

Department of Human Services
Bureau of Human Service Licensing

May 24, 2022

[REDACTED], OWNER/ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: ANDSHER PERSONAL CARE HOME
20 NORTH KENNEDY DRIVE
MCADOO, PA, 18237
LICENSE/COC#: 24251

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *ANDSHER PERSONAL CARE HOME* License #: *24251* License Expiration: *02/19/2023*
Address: *20 NORTH KENNEDY DRIVE, MCADOO, PA 18237*
County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ANDSHER PERSONAL CARE HOME INC*
Address: *20 NORTH KENNEDY DRIVE, MCADOO, PA, 18237*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/04/1987* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/15/2022*

Inspection Dates and Department Representative

02/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* Residents Served: *26*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

02/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2022*

Inspections / Reviews *(continued)*

05/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/12/2022*

05/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation*The home did not conduct an annual quality management review for the 2021.***Plan of Correction****Accept***A quality management plan was completed on April 5, 2021. This attached only plan has been completed yearly basis at the proper times and maintained in our policy and procedure manual. This quality management plan was reviewed at the time of inspection.**A quality management plan will be completed at the proper time on a yearly basis by the administrator.**See attachment:***Completion Date:** 04/05/2021**Document Submission****Implemented**

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation*The second-floor bathroom marked F, had bar soap on the sink that was not in a labeled container with a specific resident name on it.***Plan of Correction****Accept***A soap dispenser is on the wall within reach of the bathroom sink, and was there at the time of inspection. The bar of soap was removed immediately at the time of inspection.**The bar of soap that was left on the sink at the time of inspection was from a resident who had showered and forgot to take his/her bar of soap with them.**It has been discussed with residents that if they wish to use their own soap that they must keep it in their own soap dispenser with their name on it and take it with them to their room after use.**Staff has also been trained to make rounds on each shift to ensure that all bathrooms are free of any personal soaps or shampoos left by residents.***Completion Date:** 02/22/2022**Update:** 05/02/2022*Please attach proof of staff training. 5-2-22 MM***Document Submission****Implemented***Please attach proof of staff training. 5-2-22 MM*

182b - Prescription Medication

1. Requirements

2600.

182b - Prescription Medication (continued)

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The Home's Medication Administration staff did not have the required Med Pass Observations and MAR reviews completed that were required to maintain their Medication Administration compliance for training years 2020 and 2021. Staff person's A, B, C, and D all administer medications to residents and are not trained to do so.

Plan of Correction**Accept**

The person that is listed as staff person A, [REDACTED], [REDACTED], does not administer medications to residents..

Staff person C, [REDACTED], Quit The week of inspection because of medical reasons. [REDACTED] has since received two hernia operations and is currently recovering and no longer works at Andsher PCH..

Staff person D, [REDACTED], quit and moved to [REDACTED] and no longer works at Andsher PCH.

Staff person B, [REDACTED], has been a personal care aide at Andsher PCH Since April 2006, and has been med trained ever since. [REDACTED] was retrained for medication administration on 2/22/22. Attached is [REDACTED] new current training documentation.

All 7 additional staff were retrained in medication administration shortly after inspection was complete and this training will be maintained with proper med pass observations and MAR reviews in the future.

The administrator, [REDACTED], will be recertified and the responsible for maintaining medication administration compliance in the future.

Completion Date: 02/26/2022

Update: 05/02/2022

Please attach proof of all staff medication training. 5-2-22 MM

Document Submission**Implemented**

Please attach proof of all staff medication training. 5-2-22 MM

Attached is a copy of all current staff medication training.

Update: 05/24/2022

190a - Completion Medication Course**1. Requirements**

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person "A" is the home's Medication Administration train the trainer. Staff person A's training certificate expired

190a - Completion Medication Course (continued)

07/11/20. There is no one in the home trained to pass medications to residents.

Plan of Correction**Accept**

██████████, Administrator, Has applied and been accepted to be recertified in medication administration training train the trainer course. Attached is that confirmation of acceptance registration. Training will be completed as soon as possible and all staff medication administration training will be certified with my certificate of completion of the medication administration course.

All med pass observation and MAR reviews will be done in the future on time and in accordance with the medication administration training guidelines it will be the responsibility of me the administrator ensure that my recertification for medication administration training the trainer course be maintained and recertified when necessary the future.

Completion Date: 04/27/2022

Update: 05/02/2022

Please send proof of current Medication Train the Trainer certification. 5-2-22 MM

Document Submission**Implemented**

Please send proof of current Medication Train the Trainer certification. 5-2-22 MM

██████████, Administrator, is currently taking the Medication Train The Trainer Recertification Class. Upon completion, a copy of the certification will be sent in as proof.

Update: 05/24/2022

Per provider - Currently in process to complete Medication Train Trainer course and all components of the course shall be completed by June 8th, 2022.

5-24-2022 MM