



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 21 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' (Department) annual licensing inspection on October 26, 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.

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](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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

The most recent Licensing Inspection Summary, dated 11/15/16, was not posted in a conspicuous and public place 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.*

The most recent licensing inspection summary, dated 11/15/16, was posted at the time of inspection.  
 In the future the administrator will ensure that all proper licensing inspection summaries will be posted in a conspicuous and public place outside of the office.

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  
 (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 12-4-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12-4-17  
 (Date)

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

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza poster is not posted in a public conspicuous area of the home as required by The Influenza Awareness Act.

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 influenza poster which is required by The Influenza Awareness Act, was posted at the time of inspection.

The administrator will ensure that all future postings will be posted in a public conspicuous area of the home.

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, Administrator

Date 11-17-17

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(Date)

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(Date)

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 Partially Implemented - Inadequate Progress  
 Not Implemented

The above plan of correction was approved by

*AS*  
(Initials)

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The Administrator conducted a review of their quality management plan February 2, 2017. The minutes of the meeting did not include who participated in the meeting.

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 future quality management plan will include a statement of who participated in the Quality management plan development such as the administrator, supervisor, any staff, and or any residents who takes part in discussing and developing the quality management plan.

The administrator will ensure that this is implemented in all future quality management plans.

*The next quality Management plan review will include minutes, including who participated and topics of discussion to enhance quality care in the home. A copy of these minutes will be sent to the Northeast Regional office for review. A. 12-4-17*

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Andrew J Sherkness</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Andrew J Sherkness, Administrator	Date 11-17-17
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The above plan of correction was approved by <u><i>AS</i></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 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER 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  
 Direct care staff member A, hired 8/15/17, did not have a Pennsylvania State Police Criminal Background Check.

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.

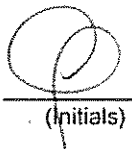
Direct care staff member [REDACTED] had a background check done while working at Davis manner South personal care home she was in the process of trying to obtain a copy of her background check and was unable to do so. A background check was completed recently. the Administrator will ensure that to work at Andsher PCH future background checks will be done on employees immediately upon hire.  
 Background check attached.

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 (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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Plan of correction implementation status as of 12-4-17 (Date)

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- Not Implemented

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER 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

Direct Care Staff Member A, hired 8/15/17, did not have a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry.

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.*

Direct care staff member <sup>A</sup> did not have her high school diploma available at the time of inspection, a copy of her transcripts were obtained from her high school as proof of her high school graduation.  
 The administrator will ensure that at the time of hire all employees will be required to provide a copy of a high school diploma or GED or active registration status on the Pennsylvania nurse's aide registry.  
 A copy of her transcripts are attached.

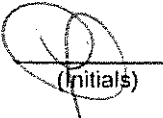
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Andrew J Sherkness*

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

Date 11-17-17

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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 8/15/17, and direct care staff person B, hired 10/8/17, did not receive the required fire safety orientation on the 1st day of work.

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.*

Direct care staff person <sup>A</sup> and Direct care staff person <sup>B</sup> were trained in the required fire safety orientation on the first day of work. The trainings were not available at the time of inspection.

In the future the administrator will ensure that all employee files and trainings will be available at the time of any inspection.

Attached are a copy of both of these trainings.


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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*documents attached* (Date)

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Plan of correction implementation status as of 12-4-17  
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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 8/15/17, and direct care staff person B, hired 10/8/17, did not receive training in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions.

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.*

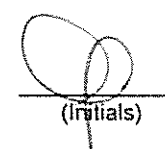
Direct care staff person <sup>A</sup> and direct care staff person <sup>B</sup> have been trained in the within 40 scheduled working hours training, copies of this training were unavailable at the time of inspection. The administrator will ensure that all trainings are done within the proper time, and staff files are available at all times for any inspection in the future. The trainings for both <sup>A</sup> and <sup>B</sup> are attached.

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 (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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The above plan of correction was approved by  (Initials)	

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 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, hired 8/15/17, did not complete the Department approved direct care 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.*

Direct care staff person <sup>A</sup> , had previously worked at personal care home and had completed the department approved direct care competency test. She unsuccessfully tried to obtain a copy of that test. <sup>A</sup> completed the competency test, and a copy of that test is attached.   
 The administrator will ensure that upon hire all trainings and competency test will be completed within the proper allotted timeframe and be available upon inspection 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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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*documents provided* (Date)

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Plan of correction implementation status as of 12-4-17  
 (Date)

- Fully Implemented
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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §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

Direct care staff person C, hired 8/29/09, and D, hired 6/21/04, did not receive training in self administration of medications in 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.*

Direct care staff person C and D did not receive training in self administration of medication in 2016. This was an oversight by the administrator. I was under the impression that medication self administration training is a training topic that may be counted towards the 12 hour per year training requirement in which each staff person does not need to receive training on all of these topics each year.

