



NOV 28 2013

Ms. Dolores L. Smith Sharer, Owner/Administrator  
Smith's Personal Care Home  
47 Front Street, P.O. Box 65  
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Care Home  
License #: 238780

Dear Ms. Smith Sharer:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 12, 2013 and September 13, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Your regular license for the period November 1, 2013 to November 1, 2014 was issued on November 20, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Acting Director */s/*

Enclosures  
License  
License Inspection Summary



Violation Report: 23878 - 09/12/2013 - O'Haire, Anne  
 FCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 Information regarding a complaint that the home was withholding some residents' rent rebate money was requested on three occasions. The home failed to provide a list of resident who did not receive their rent rebate money and a reason as to why this issue had not been resolved was not provided to the Department's Representative.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All residents did receive their rent rebate monies as it arrived. All residents did not receive their monies at the same time. [redacted] Administrator, [redacted] Assistant Administrator, or designee will respond immediately to future requests from Department's Representatives.

*Adm to or designee will make a written notation when rebate \$ arrives, and when it is dispersed to each resident.*

*CS 11-19-13*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)      *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Dolores L Sharer, Administrator      Date      10/28/2013


**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-19-13  
 (Date)

Plan of correction implementation status as of 11-19-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *CS*  
 (Initials)

<b>Violation Report: 23878 - 08/12/2013 - O'Haire, Anne</b> <b>PCH Name: SMITH S PERSONAL CARE HOME</b>	
<b>1. REGULATION 55 Pa.Code §2800</b> 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	
<b>2a. DESCRIPTION OF VIOLATION</b> Ancillary staff person's "A" hired 4/30/13 & "B" hired 6/19/13 did not receive training in general fire safety and emergency preparedness on or prior to the 1st day of work.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  The regulation was violated because our home did not have actual written proof that ancillary staff members "A" and "B" were trained in these areas. These two staff members have signed the document that our direct caregivers sign to state they have had the proper training and orientation in these areas. In the future [redacted] Administrator, or [redacted] Assistant Administrator, will make sure that all new ancillary staff will sign training and orientation papers (the same that are being used by the direct caregivers) for verification of their training and orientation on or prior to the 1st day of work.  <i>These documents will be retained for review by the Department. CP 11-19-13</i>	
Repeat Violation: No. <u>Y</u>	Date(s) of Previous Violation(s): 06/18/2013
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores L Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator	Date 10/28/2013
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>11-19-13</u> (Date)	Plan of correction implementation status as of <u>11-19-13</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report: 23878 - 09/12/2013 - O'Haire, Anne**  
**PCH Name: SMITH S PERSONAL CARE HOME**

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person "A" hired 4/30/13 did not receive the following training within 40 scheduled work hours:

- Emergency Medical Plan
- Mandatory reporting of resident abuse and neglect under the Older Adult Protective Services Act
- Reporting of reportable incidents and conditions

Ancillary staff person "B" hired 6/19/13 did not receive the following training within 40 scheduled work hours:

- Emergency Medical Plan
- Mandatory reporting of resident abuse and neglect under the Older Adult Protective Services Act
- Reporting of reportable incidents and conditions
- Resident Rights

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ancillary staff "A" and "B" have received training for: Emergency Medical Plan, Mandatory reporting of resident abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions, and Resident Rights. They have signed the same form that is used by the direct caregivers for verification of training and orientation. In the future, [redacted] Administrator, or [redacted], Assistant Administrator, will make sure that the form (as used for direct caregivers) will be signed for verification of training and orientation by all new ancillary staff.

*These documents will be retained for review by the Department. Q. 11-19-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator	Date 10/28/2013
--	-----------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

<p>The above plan of correction is approved as of <u>11-19-13</u> (Date)</p> <p>The above plan of correction was approved by <u><i>Q</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>11-19-13</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
---	---

Violation Report: 23878 - 09/12/2013 - OHaire, Anne  
 PCH Name: SMITH'S PERSONAL CARE HOME

- 1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff member "C" hired 1/18/97 did not receive training in fire safety by a fire safety expert for the training year 9/1/12-8/31/13.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Direct Care staff member "C" received training with a fire safety training dvd but without a fire safety expert present. [redacted] of Abell Safety Training, Binghamton NY has been contracted to do the staff fire safety training annually beginning November 12, 2013. [redacted] Administrator, or [redacted] Assistant Administrator will see that this contract continues for all employees on an annual basis.

*Home will maintain fire safety training for review by Dept. OS 11-19-13*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)      *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Dolores L Sharer, Administrator      Date      10/28/2013

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-19-13 (Date)

Plan of correction implementation status as of 11-19-13 (Date)

The above plan of correction was approved by OS (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/12/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not have a record of correspondence with the local fire department, indicating whether or not its residents' had any mobility issues.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire Chief, [redacted] of the Wyaiusing Volunteer Fire Company, has been given a room roster of our residents annually but he does not usually sign our copy. I, [redacted] was told by [redacted] that they do not need a new roster every time residents change, only if we have someone new with a severe disability who was not on the list previously. [redacted] Administrator, [redacted] Assistant Administrator, or designee will be responsible for the new list going to the fire chief or designee and signature annually and as needed dependent upon disabled residents.

