



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

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

RE: Andsher Personal Care Home
License #: 242510

Dear Mr. Sherkness:

As a result of the Department of Human Services' licensing inspection on November 19, 2014 and January 29, 2015 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, 2015 to February 19, 2016 was issued on November 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

18 H

Enclosure
License Inspection Summary

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS 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
11-19-2014, at 9AM, Department representatives requested staff records, resident records, administrators training and medication training. The home's administrator/owner stated that the records requested were not at the facility, they were located at his 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.

The administrator will ensure that all records including staff records, resident records, and administrator's records, will remain in the facility at all times and made available upon request to any agent of the department upon their request.

Repeat Violation: No	Date(s) of Previous Violation(s):	11/04/2013	11/27/2012
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Signature of Legal Entity Representative (Required on EVERY Page)
Andrew J. Sherkness

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness
Date 12-26-14

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

The above plan of correction is approved as of 11/2/15
(Date)

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

Plan of correction implementation status as of 1-29-15
(Date)

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

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
Contracts for resident #1, admitted on 6-23-13; resident #2 admitted on 8-19-14; resident #3 admitted on 5-8-14; and # 4 admitted on 10-18-13 were not available in the 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.

Contracts are available for all residents.
The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and be made available, upon request, to any agent of the department upon their request

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 Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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The above plan of correction is approved as of 1/12/15
(Date)

Plan of correction implementation status as of 1/29/15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.51 - 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 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
The home's administrator did not have available the following staff persons' criminal background checks for the following staff persons, staff persons "A" DOH 06-24-13, B" DOH 12-01-13,"C" DOH 08-06-11and "D" DOH 06-04-B7.

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.
Criminal background checks for all staff persons are kept in staff file. The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the department upon their request.

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 Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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(Initials)

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(Date)

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Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (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 direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home's administrator was not able to provide proof that the following staff had the required educational requirements of a high school diploma, GED or a current CNA certificate for staff persons "A" DOH 06-24-13, "B" DOH 12-01-13, DOH and "C" DOH 08-06-11.

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 staff have the required educational requirements of a high school diploma, GED or a current CNA certificate. The homes administrator will ensure that all records including staff records, resident records, and the administrators records, will remain in the facility at all times and made available upon request to any agent of the department at all times upon their request

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Andrew J. Sherkness</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Andrew J. Sherkness	Date	12-26-14
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The above plan of correction was approved by	<u>M</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented	<u>AD</u>
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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The home's administrator did not have available the home's staffs' current CPR and first aid certification. It could not be determined if the home had coverage on all 3 shifts for CPR and First Aid on 11-09-14 and 11-16-14.

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.

CPR

Current first aid and CPR certification are kept in staff files. The regulation that at least one staff person for every 50 residents must be trained in first aid and certified in obstructed airway techniques and CPR be present in the home at all times is followed and in compliance with Andsher PCH staff. All staff are currently certified in CPR and first aid.

The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the department at any time upon their request.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2014

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

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS 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

The home's administrator was not able to provide their annual record of 24 hours of annual administrative training for the training year of 2013.

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 has 24 hours of annual training for the year 2013 and the year 2014. Training certificates are kept in administrator training file. The administrator will ensure that all records including staff records, resident records, and administrators records, will remain the facility at all times and made available upon request to any agent of the Department at any time upon their requests.

2013 - ok

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 Andrew J. Sherkness Date 12-26-14
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress AD <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

The home's administrator did not have available staff training records for staff person "C" for the training year of 2013. It was not possible to measure if the home provided the required 12 hours of annual training for its direct care staff for the training year of 2013.

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 direct care staff persons have at least 12 hours of annual training relating to their job duties every year. 2013 and 2014 annual training's are kept in staff training files. The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the Department at any time upon the request.

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 Andrew J. Sherkness Date 12-26-14

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The above plan of correction was approved by *AM* (Initials)

Plan of correction implementation status as of 1/29/15 (Date)

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

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 PaCode §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home's administrator did not have available staff training records for staff person "C" for the training year of 2013. It was not possible to determine if the home has provided training on all required topics.

