherkness</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator		Date 12/19/2013

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Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Resident room #11 contained a 24 tab box of Alka-Seltzer on the dresser table. The medication was not secured and was accessible to other residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident room # 11 belongs to [redacted] was made aware that his box of Alka-Seltzer cannot be kept in his room unless we obtain a lockbox for such items [redacted] agreed to keep any type of medication secured in the office for use by him as needed. Staff is aware that such items may not be in resident rooms and to ensure this staff will check resident rooms daily for such items. Residents will also be instructed as to what they may keep in their rooms and if so all medications OTC's etc. must be in a lockbox in their rooms if they so desire. Administrator will ensure that staff monitors this on a daily basis. Correction was made and the Alka-Seltzer was removed at the time of inspection.

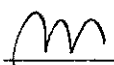
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Sherkness, Administrator Date 12/12/13

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Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B reported to Department Representatives that Resident #2 & #3 take their medications to program with them during the week. Direct care staff person B will pop the specific medication that needs to be administered in the afternoon into a pill case and then give it to the residents to take with them. The medications are being popped out of the original containers and more than 2 hours before the administration time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff had been giving medications to resident #2 and resident #3 to take their meds to program. It has been approved by Dr. [redacted] in writing that both [redacted] and [redacted] may self administer their meds during program hours. Standard drugstore was made aware of this and has agreed to make a separate card for those days that both residents attend day program. These medications will be sent in a card or a vial made up by standard drugstore for both residents to take with them to program. Attached is the DME from Dr. [redacted] stating his approval by signing a new DME. In the future such orders will be obtained from their family doctor and arrangements will be made with standard drugstore to provide us with a viable solution for residents to take their meds to such programs so they may self administer their own medication. Staff has been made aware that they may not pop out specific medication and administrator will ensure that if medication needs to be taken arrangements will be made so that standard drugstore can pop specific meds out and put in files or med cards for any particular resident to take with them.

The administrator will assure that all medications are kept in their original labeled containers. Medications shall not be removed from their original containers more than 2 hrs in advance of the scheduled administration. The administrator shall monitor for ongoing compliance. Mr 1/6/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Andrew J. Sherkness

Printed Name and Title of legal Entity Representative (Required on EVERY Page.) Andrew J. Sherkness, Administrator

Date 12/17/13

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1/6/14
 (Date)

Plan of correction implementation status as of

1/6/14
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #4's PRN naproxen was not on hand at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

██████ resident # four, has not been taking her PRN naproxen for some time, that was one reason for a med card to not be on hand at the time of inspection Dr. ██████ was notified and has written orders to discontinue naproxen 250 mg tablets taken one tablet twice a day as needed for pain. This was discontinued as of December 5, 2013 by Dr. ██████ Such medications will be reviewed by staff on a daily basis and if a situation arises such as this the prescribing doctor will be notified as to whether such medications should be continued or discontinued for future use. The administrator make sure that staff is monitoring on a daily basis to ensure all residents are getting their proper medications and the proper use of their medications.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Sherkness, Administrator			Date 12/17/13

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Violation Report: 24251 - 12/04/2013 - Novak, Ryan
 PCHName: ANDSHER PERSONALCAREHOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

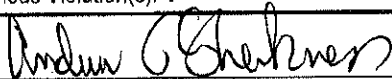
Resident #3's medication administration record for Polyethylene Glycol reads stir one capful into 4oz of water daily. The label to the bottle reads stir two capfuls into 8oz of water daily, which is also the current order. The home is not following the prescriber's orders.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

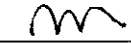
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #3, [REDACTED] MAR for polyethylene glycol was incorrect, Dr. [REDACTED] was notified and wrote orders for the proper directions for use of polyethylene glycol the medication administration record MAR was corrected to correspond with the correct current orders. Staff will be advised to check all such medications to ensure that the MAR corresponds with the current prescription label. This will be done on a daily basis and will be monitored by the administrator to ensure accuracy in this area of medication administration.

See attached:

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew JSherkness, Administrator		Date 12/12/13

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