The home will continue to report location of the bedrooms and the assistance needed to evacuate in an emergency for every resident w/ a mobility need, including someone who is confused, not just physical disability needs. CS. 11-19-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)      *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Dolores L Sharer, Administrator      Date      10/28/2013

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-19-13 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 11-19-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/12/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home is not practicing the use of alternating blocked exist routes. The home used all exit routes during fire drills 8 out of 12 fire drills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Home has not blocked an exit route with each fire drill but is now blocking one exit route with each fire drill to comply with the regulation to use alternate exit routes. [Redacted] Administrator, [Redacted] Assistant Administrator, or designee will review each fire drill for compliance with this regulation to use alternate exit routes during fire drills.

*and recording same in fire drill log. QS. 11-19-13*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator      Date 10/28/2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-19-13 (Date)

Plan of correction implementation status as of 11-19-13 (Date)

The above plan of correction was approved by *[Signature]* (initials)

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 08/12/2013 - O'Haire, Anne  
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 1 medical evaluation form completed 07-08-13 did not contain all the required elements. The medical evaluation did not list if the resident had any allergies, received any immunization and did not list the resident's ability to managing medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 medical evaluation has been completed with all the required elements. [Redacted]  
Administrator, [Redacted] Assistant Administrator, or designee will review all resident medical evaluations for completion upon receiving them back from the physician. The physician will be notified immediately for completion of any missing elements.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/10/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator      Date 10/28/2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-19-13  
(Date)

Plan of correction implementation status as of 11-19-13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/12/2013 - O'Haire, Anne  
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2800  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #1's 20 N Novolog 100 Units/ML vial to be given daily was opened but not dated . The medication directions are to use within 28 days of opening.  
Resident # 2 's Glimepiride 20 mg tabs., to be taken 2 tabs by mouth 2 times a day, was not on hand from 09-01-13 thru 09-05-13. Staff person "D" stated that Resident #2 receives his medications via mail and they were not delivered timely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A memo has been posted for each staff member to read and sign to show that they have read the posting. The posting explains about putting the date opened on the insulin bottle. Staff members working in the evening, [redacted] will be responsible for checking the insulin for dates on Tuesdays and Saturdays. If another episode occurs, the staff person responsible for not dating the insulin will have insulin training repeated. They will be signing each time they check for the date. [redacted] Administrator, or [redacted] Assistant Administrator will review the sign off sheet each week.

Resident #2 did not have some medication on hand when it was prescribed by the VA Clinic. It had been ordered, but had not arrived through the mail as this is the only way of getting refills from the VA. In speaking with an individual from the VA prescription department, [redacted] was told that someone from the Home can call each month, with Resident #2 permission to them, to send any refills due. [redacted] or [redacted] will call on the 30th of each month to request any refills due for Resident #2 or any other VA resident that we may get as a resident in the future.

Repeat Violation: Yes  No  Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page) *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator Date 10/28/2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-19-13 (Date)

Plan of correction implementation status as of 11-19-13 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Violation Report: 23878 - 09/12/2013 - O'Haire, Anne**  
**PCH Name: SMITH'S PERSONAL CARE HOME**

**1. REGULATION 55 Pa.Code §2800**  
 2800.224(c) - The preadmission screening shall be completed by the administrator or designee.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not complete a pre-admission screening for Resident # 3 admitted to the facility on 4/1/13.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The regulation is important so that in the preadmission screening, when screening a possible candidate for your home you will go by these questions to decide whether or not that person would receive the care that he/she needs. The regulation was violated because there was no preadmission screening for Resident #3. The cause of the violation was that there was no preadmission for Resident #3. In the future, folders with all necessary forms (ie. preadmission, medical evaluation, RASP, contract) will be put together for any potential new residents with a signature page attached to each for verification that each is completed and what staff member verified the form for completion. [Redacted] Administrator, [Redacted] Assistant Administrator, or designee will review each new resident's folder for all necessary forms and the completion of each form.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dolores L. Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L. Sharer, Administrator	Date 10/28/2013
--	--------------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-19-13  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 11-19-13  
 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 23878 - 09/12/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #4 (DOA 02-01-13) did not have a RASP completed and available on the date of inspection. The initial assessment was not completed.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
 [Redacted] Administrator, or [Redacted] Assistant Administrator, will do all initial assessments and place the form in the resident's folder as well as in the notebook designated for all resident RASPs. The administrator and assistant administrator each check residents' folders for all information. A tickler file is being constructed to use for reminders of when assessments and support plans need to be reviewed.

*Please send tickler file (copy) for review to NE Regional Office upon completion for review.  
 570-963-3018. OJ, 11-19-13*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator      Date 10/28/2013

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE**

The above plan of correction is approved as of 11-19-13  
 (Date)

The above plan of correction was approved by OJ  
 (Initials)

Plan of correction implementation status as of 11-19-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/12/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 (DOA 02-01-13) RASP was not available on the date of inspection. The initial support plan was not completed.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

██████████ Administrator, or ██████████ Assistant Administrator, will do all initial support plans and place the form in the resident's folder as well as in the notebook designated for all resident RASPs. The administrator and assistant administrator each check residents' folders for all information. A tickler file is being constructed to use for reminders of when assessments and support plans need to be reviewed, completed, or revised.

*copy of tickler form to NE Regional office upon completion. CJ. 11-19-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Dolores L Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator	Date 10/28/2013
--	-----------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-19-13</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>11-19-13</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---