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.

Training topics for the annual training for direct care staff persons which include medication self administration training, instructions on meeting the needs of the residence as described in the preadmission screening form assessments and medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, and care for residents with mental illness or mental retardation or both if the population is served in the home. All topics are covered in the annual training of staff and a training record is kept in staff training file. The training for 2013 and 2014 were complete.

*The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the department at any time upon their request.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative Andrew J. Sherkness
(Required on EVERY Page)

Date 12-26-14

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11/21/15
(Date)

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11/29/15
(Date)

The above plan of correction was approved by

(Initials)

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- Partially Implemented - Adequate Progress AD
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- Not Implemented

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's administrator did not have available a record of training for its direct care staff, for the training year 2013, on the required topics of fire safety; emergency preparedness; resident rights; The Older Adult Protective Services Act; Falls and accident prevention and new or special populations. Staff person "C" DOH 08-06-11, annual training was to be measured and was not available on site to be reviewed. It cannot be determined if the home provided annual training for 2013 for staff person C or any other staff person for staff records were not available.

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 staff were trained in the year 2013 other required topics of fire safety; emergency preparedness; resident rights; the older adult protective services act; falls and accident prevention and new or special populations. All staff were also trained in the year 2014 on those required topics. Copies of all trainings are kept in staff training files and maintained at the home. The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made up available upon request to any agent of the department at any time upon their request.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Sherkness*

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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(Date)

Plan of correction implementation status as of 1/29/15
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress **A0**
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident# 5 has connected to the bed, a home-made 1/2 bed rail. There are several large gaps in the apparatus that may allow for this residents limbs or head to become stuck or entrapped, posing a hazard to the resident while in bed.

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 number five, [redacted] had the bed rail that she used removed after the time of inspection and a new bed rail was ordered and a covering placed over the large gap as directed by inspector Michele M. the new bed rail is currently in use by [redacted]

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 Date 12-26-14

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION
Located in the hallway linen closet, across from bedroom # 1 were a total of 10 bottles of SANIS hair and body wash and foaming hand soap which were unlocked and accessible to resident. Bottle instructions indicated to contact poison control if swallowed. All residents have not been assessed to safely use these items.

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.

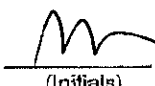
The 10 bottles of SANIS hair & body wash and foaming hand soap were removed from the hallway linen closet at the time of inspection. Since that time a padlock was installed and kept locked. All residents are assessed to be able to safely use or avoid poisonous materials, but the lock was put in use and will continue to be locked on that closet and all areas where poisonous materials will be kept.

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 Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
Bedroom #4 at 11:30AM, the temperature was 63°F. The resident sitting in the room stated that the room is usually very cold, especially in the winter months.

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 indoor temperature in bedroom number four was adjusted to a temperature of at least 70° the day of inspection. Bedroom number four has an electric thermostat controlled in wall heater that needed to be adjusted. The temperature will be monitored on a daily basis by staff and administrator and regulated as needed for comfortable temperature control of at least 70°F.

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 Date 12-26-14

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Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS 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 last fire drill and fire safety inspection held by a fire safety expert was held on 8-30-13.

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 was conducted by fire safety expert [redacted] on December 20, 2014 documentation was obtained at the time of the fire safety inspection and fire drill and will be maintained in our fire drill files at the home. The last fire drill and fire safety inspection was held on August 30, 2013. It was discussed at the most recent fire drill and safety inspection that such drills will be completed by the months of August or September on a yearly basis this to past year be an exception with many different extenuating circumstances taking place and delaying such inspection and drill . The administrator will ensure that the fire safety inspection and fire drill will be conducted within the months of August and September 2015

12/12/14 letter
1/29/15
AD

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2013 11/27/2012

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 Date 12-26-14

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- Fully Implemented AD
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Violation Report: 24251 - 11/19/2014 - O'Haire, Anne

PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(g) - 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.

