



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
MAILING DATE: August 12, 2016

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

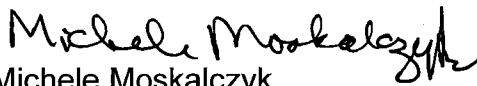
RE: Andsher Personal Care Home
License #: 242510

Dear Mr. Sherkness:

As a result of the Department of Human Services' licensing inspection on June 29, 2016 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,


Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 24251 - 06/29/2016 - OHaire, Anne

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

Two bottles of homemade pickles were found in the main upstairs kitchen's refrigerator with no date the item was opened and had no expiration date listed on the bottles.
One white deli food container with unknown food items was found in the Whirlpool brand refrigerator that 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.

ALL FOOD ITEMS WILL BE LABELED + DATED IN THE FUTURE.
THE STAFF IS REMINDED OF THIS WHICH SIGNS POSTED ON THE
FRIDGE + FREEZERS. THE SUPERVISOR OF STAFF [REDACTED] +
THE ADMINISTRATOR WILL MONITOR TO ENSURE COMPLIANCE OF
THIS IMMEDIATELY FOLLOWING INSPECTION.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SHEEHAN DOM.* Date *8-4-16*

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

The above plan of correction is approved as of <u>8/9/16</u> (Date)	Plan of correction implementation status as of <u>8/9/16</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 - 06/29/2016 - OHaire, Anne
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The home's freezers located in the basement area of the home had temperature readings of 10 degree Fahrenheit in the Whirlpool and Maytag brand freezers.

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 providers were notified + an internal thermometer was used to check + monitor the temperature of the freezers to get them to the desired temperature of 0°. Our service man informed us the freezer thermometer was used vary by as much as 5°-7° so we will monitor the temperatures with both the digital internal, and the regular freezer thermometer to insure the time of all readings stay at 0° or below. The supervisor, [redacted] + Administrator they will monitor to insure compliance. This will be followed immediately following recent violation

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SHUBERT* Date *8-4-16*

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The above plan of correction is approved as of <u>8/9/16</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>8/9/16</u> (Date) <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
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