



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

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's Bureau of Human Services Licensing annual inspection on October 24, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 24251 - 10/24/2018 - 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 member A hired 6/16/18 & B hired 6/28/18 completed the Department approved online direct care competency course on 9/30/18. Both staff members provided unsupervised care before completing the course.

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 members will complete the Department approved online direct care competency course before they provide unsupervised care in the future + it will be the responsibility of Andrew J. Smirnovich (Administrator) to make sure this takes place in the proper manner

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/26/2017 | |
|-----------------------|-----------------------------------|------------|--|

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SMIRNOVICH* Date *2/4/19*

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

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|---|--|
| The above plan of correction is approved as of <u>2-20-19</u> (Date) The above plan of correction was approved by <u>ag</u> (Initials) | Plan of correction implementation status as of <u>2-20-19</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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Violation Report: 24251 - 10/24/2018 - 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 member C hired 11/8/06 did not receive training in meeting the needs of the resident as described in the DME and RASP, care for residents with dementia or cognitive impairment, personal care service needs of the resident and safe management techniques in 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.

ALL DIRECT CARE STAFF MEMBERS WILL RECEIVE TRAINING IN MEETING THE NEEDS OF THE RESIDENT IN THE FUTURE + ALL THE REQUIRED AREAS OF TRAINING THIS WILL BE DONE YEARLY + THE TRAINING IN ALL OTHER AREAS WILL BE THE RESPONSIBILITY OF THE ADMINISTRATOR ANDREW J. BURKINSHS

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/26/2017 | |
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Burkish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. BURKISH* Date *2/4/19*

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Violation Report: 24251 - 10/24/2018 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The evacuation times for the fire drills conducted from October 17 - September 18 are rounded times, not the exact time the fire drill took to conduct.

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 TIMES FOR ALL FUTURE FIRE DRILLS WILL BE ROUNDED TO THE NEXT SECOND ON THE TIMER TO REFLECT THE EXACT TIME OF THE FIRE DRILL.

THE ADMINISTRATOR ANDREW J. SHIRKINICH WILL ENSURE THAT THE EXACT TIME WILL BE RECORDED FOR EACH FUTURE FIRE DRILL

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

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANDREW J. SHIRKINICH</i> | Date <i>2/4/19</i> |
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Violation Report: 24251 - 10/24/2018 - Novak, Ryan
 PCH Name: ANDSHER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

A tin can with a paper towel and an empty cigarette pack was located in the homes smoking area. The can was identified as the garbage which contained combustible materials.

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 tin can was removed at this time, or inspection and will not be placed in the smoking area in the future.

Staff + this administrator will insure that this will not happen in the future.

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

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANDREW J. SMERKINS</i> | Date <i>2/4/19</i> |
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