

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

March 8, 2023

[REDACTED], OWNER  
ANDSHER PERSONAL CARE HOME INC  
[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 02/14/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ANDSHER PERSONAL CARE HOME **License #:** 24251 **License Expiration:** 02/19/2024  
**Address:** 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237  
**County:** SCHUYLKILL **Region:** NORTHEAST

## Administrator

**Name:** [REDACTED] **Phone:** [REDACTED] [REDACTED] [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:** 24 **Waking Staff:** 18

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 02/14/2023

## Inspection Dates and Department Representative

02/14/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 27 **Residents Served:** 24

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 21 **Are 60 Years of Age or Older:** 20  
**Diagnosed with Mental Illness:** 20 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

02/14/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/03/2023

03/01/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 03/07/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/06/2023

Inspections / Reviews *(continued)*

03/03/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2023

03/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 3c - Post Current License

## 1. Requirements

2600.

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

## Description of Violation

*The home did not have their current license posted as required.*

## Plan of Correction

Accept [REDACTED] - 03/03/2023)

*The copy of our current license was in my folder with the rest of the documents and lists to be used at the time of inspection, list of current residence, current staff, etc.*

*A copy of the current license was posted at the time of inspection February 14, 2023. A copy of the current license will be posted at all times in the future by the administrator, [REDACTED] to ensure compliance of this regulation.*

*An audit of the current license posted on our board outside the office was completed today March 2, 2023. A monthly audit Of the current license posted on the board in front of the office will be completed on a monthly basis. It will be audited By the administrator [REDACTED], on the first of every month to ensure the Current license Is posted properly.*

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented [REDACTED] - 03/08/2023)

## 89a - Water Pressure

## 2. Requirements

2600.

- 89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

## Description of Violation

*In bathroom F and also in the bathroom located between resident rooms 4 and 5 there was a toilet and sink but the sinks did not have running water.*

## Plan of Correction

Accept [REDACTED] - 03/03/2023)

*The bathroom **sinks** in bathroom and between rooms # 4 and# 5 were recently repaired as of February 20, 2023.*

*The washers in the sink were worn out and needed to be replaced because of constant dripping in both sinks. In the future such repairs will be made and arranged to be made by the administrator Andrew J Sherkness. He will ensure that the facility is in constant repair.*

*All bathroom sinks were audited on March 2, 2023 to ensure all sinks were operable In all bathrooms. All sinks will be audited on a monthly basis on the first of every month by staff and administrator, [REDACTED], to ensure that all sinks are in proper repair and proper working condition.*

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented [REDACTED] - 03/08/2023)

## 101j7 - Lighting/Operable Lamp

## 3. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:

## 101j7 Lighting/Operable Lamp (continued)

**Description of Violation**

*In resident room #6 the bed located to the left of the room did not have a lamp or other operable source of light next to it.*

**Plan of Correction**

Accept (█ - 03/03/2023)

*In resident room # 6, █ bed to the left side of the room now has a bedside table with a lamp as █ operable source of light. Staff and administrator will ensure in the future that all residents will have an operable source of light next to their bed according to this regulation 101.j. The lamp and bedside table were added to █ room the afternoon of inspection on Tuesday, February 14, 2023.*

*Every resident room was audited to ensure that there was a bedside lamp available to each resident in each room, it was done on March 2, 2023. A monthly audit will be completed on the first of every month to ensure that all lamps are in working order and available to each resident in each room of the facility. It will be completed On the first of every month by staff and administrator, █.*

**Licensee's Proposed Overall Completion Date: 03/02/2023**

Implemented (█ - 03/08/2023)

## 102k - No Common Towel

**4. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

*There were no paper towels in bathroom E and the automatic hand dryer was not functioning.*

**Plan of Correction**

Accept (█ - 03/03/2023)

*The automatic hand dryer was not functioning at the time of inspection, service call was initiated the afternoon of inspection and the automatic dryer was repaired on Feb, 20, 2023' and is now functional. Paper towels will be provided if the automatic dryer at some point in time becomes nonfunctional. It will be the administrator's responsibility to arrange service when such items become non functioning throughout the facility. It will be the staff's responsibility to provide paper towels if the automatic dryer were to become nonfunctional in the future.*

*All automatic hand dryers were audited on March 2, 2023, in each of the bathrooms in the facility. All automatic hand dryers are functioning and if at any point the hand dryers are not operable paper towels or paper hand towels will be made available until a repair can be made to the automatic Dryer.*

*All automatic hand dryers will be audited on a monthly basis, on the first of every month and will be audited by both staff and administrator, █ to ensure hand dryers are functioning properly.*

**Licensee's Proposed Overall Completion Date: 03/02/2023**

Implemented (█ - 03/08/2023)

## 132c - Fire Drill Records

**5. Requirements**

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.

