

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

May 11, 2026

[REDACTED], 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 03/18/2026 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:** 02/19/2027
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:** Dept 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, Complaint **Exit Conference Date:** 03/18/2026

Inspection Dates and Department Representative

03/18/2026 - 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: 18 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 18 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

03/18/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/18/2026

05/04/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/05/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/06/2026

Inspections / Reviews *(continued)*

05/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

At 9:15 a.m. the bathroom on 1st floor close to the office did not have an operable window or ventilation fan. The fan was inoperable and there was no window in the bathroom.

Plan of Correction

Accept ([redacted] - 05/04/2026)

The fan in the bathroom has been replaced by our contractor. A photo will be included. In the future the exhaust fan/ventilation fans in each bathroom will be inspected on a daily basis by staff when each bathroom is cleaned to ensure that each ventilation system is operative. Staff will relay to the administrator if an exhaust fan/Ventilation unit is not working properly, and at which point the administrator will make arrangements for a repair or replacement to be made. A portable fan will be used until such repair or replacement be made.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ([redacted] - 05/11/2026)

87 - Lighting

2. Requirements

2600.

87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

At 9:25 a.m. the exit door located near Room #8 and leading directly to the outside was inspected. The stairway serving this exit did not have sufficient lighting to provide visibility for residents descending the stairs.

Plan of Correction

Accept ([redacted] - 05/04/2026)

A motion sensor light was added to the stairway serving the fire escape and now that exit has additional lighting . This lighting will be inspected on a daily basis by staff while doing their household chores and if such lighting is not working properly staff will be led to the administrator at which point a repair or replacement of a new lightbulb will be done at that point.

Photo of the additional light is included

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ([redacted] - 05/11/2026)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 2:00 p.m. there were no eye coverings in the first aid kit stored in the office.

96a First Aid Kit (continued)

Plan of Correction

Accept () - 05/04/2026

An Eye covering was replaced in the first aid kit at the time of inspection. Each first aid kit will be inspected on a weekly basis by the administrator to ensure that all of the required pieces of the first aid kit are included. If it is found to be missing any articles up the first aid kit it will be the responsibility of the administrator to immediately go out and purchase any needed items to ensure that the first aid kit includes all proper items.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:20 a.m. there was a layer of ice over the steps on the side porch that leads to the back yard.

Plan of Correction

Accept () - 05/04/2026

Ice melt was immediately applied to the icy steps at 9:21 AM

Staff is instructed to maintain such icy or snowy areas of the property .

staff will shovel, apply icemelt, or sweep snowy areas during wintry conditions, as soon as possible. The administrator, upon arrival, will finish off and cleanup any remaining ice or snow!

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

102f - Towel/Washcloth/Soap

5. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

At 9:16 a.m., the first floor resident shared bathroom located near bedroom #6 was observed to have four unlabeled loofahs (two green and two blue).

Plan of Correction

Accept () - 05/04/2026

The 4 loofahs Were removed immediately at the time of inspection By staff and were discarded. Was a new novelty item purchased by a resident's family and thought to be a good idea at the time. It turns out it is not acceptable, and loofahs will not be used at the facility.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

102i - Soap Dispenser

6. Requirements

2600.

102i Soap Dispenser (continued)

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

At 9:30 a.m. there was no soap dispenser in bathroom D.

Plan of Correction

Accept () - 05/04/2026

A soap dispenser was replaced in bathroom D at the time of inspection. On occasion, a resident may take the soap dispenser with them after they use it in the bathrooms so it will be the staff duty to check each bathroom on a daily basis to ensure that each soap dispenser is full of soap to be used throughout the day and also that there is actually a soap dispenser present in each bathroom at all times. Supply of liquid soap is kept on and and additional dispensers are available if one turns up missing and could be ordered on a weekly basis through our supplier by the administrator.

The pictures attached

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

102k - No Common Towel

7. Requirements

2600. 102.k. Use of a common towel is prohibited.

Description of Violation

At 9:15 a.m. there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the bathroom located on 1st floor close to the office.

Plan of Correction

Accept () - 05/04/2026

The mechanical hand dryer in the first floor bathroom was not operational at the time of inspection. Individual paper hand towels or a roll of paper towels were used until the mechanical hand dryer was repaired. While the mechanical hand dryer is working that will be used to dry hands. If for any reason a mechanical hand dryer becomes non operational , Paper towels for individual paper hand towelettes Will be used.

At will inspect each hand dryer daily to ensure they are working properly and if by chance one does not work paper towels or paper towelettes will be used until they are repaired. The administrator will arrange for such a repair and will have a supply of paper towels for hand towelettes available at all times as a backup to the mechanical hand dryers.

One of the main reasons why a mechanical hand dryer is used is because of residents discarding paper towels or paper towelettes in the toilet causing a blockage!!!

Photo is included

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

132c - Fire Drill Records

8. Requirements

2600.

132c Fire Drill Records (continued)

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.

Description of Violation

On 2/26/26 at 8:01 a.m., the home conducted a fire drill. The fire drill log did not indicate the number of staff participating, whether fire alarm was activated, and whether the fire alarm system was operable during the drill.

Plan of Correction

Accept () - 05/04/2026

Written fire drill was corrected at the time of inspection. The administrator was able to look back in notes on calendar and determine the staff that participated and that the fire alarm system was operable during the drill that took place on 2/26/26 at 8:01 AM. A copy of the fire drill was given at the time of inspection.

It will be the duty of the administrator to ensure that after every fire drill that the fire drill log is properly maintained and includes all the necessary information required for each fire drill.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

The assessment dated for resident # 1 was not updated to include the resident's frequent complaints about mistreatment by staff which need to be addressed regularly by adult protective services.

Plan of Correction

Accept () - 05/04/2026

The assessment for resident number one has been updated to include the residence frequent complaints to protective services,

the administrator will ensure that in the future any updates shall be made by for any type situation that occurs for any change to residents needs. These updates will be made by the administrator in a timely manner and added to the resident chart.

Copy of the update included

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026