



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

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 15, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24251 - 11/15/2016 - O'Haire, Anne
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION
 On 11/15/16, there was a washcloth lying on the shower chair in shower room E.

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 RESIDENT WHO SELF-BATHES LEFT THE WASHCLOTH AFTER SHOWERING, THE STAFF WILL CHECK THE BATHROOMS AFTER A RESIDENT BATHS OR SHOWER TO MAKE SURE THERE IS NO LAUNDRY LEFT BEHIND.

EVERY RESIDENT ALWAYS HAS THEIR OWN TOWEL, WASHCLOTH + SOAP AS NEEDED TO WASH OR BATH

THIS WAS CORRECTED AT THE TIME OF INSPECTION.

The administrator shall monitor for ongoing compliance.

1/3/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANDREW J. SCHUBERT	Date 12-22-16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/3/17
 (Date)

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

Plan of correction implementation status as of 1/3/17
 (Date)

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

Violation Report: 24251 - 11/15/2016 - O'Haire, Anne
 PCH Name: ANDSHER 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

Direct care staff person "A" DOH-██████████16 did not received training in Medication Administration and he /she had worked independently during the 11:00 PM to 7:00AM shift on the following dates:
 10-24-16;10-26-16;10-27-16;10-29-16;10-30-16;11-01-16;11-04-16;11-07-16;11-09-16;11-10-16 ;11-12-16 and 11-13-16.

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 PERSON ██████████ WILL SHORTLY FINISH TRAINING.

ALL FUTURE 11-7 STAFF WILL BE TRAINED IN MEDICATION ADMINISTRATION

ALL CURRENT STAFF WHO WORK INDEPENDENTLY ARE TRAINED IN MEDICATION ADMINISTRATION TO GUARANTEE 24 HOUR COVERAGE

The administrator shall monitor and assure ongoing compliance - M 1/3/17

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

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 Date 12-22-16

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Violation Report: 24251 - 11/15/2016 - O'Haire, Anne
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident # 1 's Polyethylene Glyco Powder laxative to be taken by mouth, 1 tablespoon dissolved in water taken as needed had an expiration date of 08-2016.

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 CURRENT VIOLATIONS WILL BE MONITORED FOR EXPIRATION DATES + ANY VIOLATIONS WILL BE SUBJECT OF PROPERLY WITHIN ALLOWED OR EXPIRED TO INBURY COMPLIANCE.

STATE WILL CHECK ON A DAILY BASIS AS VIOLATIONS ARE DISCOVERED + MAINTAIN REGISTER TO INBURY ALL VIOLATIONS ARE CURRENT + UP TO DATE

THIS VIOLATION WAS DISPOSED OF + CORRECTED AT TIME OF INSPECTION

The administrator shall monitor and assure ongoing compliance.

M
1/3/17

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 *12.22.16*

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Violation Report: 24251 - 11/15/2016 - O'Haire, Anne
 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 # 2's MAR's had an order for Artificial Tears drops to be used as need for an eye lubricant. The home did not have this medication available for use.

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 ARTIFICIAL TEARS DROPS WAS IS DISCONTINUED MED.
 THE, DR [REDACTED] IN PHARMACY WERE NOTIFIED AND THE
 MEDICATION WAS REMOVED FROM THE MAR. THE DAY OF INSPECTION.

THE STAFF + ADMINISTRATOR WILL MONITOR ON A DAILY BASIS
 ALL MEDS LISTED IN THE MAR BOOK, TO

THE PHARMACY, WHO CARRY'S THE MAR'S FOR US WAS
 NOTIFIED - WE WILL REVIEW THE CURRENT MAR'S ONLY + MAKE
 COUNCILS NECESSARY TO FUTURE, ALL MEDS ARE CORRECT.

A MAR CHANGE/DISCONTINUED WAS MADE AT THE TIME OF
 INSPECTION

The administrator shall monitor and
 assume ongoing compliance -

M 1/3/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew O'Gherness*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW O. GHERNESS* Date *12-22-16*

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Violation Report: 24251 - 11/15/2016 - O'Haire, Anne
 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

Resident # 2's following medications did not have a medical diagnosis listed on his/her MAR's for the following medications:
 Ventolin Inhaler, inhale 2 puffs 4 times a day.
 Spiriva Inhaler, inhale 1 cap refill 1 time a day

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

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THE DIAGNOSIS FOR THE INHALERS WAS LISTED AS (FOR BRONCHITIS).
 THE PHARMACY, WHO CREATES THE MAR'S FOR US WAS NOTIFIED TO CORRECT THE DIAGNOSIS ON THE MAR + THE CHANGE WAS MADE TO "COPD"
 → STAFF + ADMINISTRATOR WILL REVIEW MAR'S DAILY + NOTIFY THE PHARMACY OR THE DOCTOR IF ANY CHANGES OR CORRECTIONS NEED TO BE MADE TO STAY IN COMPLIANCE

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/13/2015	
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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 G. SHEEHAN* Date *12-22-16*

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Violation Report: 24251 - 11/15/2016 - O'Haire, Anne
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 3's annual support plan dated 8/22/16 indicates the resident requires prompting and cueing for personal hygiene. The resident's support plan is blank and does not document the plan, frequency, or responsible party for how this need will be met.

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

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[REDACTED] SUPPORT PLAN WAS CANCELLED AT THE TIME OF INSPECTION - CORRECTED.

TABLET WITH NOTIFICATION + TECHNICAL SUPPORT I-EX-10 THE GLITCH IN THE SUPPORT PLAN OF [REDACTED]

→ THE ADMINISTRATOR WILL REVIEW ALL FUTURE VISITS, THEY ARE OUT, AND AT THE SAME TIME THEY ARE I-EX-10 OUT + COMPLETED TO INSURE ALL NECESSARY INFO IS INCLUDED TO INSURE COMPLIANCE

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Sheehy Date 12-22-16

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