



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 5, 2010**

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

Dear Ms. Smith Sharer:

As a result of the Department of Public Welfare's licensing inspection on April 6, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report 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 Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script, appearing to read "B. Bragioni".

Regional Licensing Administrator

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Smith's Personal Care Home, 202 Front Street, P.O. Box 65, Wyalusing, Pennsylvania, 18853		<b>CURRENT LICENSE NUMBER</b> 238781	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 6, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Colares &amp; Shores</i>	<b>DATE</b> 5/28/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hursey</i>	<b>DATE</b> 9-29-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	On 3/30/10, an incident occurred at the home in which resident #1 punched resident #2. The home did not report the incident of abuse to the local Area Agency on Aging or submit an Act 13 report in accordance with the Older Adult Protective Services Act.	4/9/10	A review of the Act 13 reports in accordance with the Older Adult Protective Services Act has been done with all staff. A report was completed. The administrator will see that any further incidents will be reported to the local Area Agency on Aging.	Steps have been taken to correct violation; full compliance is not verifiable 9-29-10 <i>AL</i> Date Initials (DPW)

**RECEIVED**

AUG 09 2010

SCRANTON FIELD OFFICE  
 Adult Residential Licensing

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 6, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Dolores L. Sharer</i>	<b>DATE</b> 5/28/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hemeny</i>	<b>DATE</b> 9-29-10

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16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	On 3/30/10 resident #1 assaulted resident #2. The home did not submit a Reportable Incident form to the Department's personal care home regional office notifying the Department of the incident of physical abuse.	4/9/10	A review of reportable incidents has been done with staff. A report has been completed. <sup>4/9/10</sup> The administrator and [redacted] will see that any reportable incidents will have a form completed and faxed to the Department.	Steps have been taken to correct violation; full compliance is not verifiable 9-29-10 <i>JH</i> Date Initials (DPW)

