

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

April 24, 2024

[REDACTED], ADMINISTRATOR  
ANDSHER PERSONAL CARE HOME INC  
20 NORTH KENNEDY DRIVE  
MCADOO, PA, 18237

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 03/26/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ANDSHER PERSONAL CARE HOME **License #:** 24251 **License Expiration:** 02/19/2025  
**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] [REDACTED] [REDACTED]

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 27 **Waking Staff:** 20

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 03/26/2024

## Inspection Dates and Department Representative

03/26/2024 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

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

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 22 **Are 60 Years of Age or Older:** 22  
**Diagnosed with Mental Illness:** 18 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

03/26/2024 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/15/2024

04/23/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 04/15/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/24/2024

Inspections / Reviews *(continued)*

04/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

**42s Privacy****1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*The home does not have a policy indicating the guidelines for the use of voice-controlled communication devices by the residents and staff while in resident rooms and/or common areas of the home.*

**Plan of Correction**

Accept (████ - 04/18/2024)

*A policy has been created concerning the use of voice controlled communication devices by residents and staff while in resident rooms or common areas of home..*

*Such policy will be included in our policy and procedure manual. All residents are notified in writing of Andsher's policy and procedure for the use of such devices, and a copy of this policy will be signed by each resident and a copy will be kept with their resident home contract.for*

*It will be the responsibility of staff and administrator to ensure on a daily basis that the use of this policy ,that respect the privacy of each resident', be enforced on a daily basis.*

*The administrator will train staff to be able to understand and implement this policy on a daily basis so as to maintain the privacy and respect of each residents in our personal care home.*

**Licensee's Proposed Overall Completion Date:** 04/15/2024

Implemented (████ 04/24/2024)

**88a Surfaces****2. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*The exhaust vents in the common resident bathrooms are clogged with dust, reducing airflow, and posing a risk for potential mold growth.*

**Plan of Correction**

Accept (████ - 04/18/2024)

*All exhaust vents in the common resident bathrooms will be cleaned on a weekly basis, and vents will be brushed and the shop VAC used to remove the dust thus increasing airflow and reducing the risk for potential mold growth..*

*It will be the responsibility of staff to do this on a weekly basis. Staff will complete this task on night shift between 11 pm and 7 am every Sunday, night shift. The administrator as well as all staff will monitor the vents on a weekly basis to ensure that all vents are cleaned and no buildup of dust is taking place.*

*The vents were cleaned after inspection by staff on Sunday, April 7, 2024 and April 14, 2024 and will continue to be cleaned every Sunday In the future.*

**Licensee's Proposed Overall Completion Date:** 04/15/2024

Implemented (████ - 04/24/2024)

**101j2 Bedroom Chairs****3. Requirements**

2600.

**101j2 Bedroom Chairs (continued)**

- 101.j. Each resident shall have the following in the bedroom:  
 2. A chair for each resident that meets the resident's needs.

**Description of Violation**

*Resident room #8 is occupied by 2 residents. Only one chair was noted in the room.*

**Plan of Correction**

**Accept (█ - 04/18/2024)**

*Resident room number eight is occupied by two residents. At the time of inspection only one chair was available for two residents, a second chair was added to the room at the time of inspection and it will be the responsibility of staff to ensure that each room has a chair for each resident in that room on a daily basis when staff is making beds, changing beds, Or cleaning of a residents room. And if for some reason there is not a chair available at, the administrator will be notified to make sure a new chair is obtained to meet this requirement. The administrator and all staff will inspect rooms on a daily basis to ensure that he chair is available for every resident..*

**Licensee's Proposed Overall Completion Date: 04/15/2024**

**Implemented (█ 04/24/2024)**

**101j7 - Lighting/Operable Lamp****4. Requirements**

2600.  
 101.j. Each resident shall have the following in the bedroom:  
 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident room # 7 does not have a lamp or other source of light within reach of the resident's bed.  
 Repeat Violation 2 14 23.*

**Plan of Correction**

**Accept (█ - 04/18/2024)**

*Resident room number seven had a flip switch battery operated light used for his lighting source next to his bed Which he claims he left on and the batteries went dead. It will be the responsibility of the administrator and staff to monitor these such flip switch lights which some residents use to ensure that they are in working condition and able to provide lighting whenever it is necessary for a resident. Batteries were replaced at the time of inspection and will be monitored daily in the future. If these lights the longer are beneficial a normal desktop lamp with side table will be made available and put in a residents room to provide lighting whenever necessary for each resident.*

