

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

June 17, 2025

[REDACTED], ADMINISTRATOR/OWNER
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 04/02/2025 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: *02/19/2025*
 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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/04/1987* Issued By: *DLI*

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: *04/02/2025*

Inspection Dates and Department Representative

04/02/2025 - 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: *20* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/02/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2025*

05/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/11/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2025*

Inspections / Reviews *(continued)*

06/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/04/2025

06/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A date of hire [redacted] Pennsylvania State Police Criminal Background Check was requested on [redacted]

Plan of Correction

Accept ([redacted] - 06/02/2025)

All criminal history checks Will be done on or before a new staff member's hiring date in the future. This responsibility will be the administrators, [redacted] responsibility to ensure that the criminal background check is done.

[redacted] criminal history check was done but not in the required time frame.

As of May 1, 2025, a new hire checklist will be used to ensure that all proper documentation including criminal background check, and all proper trainings be done before any new staff members hiring date. This will be the responsibility of the administrator, [redacted]

A new hire checklist shall be included in a new hire person file with all proper documentation, trainings checked off the list before the first day of hire.

Current staff records were checked as of May 1, 2025 to ensure that all required documents and trainings on the checklist were included in each current employe e record.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([redacted] - 06/17/2025)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Person A was hired on [redacted]. The staff person's direct care training was not completed until [redacted] This staff person worked unsupervised for over 2 months without having completed the direct care training required by the Department.

Plan of Correction

Accept ([redacted] - 06/02/2025)

Direct care staff persons hired in the future will complete the department approved direct care training course and competency test before any unsupervised ADL services may be performed. [redacted] direct care training course and competency test was completed but unfortunately not at the proper time. It will be the responsibility of the administrator, [redacted]

To ensure that such training course and competency test is completed at the proper time before any unsupervised ADL services are performed by any new direct care staff person.

As of May 1, 2025, a new hire checklist will be used to ensure that all proper documentation has been obtained including the department-approved direct care training course and competency test. This checklist will be part of a new hire persons record and all requirements will be checked that all documents were completed prior to the first

65d - Initial Direct Care Training (continued)

day 1 of hired. This will be the responsibility of the administrator, [REDACTED]. Current staff records were checked as of May 1, 2025 to ensure that all required documents and trainings on the checklist were included in each current employee record e record.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/17/2025)

82a - Poisonous Materials**3. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 9:33 a.m., a clear container marked "bleach" and a clear container marked "Pine Sol" did not have a original manufacturer's label attached.

Plan of Correction

Accept ([REDACTED] - 06/02/2025)

All poisonous material will be stored in their original labeled containers in the future. The disposable spray bottles that were labeled by hand were discarded at the time of inspection and will no longer be used to store such poisonous materials unless labeled with the proper original labels. Staff has been instructed to not use these hand labeled spray bottles and it will be the responsibility of the administrator [REDACTED] to ensure that these bottles will no longer be used without being properly labeled, or not be used at all If not properly labeled!!

Monday, April 3, 2025, the day after inspection, all storage closets and storage shelves in our basement where such poisonous materials are stored were inspected by the administrator, [REDACTED]. To ensure that any spray bottles that were not properly labeled were removed and discarded and all staff was retrained to ensure that no spray bottles can be used if the original label is not on the container.

The administrator [REDACTED] Along with supervisor of staff [REDACTED] will track on a weekly basis that no such spray bottles will be used in the future.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/17/2025)

103e - Left Overs**4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:22 a.m., in the resident kitchen located on the first floor, all of the products including, milk, condiments, and juice, were not labeled with open dates.

At approximately 9:30 a.m. in the basement freezer to the left had two Ziplock bags of bagels. There was no date on the bags.

Plan of Correction

Accept ([REDACTED] - 06/02/2025)

All items in all kitchens and freezers and refrigerators will be labeled with the open dates. All items at the time of

103e - Left Overs (continued)

the inspection that were not labeled, were either labeled or discarded if they did not have an open date on it. It will be checked daily after every meal that any products including milk, condiments, and juice along with any food not in a dated original container That there is an open date on any products. It will be the responsibility of the administrator, [REDACTED] and all staff persons to do this on a daily basis and ensure that all products are labeled with open dates as necessary,

April 2, 2025, the date of inspection all of the open products including milk, condiments, and juice were labeled with the open dates. Two Ziploc bags of bagels were removed and discarded from the freezer. All freezers and refrigerators were inspected on April 3, 2025 by staff and administrator to ensure that all foods that were opened were properly baited with open dates. It will be the responsibility of the administrator and all staff persons to check coolers and refrigerators both upstairs and downstairs to ensure that all such products are legible with open dates as necessary and administrator [REDACTED] will check this On a daily basis to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/17/2025)

103i - Outdated Food**5. Requirements**

2600.