2a. DESCRIPTION OF VIOLATION

The last 2 sleep hour fire drills held at the facility were held on 4-28-14 at 11:05pm and on 10-28-14 at 11:00PM. Both drills, 2 staff persons participated. According to the staff schedule, 1 staff person works 11PM to 7AM. Additional staff was present for both drills.

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.

Our last two sleep hour fire drills held at Andsher PCH were held at a time when one staff shift was finishing and our night shift staff was just coming on. Future sleep hour fire drills will be held at Andsher PCH at a time when only night shift staff will be on-duty and participate in the fire drill. Administrator will ensure that we are in compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 12-26-14

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Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The administrator/owner stated that the home has 2 designated meeting places, one is located in the front of the building and the other is located in the back (rear) of the building. During the 3rd shift at the facility, only 1 staff person is present and it was determined that 1 staff person would not be able to account for all the residents of the home when and if they were evacuated to both the front and rear of the building at the same 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.

During our recent fire safety inspection and fire drill which was completed on December 20, 2014 by fire expert [redacted] it was discussed that our designated meeting place away from the building shall be to the front of our building on the sidewalk North of our address so that fire fighters and emergency personnel can access the building without having residents possibly be in the way. So it shall be designated that the one meeting place shall be in the front of the building. All residents exiting the rear exits will be required to walk the north sidewalk to the front of the building and to the designated front meeting place where all residents may be accounted for at the time of evacuation.

The administrator shall monitor and assure ongoing compliance.

M
1/30/15

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 Date 12-26-14

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The above plan of correction is approved as of 1/2/15 (Date)

Plan of correction implementation status as of 1/29/15 (Date)

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

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
There were no DME's available for resident #1, admitted on 6-23-13; resident #2 admitted on 8-19-14; resident #3 admitted on 5-8-14; and resident #4 admitted on 10-18-13.

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 residents do have a medical evaluation completed in compliance with this regulation
The administrator will ensure that All residents will have a medical evaluation done within 60 days prior to admission or within 30 days after admission.
The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the department upon their request at any time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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	Date 12-26-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/29/15</u> (Date)	Plan of correction implementation status as of <u>1/29/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress AD <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident # 5, admitted 12-19-03, their last available DME was dated 6-14-13.

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 residents have medical evaluation done at least annually. Incomplete files at the time of inspection resulted in resident # 5 not having to last DME available. Resident #5 has a completed DME in their file. The administrator will ensure that all files are complete and in order and available in the home for inspection at any time. The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the department upon their request at any time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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	Date 12-26-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/24/15</u> (Date)	Plan of correction implementation status as of <u>1/29/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress AD <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24261 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(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

The home's administrator did not have available the home's medication administration training records on site to be reviewed on the date of the inspection. There is no evidence any of the home's staff are trained to administer medication.

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 required staff are trained in medication administration and these records are kept in staff medication training file in the home. These completed trainings were not available at the time of inspection. The administrator will ensure that all trainings in the future will be kept at the home to be reviewed at any date of inspection. All of the home staff that are trained to administer medication are currently up to date with medication administrator training.

The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the department upon their request at any time.

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

Date 12-26-14

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

The above plan of correction is approved as of 11/21/15
(Date)

Plan of correction implementation status as of 1/29/15
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
The home's administrator did not have available the home's Medication Administration Trainer's current recertification that was reported to have been completed on line in 2014 by staff person "D", the home's administrator.

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 record of training is kept on all staff persons trained. The date, the source, the name of trainer, and the documentation that the course was successfully completed, are kept on file in the staff medication training file.
The home's medication administration trainer [redacted] has been recertified in 2014.
The current certificate is posted in both administrator's training file and the staff medication administration training file.
The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the Department upon their request at any time.

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

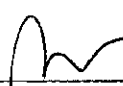
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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

The above plan of correction is approved as of 1/12/15
(Date)

Plan of correction implementation status as of 1/29/15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There were no pre-admission screenings available for resident #1, admitted on 6-23-13; resident #2 admitted on 8-19-14; resident #3 admitted on 5-8-14; and #4 admitted on 10-18-13.

