



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 14 2016

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

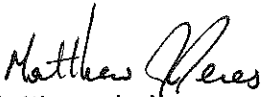
RE: Andsher Personal Care Home  
License #: 242510

Dear Mr. Sherkness:

As a result of the Department of Human Services' annual licensing inspection on November 13, 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.

Sincerely,

  
Matthew J. Jones  
Director <sub>3H</sub>

Enclosure  
License Inspection Summary



Violation Report: 24251 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A (Date of Hire 9/27/15), did not have a Certificate of Completion for the direct care training course and Competency Test.

**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 DIRECT CARE TRAINING COURSE + COMPETENCY TEST FOR JOOY BUSHNOK WAS COMPLETED + A COPY WAS GIVEN AT THE TIME OF INSPECTION. THE ADMINISTRATOR WILL MAKE SURE ALL FUTURE NEW EMPLOYEES COMPLETE ALL NECESSARY TRAININGS IN THE FUTURE.

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) (ADMINISTRATOR) ANDREW J. SHERKNESS Date 12-17-15

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

The above plan of correction is approved as of <u>2-3-16</u> (Date)	Plan of correction implementation status as of <u>2/3/16</u> (Date)
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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24251 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 11/13/2015, at approximately 1:30 p.m., a circular bathmat in the bathroom closest to room 1 was found to be blackened with grime.

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 BATHMAT WAS REMOVED + REPLACED AT THE TIME OF INSPECTION. ALL BATHMATS ALONG WITH BATHMATS ARE MAINTAINED ON A DAILY BASIS + ALL BATHMATS WILL BE MAINTAINED + IF THEY ARE IN AN UNSATISFACTORY CONDITION THEY WILL BE REPLACED. THE ADMINISTRATOR WILL INSPECT ALL BATHROOM AREAS 2-3 X A WEEK. STAFF IS INSTRUCTED TO REMOVE + REPLACE ANY UNSATISFACTORY MATS + NOTIFY ADMINISTRATOR.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Shekness*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *(ADMINISTRATOR) ANDREW G. SHEKNESS*      Date *12-17-15*

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The above plan of correction is approved as of *12-3-16*  
 (Date)

Plan of correction implementation status as of *2-3-16*  
 (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 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home's fire alarm annunciator system indicated "trouble." A smoke detector in the basement was determined to be the cause of the trouble and needed to be replaced.

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 first - smoke detector was replaced which is to be done immediately + another similar fire detector this early morning of inspection day. CK alarm was called + service was sent out + this system was restored to an operable mode + the detector was replaced.

Our policy of staff making 15 minute bulletin checks, with implementation until repairs were complete + a copy was made + given to inspector after repairs made at time of inspection

All procedures will be followed for all future occurrences + will be the administrator's responsibility to make sure policy is followed.

Adm/Designee will double check annunciator system at least monthly. This will be reviewed at time home's fire drill log is updated monthly. Dg 2-3-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *(Administrator) Andrew J. Shubert*      Date *12-17-15*

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Violation Report: 24251 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
 Rewrapped leftover ham found in the upright Whirlpool Refrigerator/ Freezer was not labeled or 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.

The HAM BONE was discovered at the time of inspection. All staff were re-instructed as to the policy of labeling + dating all items ~~that~~ that are stored in the refrigerators + freezers.

Staff is to check on a daily basis on all items the contents of refrigerators + freezers to guarantee compliance. Administrator + supervisor will also check on a daily basis to guarantee compliance.

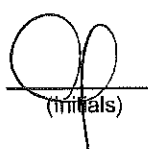
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Shekness*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR Andrew J. Shekness*      Date *12-17-15*

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Violation Report: 24251 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 A package of fish was found unsealed in the home's Energy Star upright freezer

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.

THIS BOX OF FISH WAS FOUND OPENED IN THE FREEZER + HAD TO BE RE-FREZED. THIS BOX WAS REMOVED + OBSERVED.

STAFF HAS BEEN RE-INSTRUCTED AS TO THE POLICY OF LABELING + DATING ALONG WITH CLOSING + SEALING ANY USED + STORED BOXES OR BAGS OR CONTAINERS IN ALL FREEZERS + REFRIGERATORS.

STAFF IS TO CHECK ON A DAILY BASIS ON ALL SHIFTS, THE CONTENTS OF ALL FREEZERS + REFRIGERATORS TO GUARANTEE COMPLIANCE.

ADMINISTRATOR + SUPERVISOR WILL ALSO CHECK ON A DAILY BASIS TO GUARANTEE COMPLIANCE.


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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR ANDREW J. SIERSKOWSKI*      Date *12-17-15*

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 (Initials)

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Violation Report: 24251 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

1 white sock and 1 cling free dryer sheet was found behind the home's dryer which is located in the basement.

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.

This sock + dryer sheet found along with any lint dust with cleaned or removed from the dryer prior to the time of inspection

Staff is instructed to inspect dryer rooms after every use to insure that any stray items are not located around or behind the dryers.

Administration will inspect the dryer rooms on a daily basis to guarantee compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Shumner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *(ADMINISTRATOR) ANDREW J. SHUMNER*      Date *12-17-15*

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Violation Report: 24251 - 11/13/2015 - Dumas, Gerald  
 PCH Name: ANDSHER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The PRN medication for resident # 1 Naproxen 220 mg, take 1 tab or 2 tablets by mouth as needed twice daily with food, administered on 11/6/15 and 11/9/15 did not include the time administered or response as per the homes Medication Administration Record.

The PRN medication for resident # 2 Ibuprofen 800 mg, tablet Take 1 tablet by mouth daily - did not include the time administered or response as per the homes Medication Administration Record.

**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 WILL BE RE-TRAINED IN THE AREA OF PRN MEDS.  
 STAFF WILL RECORD ON THE MED'S SHEET, TIME TIME ADMINISTERED + TIME RESPONSE FOR THAT INDIVIDUAL RECEIVING THE PRN MED.  
 ALL STAFF ARE INSTRUCTED TO CHECK THE MED'S AS THEY RECORD TO ENSURE THAT ALL PRN MEDS ARE RECORDED PROPERLY  
 SUPERVISOR + SUPERVISOR WILL CHECK EVERY TO ENSURE COMPLIANCE.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *(Administrator) Andrew J. Gierkowski*      Date *12.17.15*

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