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

Description of Violation

At 9:37 a.m., in the basement pantry, there were 4 dented cans found including: vanilla pudding; spaghetti sauce; and 2 tomato soups.

Plan of Correction

Accept ([REDACTED] - 06/02/2025)

All of our dented cans will be stored in the basement separate from our foods that are on our shelves so they may be returned to the distributor for a refund or discarded as necessary.

Our distributor will take back the majority of our dented cans for a full refund for switch out for new product. It will be the responsibility of staff who have been re-trained to examine the inventory to determine if any chance our dented on a daily basis and remove such chance from our inventory.

It will be the responsibility of our administrator [REDACTED] Two notify our distributor to make a return or make the decision to discard such dented cans.

All dented cans were removed from inventory at the time of inspection.

On April 2, 2025 four dented cans were removed from inventory. This was the date of inspection.

On April 3, 2025 all cans of food were inspected by staff and the administrator of any cans found to be outdated or dented were removed from ourselves and discarded. It will be the responsibility of the administrator [REDACTED]

To inspect all stored food items on a weekly basis when he brings in food orders. Any outdated or dented cans will be removed and discarded

staff has also been trained to check all food items On a daily basis as they go about making their meals for the day, In refrigerators and freezers

and canned items On shelves To monitor dates, and check for dented cans.

All monthly food distributor orders will be checked on the date of delivery and any dented or outdated food items

103i - Outdated Food (continued)

will be returned to the distributor and administrator [REDACTED] will check each order at the time of delivery.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/17/2025)

105g - Lint Removal and Duct Cleaning**6. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:25 a.m. there was lint caked on the dryer vent exiting the building, posing a fire hazard.

Plan of Correction

Accept ([REDACTED] - 06/02/2025)

All lint traps both internal and external ductwork are cleaned on a regular basis. All dryer vents are cleaned after every load of wash that is dried to reduce the risks of a fire hazard

Lint is clean from the vent ducts, both internal and external ductworks according to manufacturers instructions and also our servicemen who services all washers and dryers on his recommendation, the external dryer vent that was in question, was cleaned at the time of inspection and copy of our lint removal and duct cleaning Was viewed by the surveyor at the time of inspection.

On April 3, 2025, the day after inspection all dryers were inspected, and cleaned I administrator [REDACTED] [REDACTED] all lint was removed from lint traps and all liens and event docs both internal and external were cleaned according to manufacturer's instructions.

According to manufacturer's instructions all dryers will be cleaned every two months. vent ducts internal and external duct work. The lint traps and drums. And a record will be And signed on completion by [REDACTED] and any staff assisting.

Staff has been retrained to clean out lint trap after every load of laundry is dried. That has been completed on April 3, 2025

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/17/2025)

125a - Combustible Storage**7. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 9:40 a.m. cardboard was observed covering the dirt floor to the oil boiler furnace. This cardboard was less than 2 inches from the bottom of the oil boiler furnace, posing a fire hazard.

Plan of Correction

Accept ([REDACTED] - 06/02/2025)

Cardboard that was covering the cement floor, not a dirt floor, was placed there by our servicemen at the time of the last service of the boiler. He uses that so any oil that leaks as a result of cleaning the boiler does not seep into the floor and cause a lingering odor. The cardboard was removed at the time of inspection, and our servicemen was

125a - Combustible Storage (continued)

notified to not leave such cardboard near the boiler after servicing in the future. It will be the responsibility of the administrator to check that upon completion of service that the boiler area is clear of such possible fire hazards in the future.

As of May 1, 2025, administrator [REDACTED] will do a weekly check of the boiler area and hot water heater area to ensure that any flammable materials are anywhere near the boiler/hot water heater area.

As of May 1, 2025, any time a service for repair is done on the boiler system or hot water heater area it will be the responsibility of our administrator [REDACTED] to immediately upon completion of any service will survey the area around the boiler to ensure that no flammable materials were left behind from the servicemen.