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.

Preadmission screenings as well as all of current resident files shall be kept in order in resident files at the home at all times. Resident # 1, resident # 2, resident # 3 and resident # 4 all have current preadmission screenings.


Administrator will ensure that all records including staff records, resident records, and administrators records will remain in the facility at all times and made available upon request to any agent of the department upon their request at any time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness (Required on EVERY Page) Date 12-26-14

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The above plan of correction was approved by  (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 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #5, admitted 12-19-03, their last available assessment was dated 7-9-13. The annual assessment was not completed for 2014.

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 #5 has an annual assessment that was completed 7-2014. The annual assessment was not available at the time of inspection. The administrator will ensure that all resident files will be completed and available at all times. The administrator will ensure that all records including staff records, resident records, and administrators records, will remain in the facility at all times and made available upon request to any agent of the Department upon their request at any time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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(Date)

Plan of correction implementation status as of 1/29/15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - 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.

2a. DESCRIPTION OF VIOLATION

There were no support-plans available for resident #1, admitted on 6-23-13; resident #2 admitted on 8-19-14; resident #3 admitted on 5-8-14; and resident #4 admitted on 10-18-13.

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 residents requiring personal care services have a written support plan developed and implemented within 30 days of admission to andsher personal care home. The support plan is kept in the residents file. Support plans for resident #1, resident #2, resident #3 and resident #4 were all completed but unavailable at time of inspection.

The administrator will ensure that all records including staff records resident records and administrators records will remain in the facility at all times made available upon request to any agent of the department upon their request at any time.

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 Andrew J. Sherkness
(Required on EVERY Page)

Date 12-26-14

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The above plan of correction is approved as of

11/2/15
(Date)

Plan of correction implementation status as of

1/29/15
(Date)

The above plan of correction was approved by

AS
(Initials)

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

Violation Report: 24251 - 11/19/2014 - OHaire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

The support plans for the residents residing in the home are not available for staff to review and follow.

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 support plan for all residents residing in the home or completed for each resident at least once a year. The support plans shall be made accessible to direct care staff persons at all times in the residents file in the home at all times for staff to review and follow.

The administrator will ensure that all records including staff records resident records and administrators records will remain in the facility at all times and made available upon request to any agent of the department upon their request at any time

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 Andrew J. Sherkness
(Required on EVERY Page)

Date 12-26-14

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11/27/15
(Date)

Plan of correction implementation status as of

1/29/15
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.251(a) - A separate record shall be kept for each resident.

2a. DESCRIPTION OF VIOLATION
The home is using a computer program to generate resident's pre-admission screenings, assessments, support plans (RASP) and documentation of medical evaluations (DME) without a department approved waiver. The home is not using standardized forms to record information in resident's records.

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 separate record is kept for each resident of Andsher personal care home.
The Tabula computer program is used to generate residents preadmission screening's, assessments, support plans (RASP) and documentation of medical evaluations(DME) and all general resident information.
A department waiver was applied for the day after inspection, approved, and issued.

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 Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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

The above plan of correction is approved as of 1/12/15 (Date)

The above plan of correction was approved by *AS* (Initials)

Plan of correction implementation status as of 1/29/15 (Date)

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

Violation Report: 24251 - 11/19/2014 - O'Haire, Anne
PCH Name: ANDSHERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.251(d) - Separate resident records shall be kept on the premises where the resident lives.

2a. DESCRIPTION OF VIOLATION
There were no resident records available in the home for resident #1, admitted on 6-23-13; resident #2 admitted on 8-19-14; resident #3 admitted on 5-8-14; and #4 admitted on 10-18-13.

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.

Separate resident records are kept on all current residents, and shall be kept in the home, in the office, at all times.
The administrator will ensure that all records including staff records, resident records, and administrator's records, will remain in the facility at all times and made available upon request to any agent of the department upon their request at any time.

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

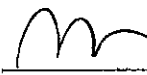
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Andrew J. Sherkness Date 12-26-14
(Required on EVERY Page)

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