



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via fax to: 570-929-1580**  
**MAILING DATE: January 16, 2018**

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 September 14, 2017 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 24251 - 09/14/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

Resident #1's cash distribution record is not signed by the resident on 9/4/17 & 9/11/17.

The homes Administrator reports that Resident #1 will sign the cash distribution record weekly for the total amount the home will dispense in smaller increments throughout the week. The cash distribution record is not accurate as to when monies are being dispensed.

Resident #1 received 40.00\$ for his/her birthday and gave it to the homes Administrator to add to his/her account. The cash distribution record does not reflect the deposit of 40.00\$. The Administrator reports the monies are kept in a separate envelope for Resident #1.

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 [redacted] birthday money was not recorded but was kept in an envelope for him and distributed to him as he requested. We will record all future extra monies received by residents in a cash distribution record, and it will be signed for every time the resident requests money for personal use. We will also ensure that all resident cash distribution records will be signed at the time that any money transaction takes place for each particular resident. The cash distribution record will also reflect the exact amounts of money being distributed to each resident. [redacted] has received \$30 of his money and has signed for that money he received and the administrator will ensure that all monies received by residents in the future and distributed to residents will be recorded and signed for at the time the residents receive their money.

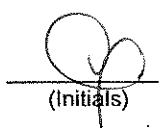
*The Administrator will oversee to ensure ongoing compliance. CP.*

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 Administrator Date 11-17-2017

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

The above plan of correction is approved as of <u>1-9-18</u> (Date)	Plan of correction implementation status as of <u>1-9-18</u> (Date)
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