132c - Fire Drill Records (continued)

Description of Violation

The home did not record the dates of the fire drills held in the months of May, June, July, or August of 2022. Only the month was listed on the fire drill logs.

Plan of Correction

Accept ( [redacted] - 03/03/2023)

The record of fire drills held in the months of May, June, July and August were completed the afternoon of inspection on February 14, 2023. Administrator Andrew J Sherkness checked our calendar as to when the fire drills were held and the days and dates were completed on the fire drill log for the months of May, June, July and August 2022. It will be the responsibility of the administrator to ensure that the proper days and dates will be recorded on the fire drill logs each month in the future.

The current fire drills log was audited on March 2, 2023, and all the required information was found to be correct. Fire drill logs will be audited on a monthly basis and will be audited at the time of the next fire drill of that month when all the required information will be logged for that months fire drill. It will be the responsibility of the administrator, [redacted], to audit all previous fire drill log information and the current fire drill log information immediately after that months fire drill.

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented [redacted] 03/08/2023)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The [redacted] insulin pens stored in the medication area for resident #1 were not labeled with the date the pens were opened for use.

Plan of Correction

Accept ( [redacted] 03/03/2023)

Resident # 1, self-medicates [redacted] with [redacted] NovoLog and Lantus insulin pens. These pens are stored in the office locked. Resident #1 has been instructed and retrained to label and date the pants when opened for use. It is will be the responsibility of the administrator, and staff to make sure that Resident #1 informs us when a new pen is opened, and should be dated.

An Audit of the residents who are on insulin, who self administer their insulin, Was done on March 2, 2023, all insulin pens were audited to ensure that the date had been placed on the current insulin pen at the time the pen was opened for use. It will be the responsibility of staff and the administrator, [redacted] to audit all insulin pens on a weekly basis, on Wednesday of every week, when the new pill cards are started, and make sure all pens are dated Properly when a new pen is opened.

The current pens that were in use were discarded and a new pen was open And dated on the afternoon of inspection on February 14, 2023.

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented [redacted] - 03/08/2023)

187d - Follow Prescriber's Orders

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**7. Requirements**

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2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

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Resident #2 has an order for [REDACTED] to be administered twice per day and held if the pulse is less than 54. On [REDACTED] the medication was administered in the afternoon but the resident's pulse was not recorded for that administration.

**Plan of Correction****Accept [REDACTED] - 03/03/2023)**

Resident #2 listing on the MAR sheet has been improved by the pharmacy to make it easier to record the morning and nighttime dose of metoprolol tart 25 mg tablet. The MAR now separates the morning dose from the evening dose. a signature line is included with the time of 8 AM for the morning dose and 8 PM for the evening dose. And an additional line is added to record resident # 2 pulse which is now recorded on a separate line and a third line has been added as to whether the metoprolol has been held if his pulse is less than 54 This will be recorded as HM, meaning held medication!! This improvement makes it easier to document whether the morning medication has been held for the evening medication has been held is the responsibility of the administrator Andrew J Sherkness to ensure that the MAR for each resident is recorded correctly by staff.. It is also the responsibility of staff to relay the message to the administrator if a problem occurs with recording of the MAR for each resident in the future. The new MAR was changed the evening of inspection on February 14, 2023 and went into effect on February 15, 2023 with the new and improved MAR sheet for resident #2..

An audit was completed on March 2, 2023 of all resident med cards to ensure that any resident with special parameters for medication administration were properly logged In our MAR book. Administrator Andrew J Sherkness will work closely with our pharmacy to ensure that any resident with special medication parameters will be properly worded and charted to ensure that the MAR can be properly recorded For medication administration. Audits will be done on a weekly basis on Wednesday of every week when the new med cards start. It will be the responsibility of the administrator, [REDACTED], and staff to ensure all medication for all residents are properly administered and logged,

Licensee's Proposed Overall Completion Date: 03/02/2023

**Implemented [REDACTED] - 03/08/2023)**

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