If this is the regulation than The administrator will ensure that these trainings are Completed and up-to-date and made readily available for review upon all future inspections. Enclosed is a copy of the regulation and how I interpreted it from the highlighted areas

Both C and D received 12 hours of training in 2016

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  
 (Required on EVERY Page) Andrew J Sherkness, Administrator

Date 11-17-17

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 (Date)

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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER 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

Direct care staff person C, hired 8/29/09, D., hired 6/21/04; and ancillary staff person E, hired 8/1998; did not receive fire safety training by someone that is a fire safety expert or someone that has been trained by a fire safety expert in 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.*

Direct care staff person \_\_\_\_\_, and Andrew W Sherkness did receive fire safety training by me, Andrew J Sherkness, administrator. I did not have written proof of being trained by a fire safety expert in 2016. I did recently on November 15, 2017, receive fire safety training through Temple University. A copy of that training is attached. All direct care staff will receive fire safety training by me, Andrew J Sherkness, administrator and fire safety trainer in the future and copies of these trainings will be made available for review upon all future inspections.

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)			Date
Andrew J Sherkness, Administrator			11-17-17

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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 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.


2a. DESCRIPTION OF VIOLATION  
 The home does not have a staff training plan for 2017.

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 staff training plan for 2017 was completed but was unavailable at the time of inspection.  
 The administrator shall ensure that all training plans for the future will be completed at the proper time and made available for review for all future inspections.  
 A copy of the staff training plan for 2017 is attached.

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)			Date
Andrew J Sherkness, Administrator			11-17-17

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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 - 10/26/2017 - Novak, Ryan  
PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The Whirlpool refrigerator/freezer contained a partial box of frozen hamburger patties. The box was not dated when it was opened. The upright freezer in the basement had 3 clear bags of fish sticks, which were not dated when they were taken out of the case lot.

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 stored in our refrigerator/ freezers when opened, or taken out of the original box shall be labeled by staff as to identity and date that it was open or left over.

Supervisor \_\_\_\_\_ and the administrator will ensure that all food be dated and labeled and checked on a daily basis to ensure compliance.

A note is already posted on the freezers as a reminder to date and label all food.

The partial box of frozen hamburger patties were removed and the three clear bags of fish were dated and labeled at the time of inspection.

The Administrator will oversee in order to insure 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)	<i>Andrew J Sherkness</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The two dryer vents on the outside of the building had an accumulation of lint in each vent.

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.*

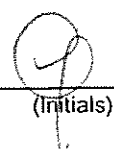
To dryer vents on the outside of the building had been cleaned of lint at the time of inspection by staff. The dryer vents will be monitored on a weekly basis by staff and the administrator to ensure that there is not a buildup of lint either in the vents or on the ground below the vents. The internal and external ductwork of the close dryers will be cleaned and maintained according to manufacturer's instructions on a every two months interval but monitored between four lint buildup by staff and administrator.

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 (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12-4-17</u> (Date)	Plan of correction implementation status as of <u>12-4-17</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


Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

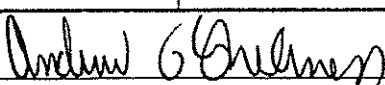
2a. DESCRIPTION OF VIOLATION  
 Direct care staff person F reported that while conducting the fire drill, this staff person will also help evacuate the residents even though the staff person knows in advance the fire drill will be conducted.

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.

Direct care staff person and supervisor [redacted] on the occasion that she conducts our fire drills, stated that she also helps evacuate the residence while conducting the fire drill. I as administrator will ensure that if and when [redacted] does conduct a fire drill that she will not participate in any manner with evacuating or helping residents. Fire drills will be conducted unannounced at least once a month and only the administrator or the person conducting the fire drill will know in advance of when it will be conducted. The administrator has instructed supervisor [redacted] as to her role and how to conduct a fire drill if she is the person running the fire drill.

Administrator will oversee to ensure ongoing compliance.  12-4-17

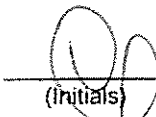
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator      Date 11-17-17

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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 12-4-17 (Date)

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

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER 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

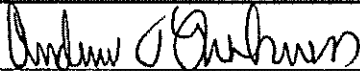
The homes' fire drills from April 2017 to September 2017 were all conducted from the 18th to the 21st of each month.

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 and supervisor will ensure that the homes fire drills be conducted on a variety of days of the month, a variety of days of the week including weekends, and a variety of times of the day. They shall be held in a manner as to not get residents into a routine expecting a fire drill at a particular day of the month, week of the month, or time of day.  
The administrator will ensure compliance.

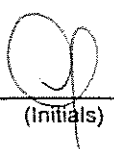
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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 (Initials)

Plan of correction implementation status as of 12-4-17  
 (Date)

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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER 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  
 Resident #1, date of admission [redacted] 7, had an initial medical evaluation that was completed on [redacted] 17, which is more than the 60 days prior to admission.

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 in the future will have a medical evaluation by a physician done within 60 days prior to admission or within 30 days after admission.  
 The administrator will ensure compliance.


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 (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
 Staff person E, who is the driver at the home, has not completed the initial new hire direct care staff person training. This staff member transports residents alone in the vehicle.

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 E, who is the driver at the home, has completed the initial direct care staff person training.  
 A copy of this training is attached.  
 Administrator will ensure that's any new hire will complete all the required trainings for direct care staff person 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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 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, who has been administering medication, has not received training in the medication administration course.