**Licensee's Proposed Overall Completion Date: 04/15/2024**

**Implemented (█ - 04/24/2024)**

**103f - Refrigerator/Freezer Temps****5. Requirements**

2600.  
 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*The chest freezer located in the basement of the home does not have a thermometer.*

**Plan of Correction**

**Accept (█ - 04/18/2024)**

*A thermometer could not be located in the chest freezer at the time of inspection. A thermometer was replaced and inserted into the chest freezer in a visual, accessible area to ensure that proper temperature is being obtained at all*

**103f Refrigerator/Freezer Temps (continued)**

times in that freezer. It's will be the responsibility of staff and administrator to check the freezer when ever anyone accesses any freezer to insert or take out Any food items out Or check on the contents of any freezer. First responsibility for either staff or the administrator Is to make sure there is a thermometer in each unit.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ( ) - 04/24/2024)

**103g - Storing Food****6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

An open bag of French fries was noted in the kitchen freezer and was not properly sealed.

**Plan of Correction**

Accept ( ) - 04/18/2024)

All food will be stored in closed or sealed containers after use for a meal. A Ziploc bag or a closed sealable Tupperware container will be used to ensure that all food whether it be in the freezer or the refrigerator will be sealed properly. It will be the responsibility of staff to seal food properly after use and use the proper container to seal it.

It will be the responsibility of staff and the administrator to monitor after each meal and use of any food items that are used and the to be stored in the refrigerator or freezer after use. Staff has been retrained in this area and sign is posted in various areas to ensure staff properly seals any unused items to be stored in the refrigerator freezer..

The open bag of french fries was immediately, properly sealed at the time of inspection! And this will be monitored daily going forward.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ( ) - 04/24/2024)

**103i - Outdated Food****7. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

The following items were noted in the kitchen refrigerator and were not dated to indicate when they were opened: a package of Bologna lunch meat and several squeeze bottles filled with mustard and mayonnaise that was taken from their original containers.

**Plan of Correction**

Accept ( ) - 04/18/2024)

All food used will be for labeled and dated to ensure that any food items in a refrigerator or freezer are not outdated or spoiled. All opened and partially used food items will be sealed in a proper container and dated and labeled by the staff person that used such items. It will be the responsibility of staff and the administrator to check all items in the refrigerator to ensure that those types of items that have been opened or used or partially used have been labeled and dated and properly sealed to ensure freshness on a daily Basis.

All squeeze bottles such as mustard, ketchup, and mayonnaise will be labeled and dated to indicate when they were open and refilled and It will be the responsibility of staff to monitor the squeeze bottles they filled and to have them properly dated to ensure freshness and compliance.

103i - Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [REDACTED] - 04/24/2024)

144c1 - Smoking Area Guidelines

8. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

An uncovered 5-gallon bucket filled with empty cigarette packs and paper wrappers was noted in the home's smoking area.

Plan of Correction

Accept [REDACTED] - 04/18/2024)

The uncovered 5 gallon bucket used as a trash container was removed from the smoking area at the time of inspection. It will be the responsibility of administrator and staff to monitor and ensure that no such trash container is used in the smoking area.

A trash container was moved to the inside of our rear entrance to be used for or trash accumulated by our smokers, such as cigarette packs, soda cans, and assorted trash.

This trash container will be emptied on a daily basis, and hopefully prevent our smokers from needing to put trash anywhere in our smoking area. Staff and the administrator will monitor this on a daily basis to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [REDACTED] - 04/24/2024)

183e - Storing Medications

9. 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] prescribed to Resident #1 was not dated to indicate when it was opened.

Repeat Violation-2-14-23.

Plan of Correction

Accept [REDACTED] - 04/18/2024)

A [REDACTED] used by resident number one was dated with a black sharpie pen. With extended use and moisture from the cooler the date was illegible at the time of inspection. A stick on label will be used in the future so that the date will be legible and will not rub off from continue use.

Although resident number one is responsible for administering her own insulin, staff will assist her on a daily basis to ensure that her insulin's are dated properly. And it will be the responsibility of staff to ensure that resident number one has labels and a sharpie available to use for dating her insulin pens.

The administrator will monitor the situation also to ensure that resident number one is in compliance with her Flex Pens.

183e - Storing Medications *(continued)*

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ( [REDACTED] - 04/24/2024)