A piece of cardboard in front of the boiler was removed from the ground at the time of inspection and witnessed by the inspector.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED]) - 06/17/2025)

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

At approximately 9:20 a.m. a vinyl pad was observed on a metal chair in the designated smoking area. The vinyl pad did not have any indication it was fire resistant.

Plan of Correction

Accept ([REDACTED]) - 06/02/2025)

This vinyl pad that was observed, metal chair in our designated smoking area was a seat cushion/cover that was personal property of one of our smoking residents that used its during winter conditions on our metal chairs [REDACTED] had left it on the seat that [REDACTED] was using after smoking. It will be the responsibility of the staff to check on a daily basis to ensure that no such objects are used unless they are considered fire resistant. All resident smokers were notified as to using such cushions for seat covers that do not have a fire resistant tag on them or not to be used. This announcement was made to all residents and staff currently after inspection. The cushion was removed at the time of inspection.

As of April 3, 2025, all resident smokers were lectured on the subject of bringing any type of seat cushion that is not labeled fire resistant to be used in the smoking area. With staff utilizing the smoking area as well as of April 3, 2025 staff will inspect the smoking area on a daily basis to ensure that there is no such flammable items such as seat cushions, being used in the smoking area.

administrator [REDACTED] will also as of April 3, 2025 daily check upon entering from the parking area in the rear through the smoking area to ensure that the entire smoking area is safeguarded against any type of fire hazard.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED]) - 06/17/2025)

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

Resident # 1 has a PRN order for Nasal Moisturizing Spray. The medication in the cart expired 7-5-23.

Resident # 2 has a PRN order for Nasalcease. The medication in the cart expired 3-31-25.

Repeat Violation 3-26-24

Plan of Correction

Accept () - 06/02/2025)

Resident number one, PRN, a nasal moisturizing spray that had expired on July 5, 2023 Was discarded at the time of inspection..

Resident number two, PRN for nasal cease, a medication that had expired as of 3/31/ 25 Was discarded at the time of the inspections

all staff was instructed to check all medications both prescription and PRN meds as to expiration dates on a daily basis, all meds will be checked after the lunch time does of medication administration because at this time there are very few meds to distribute and will allow time to check for dates on other PR ends and prescription meds that are not in our med cards.

It will be the responsibility of our administrator to check with staff on a regular basis to ensure that no meds being stored past their expiration date.

Both PRN medications Were over-the-counter and stored in the office for our 2 residents

Both medications were discarded at the time of inspection on April 2, 2025

as of April 3, 2025 all medications including PRN medications will be labeled with instructions from a physician.

Staff has been retrained in this area to ensure that all PRN medications be labeled. Staff will monitor the medication cabinet where PRN,s are stored To ensure that all our properly labeled. Administrator ()

Will also check on a weekly basis to ensure that all PRN,s our properly stored and labeled.

Resident number one has passed away since our inspection

Resident number two has since moved on to a nursing home in need of a higher level of care,

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented () - 06/17/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident # 2 has an order for Metoprolol Succ 25 mg, take ½ tablet by mouth in the a.m. hold if pulse is less than 50.

On 3-25-25 there was not a recorded pulse on the Medication Administration Record to distinguish if it should be administered or held.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept ([REDACTED] - 06/02/2025)**

Residents #2 had is calls taken and recorded in our staff notebook but was not recorded on the medication administration record. It will be the responsibility of our morning staff to ensure that a pulse is noted and recorded in our MAR books before any metoprolol is administered to residents number two.

Also the administrator [REDACTED] will check the MAR book on a daily basis to ensure that pulses are being recorded in the MAR book or resident number two and any other resident that requires such orders.

An incident report was sent after the time of inspection within 24 hours of this situation of not having a pulse recorded in the MAR book but initials being signed for administering medication. Thus it was considered a bad error and an incident report was filed. By the administrator [REDACTED]

As of April 10, 2025 all staff trained in medication administration were retrained on how to take a pulse, And check if that pulse is less than or greater than 50, And according to prescribers orders if the pulse is less than 50 then the medication should be held. Pulse is recorded in the space provided on the MAR.

If the medication is held a capital H will be placed in the space provided otherwise staff administering medication will initial that spot.

the administrator [REDACTED] will check the MAR weekly to ensure compliance in this area!!

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/17/2025)