Direct care staff person D's most recent annual practicum for 2016 only has 1 of the required 2 medication administration observations completed.

Direct care staff person F completed the initial medication administration course on 2/6/16, an annual practicum has not been completed for 2017.

Direct care staff person C's 2017 annual practicum only has 1 of the required 2 MAR reviews completed; zero observations were completed.

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.*

Direct care staff person [redacted] has received training in medication administration. The trainings were unavailable for review at the time of inspection. A copy of [redacted] medication administration training is attached.

Direct care staff person [redacted] most recent annual practicum for 2016 has both medication administration observation is completed. A copy was not available at the time of inspection. Alice's annual practicum four 2016 with both medication administration observations is attached.

Direct care staff person [redacted] who was retrained on 2/06/16 has worked intermittently in the past year because of health reasons, and she is no longer on staff as of 10/31/2017.

Direct care staff person [redacted] had retired from Andsher this spring of 2017. [redacted] returned to Andsher 2 Days a week and always works with another staff person who is med trained, so [redacted] no longer administers Meds.


Additional attached Page

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2016	
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator Date 11-17-17

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A

Continued plan of correction:

3. The administrator shall ensure that each staff person is trained in medication administration in a timely manner and that these trainings will be kept and updated as needed for every staff person who administers medication. These files shall be made available for review at the facility and at the time of all future inspections.

██████████ is currently only working 2 days a week and working 7-3 shift and she is currently not administering Medications. If she decides increase her hours and her days and needs to administer medications, she will be retrained in medication administration.

██████████ has retired because of a upcoming surgery. If and when she returns ██████████ will be retrained in medication administration. The administrator will ensure that staff will be retrained, if necessary, in the future. And the administrator will ensure that all annual practicums, MAR reviews, and observations are done on a timely basis.

Signature of legal entity representative



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Printed name and title of legal entity representative

Andrew J Sherkness, Administrator

Date 11-17-17

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Anne Magiano 12-4-17

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 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 has a physician's order to have a blood glucose (BG) test administered 2 x daily. On the following days the BG#'s were incorrectly transcribed onto the treatment sheets the home utilizes: 10-15-17 BG# 219 was recorded on treatment sheet as 217; and, on 10-20-17 BG# 164 was recorded as 131.

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 #2 was having Accu checks tested two times daily. The numbers in the Accu check machine memory used for did not correspond to the numbers recorded on Accu check record sheets. It is not known for sure why there was such a discrepancy, possibly using an extra strip or taking an extra reading by staff or getting an error and rechecking? Staff has been instructed and retrained in the use of Accu check machines for residents. Each resident must use his own machine and his own strips. No other Accu checks are allowed to be drawn from someone else's machine. Care must be taken to avoid errors and the need to recheck using another strip and getting another reading. Residents who take their own Accu check should be supervised to make sure that they Accu check correctly and to record their numbers correctly. The administrator and staff supervisor will monitor the Accu check process in the future to ensure accuracy.

The Administrator will ensure there is some method to track the staff med on a daily basis in order to comply with the med of. 12-4-17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/15/2016

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 11-17-17

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Plan of correction implementation status as of 12-4-17 (Date)

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- Fully Implemented
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- Not Implemented

Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 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 #3's MAR notes clozapine 100mg 3 tablets by mouth in the morning and 3.5 tablets in the evening. The label to the medication notes 3.5 tablets twice daily.

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 #3 had his clozapine dosage changed and the orders were sent into Standard Drugstore. The increase was not reflected on the MAR by the drugstore when they sent us the new MAR's. The correct dose was in the medication card but was not and made on the MAR. The pharmacy was notified at the time of inspection and the change was confirmed and made on the MAR by our supervisor. We have reminded staff to check and compare the MAR's to the med cards to ensure that the MAR matches the medication in the cards. *This should be done at minimum once per month.* Supervisor and the administrator will check on a weekly basis when new med cards come in each week to review and make sure both MAR and med cards are done correctly.

*Ep. 12-4-17  
 for ongoing  
 re orders.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/15/2016

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 11-17-17

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Violation Report: 24251 - 10/26/2017 - Novak, Ryan  
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order to have a blood glucose (BG) test administered 2 x daily. On the following days and times the BG test was not administered to the resident: on 10-4-17 at 7:00am; on 10-4-17 at 4:00pm; on 10-6-17 at 4:00pm; 10-11-17 at 4:00pm; and, on 10-12-17 at 11:00am.

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 #2 was on a two-week Accu check for med changes made by Dr. [redacted] does his own Accu checks and staff is responsible for recording those results onto his Accu check chart. The days and times that were missed were a result of either [redacted] not doing his Accu check or staff not recording any Accu check that were done. Staff has been retrained to assist any resident who needs to do Accu checks to ensure that they are done at the proper time and on the proper day in the future. Supervisor [redacted] and administrator will monitor and follow staff and residents to ensure that all future Accu checks are done and recorded properly.

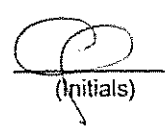
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J Sherkness, Administrator	Date 11-17-17
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